



# Media Release

**25 May 2016**

## **Palliative Care: Aged Care Missing Out**

New data from the Australian Institute of Health and Welfare (AIHW) shows palliative care related hospitalisations increased by 11% between 2009-10 and 2013-14, which reflects higher rates of chronic diseases.

“It is encouraging to see that 44% of patients who die when admitted to hospital are receiving palliative care,” Ms Callaghan said.

There was also a 79% increase in Medicare benefits for palliative medicine specialist services from 2010-11 to 2014-15. However, there are still only 192 specialist palliative medicine physicians in Australia, a rate of 0.8 per 100,000 population. These specialists are mainly located in major cities, which may lead to difficulties accessing specialist palliative care in regional and remote locations.

“Access to palliative care should be based on individual need, and available regardless of diagnosis or location of the patient,” Ms Callaghan said.

Also concerning is the low rate of people in residential aged care being assessed as requiring palliative care.

“With high rates of dementia and chronic disease, I would expect many more than 5% of aged care residents would likely benefit from palliative care.

“Patients with chronic diseases can benefit from palliative care, which identifies and treats symptoms which may be physical, emotional, spiritual or social,” Ms Callaghan said.

The Palliative Care Australia election statement calls for a study of the quality of death in aged care, which would provide evidence to support development and implementation of policy that would achieve the most improvement.

Ms Callaghan said while the majority of palliative care was still delivered in hospitals, she hopes future reports from AIHW will show an increase in home and community care.

“Our 2016 survey confirms that 70% of Australians want to die at home. However, they are still dying in hospitals. Families may not know they can care for a loved one at home, or they may not be aware of all that community-based palliative care services can offer them. It is important Australians have conversations early in their lives about what they want at the end of life so families are not overburdened with hard decisions.

“Telling your friends and family where you want to be at the end of your life is one way to start that conversation,” Ms Callaghan said.

The Dying to Talk Discussion Starter will be launched today, which can support people having those discussions. For more information go to [www.dyingtotalk.org.au](http://www.dyingtotalk.org.au)

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