ABOUT PALLIATIVE CARE

What is Palliative Care?
Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (World Health Organisation)

Who Can Benefit from Palliative Care?
Palliative care is beneficial for people of all ages with a wide range of life limiting conditions, including cancer, end stage organ failure, dementia, other neurodegenerative conditions and genetic disorders. It is provided on a needs basis from diagnosis and including bereavement.

MORE REASONS FOR ACTION

Increasing Need for Palliative Care Services
Population growth, ageing and chronic disease will continue to drive significant increases in the need for palliative care. There is also a significant level of current unmet need among specific populations.
Over 300,000 Victorians will die within the next 8 years. Unless current trends are turned around, 52% will die in Victorian hospitals and most without the benefits of palliative care.

More Effective Use of Health Resources
International and Australian evidence indicates that palliative care not only improves the quality of life of patients and their families, it also contributes to more cost-effective use of health resources.
A conservative analysis of available data indicates that the cost of palliative care services can be between 40% and 300% less expensive than care in an acute bed or intensive care bed.

Palliative care a health care priority
The World Health Assembly passed a unanimous resolution on 23 May 2014 calling for the integration of palliative care into healthcare systems. Palliative care is an increasing health priority that can deliver improved patient and carer outcomes as well as contributing to improvements in the overall performance of the health system.

Support more Victorians to die at home
Home is the preferred place of care and place of death for most Victorians. However, only 25% die at home. Community based palliative care services need the capacity to provide clinical advice and carer support/respite on a 24/7 basis as required to support patient choice to die at home.

Community awareness of palliative care
Lack of awareness of palliative care and physician referrals to palliative care are key barriers to access. Community engagement will enable more people to be aware of the options and to discuss and document their advance care wishes.

Research, education and innovation
Investment in palliative care research, education and service innovation will assist Victoria to address forthcoming challenges arising from an ageing workforce and ageing population and the need to deliver better health outcomes more efficiently.

Further information and evidence

2016 BUDGET
HIGH PRIORITY

Call to Action to

- Expand palliative care services and options
- Improve in-home palliative care
- Improve access in rural and remote areas
- Ensure palliative care is culturally and age-appropriate
- Help people to understand and have informed discussions about treatment options

Approved for distribution by the Board of Palliative Care Victoria
Positive Case Examples

Palliative care reduces use of hospital emergency

Moira is in her 70’s and is cared for at home in regional Victoria by her husband, George. She suffers from end stage chronic obstructive pulmonary disease. George says before palliative care Moira struggled - they would call the ambulance and end up in hospital a couple of times a month. The palliative care team prescribed medication, provided equipment, taught them helpful practices, visit regularly and can be called at any time. As a result, there have been no more ambulance calls or emergency admissions to hospital. George says that getting respite one afternoon a week and for a few days every couple of months enables him to re-charge his batteries and re-dedicate himself to caring for Moira. “Without that, I probably couldn’t exist under the strain,” says George. View video at http://bit.ly/moiraandgeorge

Achieving the wish to die at home in rural Victoria

Jan was a 73 year old with advanced ovarian cancer who lived three hours' drive from the closest palliative care service in Gippsland. She did not have any family or extended network and wished to die at home. The palliative care nurse practitioner candidate (NPC) developed a care plan with Jan and provided equipment, taught them how to give medication, taught them how to give medication. A trained volunteer who lived close by was enlisted to provide support to Jan. The NPC provided support to the remote area nurses caring for Jane and the volunteer. Jane died at home with her volunteer holding her hand.

Gaps in palliative care services make it difficult to achieve these outcomes in many situations, For example, one metro palliative care service found that short-term overnight respite for 15% of their patients would have enabled them to continue to receive care and die at home of a much lower cost to the health system, had the...