



Achieving Better End of Life Care for Australians

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Setting the Scene

- There has been a dramatic increase in life expectancy, leading to:
 - increased prevalence of chronic disease;
 - changing patterns of death and dying in Australia.
- Many of us feel we are relatively quarantined from death.
- As treatment options improve, end of life care has been:
 - delayed;
 - relegated down the priority list.

Denying Death - At What Price?

- Barriers to appropriate end of life care include:
 - denial;
 - over specialisation;
 - legal uncertainty;
 - lack of available alternatives.

- A reluctance amongst health professionals to accept death leads to:
 - discussions with patients and families that are delayed or avoided;
 - treatments provided with little benefit;
 - families not being prepared for death.



AMA Agenda

- Improve access to palliative care across the healthcare spectrum;
- Increase the use of advance care planning;
- Change the culture and practice of end of life care within the medical and other health professions.

Access to Palliative Care

- Enhance access to palliative care across the entire health spectrum;
- Recognise that palliative care is multi-disciplinary;
- Increase palliative care in medical education, training and CME;
- Resource palliative care properly;
 - too few palliative care specialist doctors and nurses;
 - too low and late a priority in hospital service provision;
 - community resources receive inadequate government funding;
 - cost savings of good palliative care is underemphasised.



Advance Care Planning

- Become a routine part of clinical practice:
 - ensure patients' wishes are known and met;
 - discuss with patients of all ages, with primary care or hospital environment;
 - involve family members, friends, advisors and others as appropriate.
- A process of ongoing reflection, discussion and communication;
- Increase utility of ACPs including ACDs, ensuring:
 - appropriate documentation and communication;
 - consistency in legislation, forms and templates;
 - consistency in laws protecting doctors who provide palliative care.

Cultural Change within the Medical Profession

- Heavily focussed on cure rather than care?;
- A cultural shift where dying is not regarded as a failure of care, where successful care is measured by whether the patient's:
 - quality of life was as good as could be expected;
 - wishes, values and goals of care were ascertained and respected;
 - health care team supported them throughout their treatment;
 - family members and carers were also supported.

Cultural Change

- Cultural change requires a range of measure including:
 - a strong ethical framework;
 - trust and confidence;
 - sufficient resources.
- Prioritise palliative care for all medical specialties through:
 - undergraduate education and training;
 - vocational training;
 - continuing medical education;
 - emphasising pathology, therapeutics and communication skills.

Conclusion

- We all need to work to raise the profile of palliative care:
 - within the health professions;
 - in the community;
 - with those who govern us.
- 60-70% of Australians would prefer to die at home, yet only 14% actually do;
- We need a well-distributed, accessible and appropriately trained and skilled primary care specialist workforce.



AMA Position Statement on End of Life Care and Advance Care Planning

www.ama.com.au/position-statement/end-life-care-and-advance-care-planning-2014