What is palliative care?

Palliative care improves the quality of life of patients and their families facing life-threatening illness. It prevents and relieves suffering through the early identification, assessment and treatment of pain and other symptoms, including physical, emotional, psychosocial and spiritual.

Palliative care:

- Promotes patient independence by helping people decide which treatments they would like to continue, and which have become too burdensome and should be stopped.
- Is multidisciplinary – specialists, nurses and allied health workers work together to ease pain and other symptoms, providing psychological and emotional support, and bereavement support.
- Happens in a range of locations – the home, hospital, hospice, and/or aged care facility.
- Is for anyone diagnosed with an advanced, life-threatening illness – such as cancer, but also other non-malignant conditions, such as neuromuscular disorders, – and should be routinely introduced alongside active treatment.

Palliative care is a core component of healthcare. In Australia, one in six public acute hospitals have a palliative care unit.

What are the benefits of palliative care?

There is strong evidence on the benefits of palliative care in relieving symptoms and pain, but also improving quality of life, mood, satisfaction with care (for patients and their family carers) and, in some cases, even survival.

Among the thousands of deaths our palliative care teams witness, patients’ symptoms are well-managed, people are able to communicate their preferences, and say their farewells. It’s common for families to comment on how peaceful a death was.

Improving end of life and palliative care in Australia

High quality palliative care needs to be properly resourced. But although Australia has some very good palliative care services, many Australians miss out because of inadequate resourcing. For example, it’s estimated that Victoria needs an extra $65m per year to fund high quality palliative care and address an unmet demand of up to 40%. A lack of quality services means only about 14% of Australians are supported to die at home.

Too often referrals to palliative care are made when a person is very close to the end of life or when death is imminent. This means patients miss out on the benefits that palliative care can deliver throughout their treatment.
KEY PRIORITIES FOR INVESTMENT ARE:

- Palliative care services in regional areas, including upskilling GPs.
- Services to support in-home end of life care including:
  - Support to move home from hospital when death is imminent.
  - Practical support for families when their loved one is dying at home.
  - A telephone advice service for generalist health professionals and family carers providing care in the home to access palliative care specialists.
  - Improved access to allied health services such as occupational therapy and physiotherapy.
  - Resources to support 24 hour specialist palliative care.
  - Resources for palliative care services to assess family carer needs and offer support and training and provide bereavement and psychosocial support where needed.

AUSTRALIA ALSO NEEDS:

- A systematic and sustained public education program to encourage a community conversation about dying, the goals of medicine when a patient’s condition is terminal, and preferences for decision-making.
- Training for doctors and nurses to talk to their patients about dying.
- Increased funding for palliative care research to ensure we are providing the best strategies to relieve discomfort.
- Increased support for Advance Care Planning to give all Australians the opportunity to specify the type of care they would like at the end of their life.

ST VINCENT’S HEALTH AUSTRALIA AND PALLIATIVE CARE

St Vincent’s Health established Australia’s first dedicated service for the terminally ill in Sydney almost 130 years ago. Our Caritas Christi service in Kew was the first palliative care service in Victoria, beginning in 1938. Our hospitals in Melbourne, Sydney and Brisbane currently provide the largest palliative care services in those cities.

At the heart of St Vincent’s Health Australia’s work rest two beliefs: that every person has an irreplaceable and unique value; and that people are vulnerable, particularly when they’re ill, and that it’s part of our mission to provide them the best possible care. These beliefs urge us to seek out and care for those who are especially vulnerable in our society, and there are few more vulnerable groups than people who are dying.

We tend to avoid discussions about death in our society, it makes us anxious. And in the absence of conversation, fear and misinformation has flourished. Death is commonly portrayed as either undignified or traumatic. But that’s not our experience.

Driven by our values, we’ve made it our daily work to provide the best possible care to people who are dying. We believe high quality palliative care is the best and most appropriate response to supporting people as they approach end of life.

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1 World Health Organisation’s definition of palliative care
2 Australian Institute of Health and Welfare, Palliative Care Services in Australia, May 2017
4 Christakis NA, Iwashyna TJ. The health impact of health care on families: a matched cohort study of hospice use by decedents and mortality outcomes in surviving, widowed spouses. Social Science and Medicine, 2003; 57: 465-475.
6 Palliative Care Victoria, Increase government funding for palliative care in Victoria, change.org petition
7 Palliative Care Victoria, Submission to the Legal and Social Issues Committee Inquiry into End of Life Choices, July 2015
8 Hal Swerissen and Stephen Duckett, Dying Well, Grattan Institute, September 2014