



Media Release

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Palliative care in the right place, at the right time

Palliative Care Australia (PCA) supports the findings of the Productivity Commission’s Human Services Review that more can be done to ensure patients at the end of their life receive the right care, in the right place, and at the right time.

PCA CEO Liz Callaghan said the report highlights important issues in providing responsive, person-centred care to people at the end of life in the place of their choice.

“Surveys consistently show that 70 per cent of Australians want to die at home, but the report shows in 2013-14 only 13 per cent of deaths occurred at home. While some of these people may change their mind as they approach the end of their life, the vast majority of end-of-life care is provided in the community.

“Access to high quality end-of-life care, including access to specialist palliative care for those with complex symptoms is critical in supporting these people to maximise their quality of life, right up until the end of their life.” Ms Callaghan said.

The report highlighted improvements are needed in the access to palliative care. Studies demonstrate that early access to palliative care can improve symptom management and quality of life.

“PCA works to promote early access to palliative care, but we hear stories about patients being told that they can’t access palliative care because they aren’t close enough to death. With less than 200 palliative medicine specialists in Australia, these stories are not surprising.

“PCA is calling for greater investment in specialist palliative care, so that all who would benefit can access it. People missing out include some people living in rural areas and in aged care facilities, it includes some Aboriginal and Torres Strait Islanders and people from culturally diverse backgrounds, as well as people with dementia and other non-cancer life-limiting conditions.

PCA agrees with the findings of the report that access to high quality care at the end of life will also require better integration of end-of-life care with existing service delivery models as well as coordination across settings,” Ms Callaghan said.

The report also highlights the need to ensure patient preferences are well-informed and clearly expressed.

“PCA’s [Dying to Talk](#) initiative seeks to support people to engage in discussions about their end-of-life care preferences. Investment in activities such as this will be vital in enabling all Australians to identify their preferences and be able to make informed choices about their care preferences at the end of life,” Ms Callaghan said.

Read the study report: <http://www.pc.gov.au/inquiries/current/human-services/identifying-reform/report>

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