



Op Ed

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Ensuring palliative care is core business for aged care

Palliative care must become core business in aged care if we are to ensure the needs of older Australians are met.

Australia has a rapidly aging population, with projections of four million people aged between 65–84 years by 2022. More than just that; many people are living longer and are entering residential aged care with more chronic and life-limiting conditions than ever before, with many likely to require palliative care. In fact, the prevalence of highly complex needs in permanent aged care residents has increased five-fold to 53 per cent in the last decade alone.

We know that each year approximately 82,000 Australians would benefit from palliative care. That demand will be further exacerbated by the COVID-19 pandemic.

That reality must be addressed, because the provision of palliative care to all those who need it will help people to live well until their death, with optimal management of symptoms, support and care in the place of their choice.

Today Palliative Care Australia (PCA) will unveil its [Palli8 plan](#) – eight key recommendations to ensure that palliative care is recognised as core business in aged care; eight constructive solutions that acknowledge that aged care providers and their staff must be supported by appropriate systems, funding and training, if they are to provide quality palliative care.

Chief among them; 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.

Without proper government investment in the Strategy we can't implement the Strategy's recommendations. Today there's simply not enough money for palliative care in aged care. Not only is such investment necessary, it actually makes sound fiscal sense. A recent [KPMG study](#) commissioned by PCA with the support of the Snow Foundation, found that a \$1.00 investment in palliative care nurses in residential aged care can return between \$1.68 and \$4.14 in savings. While there are many health interventions that provide a positive health outcome for patients, it is rare in health to find an intervention that delivers both a beneficial outcome for the older person with palliative needs and also delivers to government, a return on investment.

An investment in delivering palliative care training for every health and aged care worker is just as critical.

Consider this. Most staff working in aged care receive very little, if any, formal training in palliative care. Undergraduate and vocational education and training (VET), in aged care do not currently include palliative care as core units and there is no requirement for aged care providers to include more palliative care on their internal training calendars.

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Yet, 36 per cent of all Australians who die do so in residential aged care facilities. It is vital then that we ensure that staff working in aged care are suitably trained and equipped to work with residents who have palliative care needs, as well as their families.

Palli8 also calls for a person-centred approach to palliative care in aged care. In the aged care system today, there is a narrow view of palliative care, influenced by Commonwealth aged care policy, standards and funding models. The restrictive funding policy sees palliative care limited to end-of-life care and only provided in the last week or days of life.

A person-centred approach would provide better care for older Australians diagnosed with a life-limiting illness, considering their needs beyond only end of life.

There are other measures that must be taken.

Palliative care must be included into the *Aged Care Quality Standards* in a clearly articulated and robustly implemented fashion to ensure meaningful outcomes.

We must also plug the data gaps because we can't improve what we don't measure. There is too much about palliative care service delivery in aged care that we don't know. The introduction of a palliative care National Minimum Data Set (NMDS) would allow for the collection of uniform data and reporting at a national level.

We must also ensure equitable access - palliative care is a universal human right. The diversity of the Australian population and our vast land means that no single model of palliative care will work universally. Therefore, it is important that work is done to ensure the models can be adapted to provide equitable access across Australia.

Dying should be seen as a normal part of life, with grief and bereavement supported in the community and within workplaces. Death literacy across the community needs to be improved significantly so people are more comfortable talking openly about death and dying, and older Australians must be supported to understand how they can benefit from good palliative care regardless of their prognosis.

And finally - rounding out the *Palli8* plan, is this. Palliative care must be a priority for all governments and would be best supported nationally through the appointment of a National Palliative Care Commissioner.

The Commissioner would engage with the palliative care sector and facilitate improved communication across jurisdictions by encouraging consistent approaches across all settings, including primary health, community health, tertiary health, aged care and disability.

The *Palli8* plan aims to ensure that all older Australians can access highly quality palliative care whenever and wherever they need it.

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