



Media Release

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Palliative care must become core business in aged care

Palliative care must become an essential component of aged care in Australia if we are to ensure that the needs of older Australians are met, according to the national peak body for palliative care.

Palliative Care Australia's (PCA) new *Palli8* plan proposes eight key recommendations to improve palliative care in Aged Care, with calls for much needed funding to fully implement the National Palliative Care Strategy 2018, together with palliative care training for every health and aged care worker.

The *Palli8* plan will be formally launched today at an online *Parliamentary Friends of Palliative Care Group* event which will explore the critical role of Palliative Care in Aged Care and bring together experts representing consumers, the aged-care industry, academia and palliative care.

Hosted by ABC presenter, Dr Norman Swan, the event will also feature former NSW Premier, HammondCare CEO, Mike Baird AO, Older Persons Advocacy Network CEO, Craig Gear OAM, Professor Deborah Parker, Professor of Aged Care (Dementia) at the University of Technology Sydney and PCA Chair, Professor Meera Agar.

Speaking ahead of the event, Professor Agar said that currently in the aged care system, there is a belief that palliative care is limited to end-of-life care and only provided in the last week or days of life. This is incorrect.

"This misconception means that many older Australians are not receiving the care they need to improve their quality of life, which in turn leads to poorer outcomes," said Professor Agar.

PCA CEO, Rohan Greenland says this issue is even more pressing because Australia's ageing population has resulted in a growing number of Australians facing chronic or life-limiting illness.

"The prevalence of highly complex needs in permanent aged care residents has increased five-fold to 53 per cent in the last decade. Keep in mind also that 36 per cent of all deaths in Australia are in residential aged care. Governments and the aged care sector must acknowledge this reality by investing in palliative care and supporting workforce training," said Mr Greenland.

Palliative Care Australia's *Palli8* plan calls for the following:

1. The aged care sector must adopt a person-centred and holistic approach to palliative care, which does not focus solely on the last days of life. It should follow the WHO definition of palliative care¹.
2. Palliative care must be robustly included as a standalone element of the Aged Care Quality Standards. The Standards should be altered such that they define what 'good care should look like' and include specific minimum competencies for palliative care.
3. Every health and aged care worker should undertake palliative care training as a core component of their studies. They should have the skills to recognise when care recipients need palliative care.

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4. More needs to be done to measure and evaluate how older Australians receive palliative care. Planning and identifying unmet and emerging needs for palliative care requires demographic and service data. Without it, together with linkages with other health data, it is not possible to accurately analyse how older Australian access and receive palliative care services.
5. Funding is needed to fully implement the National Palliative Care Strategy 2018, ensuring that aged care is included. Palliative care funding is a sound investment, providing a net return to society by saving on other expensive areas of health care.
6. Investment in, and development of, innovative models of care is required to ensure older people have equitable access to palliative care.
7. Death literacy across the community needs to be improved significantly to lift barriers to care and improve outcomes for patients needing palliative care.
8. Palliative care must become a priority for all governments, which should be supported by the appointment of a National Palliative Care Commissioner.

¹*The World Health Organisation defines palliative care as: "...an approach that improves the quality of life of patients and their families facing the problem 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."*

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