



Media Release

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National health statistics highlight inequitable access to palliative care

Palliative Care Australia (PCA) is calling for equitable access to specialist palliative care services in response to [national statistics](#) released today by the Australian Institute of Health and Welfare.

The 2014-15 statistics suggest that options for where people receive palliative care can be hampered by where they live and their socioeconomic status.

Palliative Care Australia CEO Liz Callaghan said that people living outside of major cities have less access to community-based palliative care options, which leaves them more reliant on hospitals.

“The national statistics show that regional areas have a higher rate of palliative-care related hospitalisations than major cities.

“We know that 70 per cent of Australians would rather die at home than in hospital, but dying at home often requires access to outreach services and community-based support,” Ms Callaghan said.

“People living outside of major cities don’t get to exercise the same choice about where they die, because they have less access to residential aged care, 24-hour community based services and hospice services. People should be able to access the same level of care regardless of their location.”

Further compromising choice for people living in regional areas is that regional hospitals employ half as many specialist palliative medicine physicians, per 100,000 population, as hospitals in major cities.

“It seems capacity to pay also affects choice, with the statistics showing a strong correlation between and palliative care hospitalisations and socioeconomic status,” Ms Callaghan said.

Ms Callaghan said the most disadvantaged Australians had double the rate of palliative care-related hospitalisations within the public system compared to people in the highest socioeconomic group. This reflects their reduced capacity to pay for private home-based services or out-of-pocket costs not covered by Medicare.

“To put it simply, being able to pay gives you more options. Compounding that, hospices are often located in higher socioeconomic areas of major cities, so people in lower socioeconomic groups don’t have physical or financial access to them,” Ms Callaghan said.

Nationally there had been a small increase in specialist palliative medicine physicians, relative to the population, which was pleasing. However the number of employed palliative care nurses had remained stagnant, despite population growth.

Concerning too was that there were only 80 full-time-equivalent palliative care nurses working in residential health care facilities, which service over 192,000 people.

Ms Callaghan said the statistics painted a valuable but limited picture of palliative care delivery.

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