



PalliativeCare
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Patient choice, not doctor tool, should determine care

Patient choices about their care should be at the centre of any decision about their final weeks and months of life, not the determination of a medical tool, says Palliative Care Australia (PCA) CEO Liz Callaghan.

Commenting on the release today of new research published in the British Medical Journal Ms Callaghan said the focus should always be on conversations and patient-centred care.

“We welcome the idea of encouraging doctors to talk to patients about the end of life, we know this is something many doctors struggle with. No matter how much time a patient has left, their ongoing care should be made with their wishes and those of their family, in mind.

“There are already a number of tools available but we know that medical staff avoid using them because they are reluctant to have that discussion with patients.

“It’s a good prompt, but it is no substitute for a conversation, and with 29 points it is hard to imagine how it could be easily used in an emergency setting.”

Ms Callaghan said Australians need to be better informed about their options and start a conversation with their relatives about what they want to happen to them at the end of life.

“It’s never too early to have that talk. You could be hit by a bus tomorrow and not be able to tell your loved ones what you want. That puts them in a very difficult position.

“The most important thing is to facilitate conversations so receive high quality, coordinated, reliable care through which they retain control, choice and dignity at the end of their life.

“Access to palliative care is a basic human right and should be adequately resourced to ensure support for people with a life limiting illness, their families and carers, so they can live as well at the end of life.” Ms Callaghan said.

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