

The Need for Rural and Regional Aboriginal Palliative Care Models

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The history of Aboriginal health is littered with statements such as 'disastrous, appalling, damning, shameful, and disgraceful' about the greater rate of Aboriginal peoples' mortality. As Mick Dodson stated "We die silently under these statistics" [1]. This brief paper provides a voice to the needs of Aboriginal people at End of Life (EOL). The term 'Aboriginal' in this paper, includes 'Torres Strait Islander' people, in keeping with the NSW Health Policy Directive [2].

Death Rates and Geographic Location

In the 5 year period to 2010, 2,903 Aboriginal and Torres Strait Islander people died in NSW [3,4]. The identification of Indigenous status is known to be poor in the New South Wales mortality data collection however, so this data is an approximation [4]. It is apparent from the population statistics for Aboriginal people in need of PC in the rural and regional areas of New South Wales, such as Moree Plains, Armidale, Tamworth, Gunnedah and Narrabri, that distance from mainstream services is often problematic [5].

Furthermore, people living in remote NSW diagnosed with cancer are approximately 35% more likely to die in the first 5 years once diagnosed, than people with greater access to services [6]. Despite the fact that PC treatment and services are available to those who are dying from chronic illnesses, patients with cancer are much more likely to receive admission to a PC unit [7]. Moreover, statistics from 2008-09 indicate that just over 60% of patients who received PC treatment had a principal diagnosis of cancer [8,9]. Aboriginal people are more likely to have a poorer prognosis, often a later presentation and as a result they are twice as likely to die from cancer as non-Aboriginal Australians [6,10].

The evidence is compelling, with Aboriginal people dying at younger ages, with a higher infant mortality rate (5.2 per 1,000 births) and more Indigenous people under 25 years dying than in the non-Aboriginal population, compared with 2% of deaths for the same age group among non-Aboriginal people. In 2007 the NSW Aboriginal male death rate compared to females was 48 percent higher [4]. Aboriginal people die younger than their non-Aboriginal counterparts and because of this and the higher proportion of younger people in the Aboriginal population many families are left without grandparents, aunts, uncles, siblings and parents. When an Aboriginal person

dies, grief and bereavement are experienced throughout the whole community, regardless of the cause of death [11,12].

In the context of Aboriginal EOL, besides the provision of palliative care to enable a dignified death, the issues of cessation of life support, organ donation and autopsy requirements from an Aboriginal perspective, are yet to be documented [12]. Notwithstanding the medical intervention required in the palliation of a terminal illness, it is the cultural needs at the time of death and the Aboriginal community's capability and capacity to provide PC to their own people, which need to be a key focus of service development.

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