

Dying at Home – Can it be Done?

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Editorial

“A good death gives people dignity, choice and support to address physical, personal, social and spiritual needs” – this neatly summarises important aspects of the Grattan Report [1], widely reported by news media both in Australia and overseas. Australia, despite a health budget of \$100 billion spends only a small proportion of that on end of life care.

Aristotle has been often quoted as saying you can judge a nation by the way they treat their most vulnerable citizens. People who are dying are perhaps amongst the weakest and most vulnerable among us. If we are to be measured as a truly caring society then surely adequate provision for universal expert palliative care should be a given. Last year the Executive Board of the World Health Organization (WHO) adopted a resolution urging countries to ensure access to pain medicines and palliative care for people with life-threatening illnesses [2]. Whilst we may assume that this resolution is primarily for the benefit of those estimated 20 million people who die each year suffering from moderate or severe pain and other symptoms and the 40 million each year who require palliative care for relief of pain and other symptoms perhaps we should look at what happens in our own homes and hospitals to ensure we are able to provide all Australians with the care they deserve. The Grattan Institute report “Dying well” suggests that only 38% of our community could describe palliative care to someone else [1]. This, despite the admirable efforts of organisations such as Palliative Care Australia to educate and enlighten the public. Perhaps we just don’t want to know? One would think that at least all health care professionals would feel at ease with this area of practice. After all, it is the one certainty in healthcare – we will all die. And yet, Bill Sylvester and his colleagues found, in 2012, that only two thirds of health professionals had a level of comfort dealing with discussions around Advance Care Plans and only 24% reported that in the last 6 months they had discussions about Advance Care plans with all/most/some residents in aged care facilities [3]. If we aren’t talking about what we want – how will anyone know when it comes to the end of our life?

So, what do we do? To start, we need to ensure that health professionals are confident and competent in dealing with issues around end of life care. Our universities need to invest in ensuring a

degree of confidence in palliative care. This is not an optional ‘add-on’; it is a core subject for all Australian graduates. We need to encourage people to talk about what they might want for their own dying and to write it down and we need to ensure that all Australians who need it have access to expert, well resources palliative care services, wherever they live. Something which currently is not a given by any means.

New South Wales Health, through an initiative led by Minister Jillian Skinner, has provided funding to enable more people to die at home. One of the services funded to provide this, a consortium led by Hammond Care (an independent Christian charity) and including Sacred Heart Health Service, and Calvary Health Care Sydney Ltd, in collaboration with participating Local Health Districts (LHDs) and specialist palliative care services supplements existing Community Palliative Care, and builds on capacity in consultation with Specialist Palliative Care Community Services, local GPs and Community Nurses. Services are available in this partnership model in metropolitan, rural and remote LHDs. To date, after over 500 packages of care have been provided by specially trained care workers, almost 80% of people have achieved their aim of dying in their own bed at home. It is hoped that this model will encourage others to try, to do what they want to make the most of life but to die in the place they want to die. In addition, an innovative education platform is developing at www.palliativecarebridge.com aimed at demystifying much of what happens at the end of life. It is designed for professions and public alike – people can take from it what they will. It also includes written resources including how to obtain The Palliative Care Handbook [4], which has been distributed free as part of the NSW Health initiative to over 2000 health care professionals.

References

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