



# Media Release

**12 February 2019**

**Palliative Care Australia Board Chair Dr Jane Fischer will today at Parliament House outline the organisation's vision for palliative care in 2030 to reduce inequitable access.**

The document, [\*Palliative Care 2030: Working Towards the Future of Quality Palliative Care for All\*](#) outlines what the Australian community and governments needs to do to meet the increasing complexity of providing palliative care to all Australians who would benefit.

The key policy proposals outlined in the document include:

- Implementing a whole of government approach to improving palliative care by making palliative care a national health priority
- Investing in a national palliative care workforce strategy and providing scholarships for health professionals to complete palliative care training
- Reviewing the MBS and PBS schedules for palliative care items to improve access
- Educating the community by investing in a palliative care communications campaign
- NHMRC and Medical Research Future Fund provide funding to ensure we have nationally significant research programs into palliative care
- Improving grief and bereavement support for families and carers

“Palliative Care 2030 sets out a platform for the discussions we need to have – because we need collaboration, commitment and innovation if we are to meet the palliative care needs of the future,” Dr Fischer said.

“We know that there is inequitable access to palliative care in Australia, and unless there is significant change in the way it is funded and delivered, these inequities will continue to grow. Australians with a life-limiting illness should be able to access quality palliative care no matter their postcode, diagnosis, ethnicity, socio-economic status or place of care, to enable them to have the best quality of life for as long as possible.

“Palliative care should be a national health priority. Following the expected release of the updated National Palliative Care Strategy in the coming months we need a whole of government approach to robust population and needs-based planning and adequate funding of palliative care and specialist palliative care services.

“We need strategic investment in palliative care to meet the demand from Australia's increasing proportion of the population aged over 65. The number of deaths each year is projected to increase from 160,000 in 2018 to more than 200,000 in 2030. The care people require will be more complex due to multi-morbidity, chronic progressive illnesses with longer disease courses, and diseases with complex symptoms and burdens.

“While we welcome the \$662 million in funding for aged care services announced over the weekend by the government, we still don't have the new Aged Care Quality Standards even mentioning palliative care. This year 60,000 people will die in residential aged care services, with more who are accessing community-based aged care support, and this number will continue to rise as we look towards 2030. We need to

ensure that these people are well supported to have their palliative care needs assessed, and if appropriate, access specialist palliative care within aged care services.”

Dr Fischer says a good first step would be a review of the Medicare Benefits Schedule for palliative care provision to improve access.

“As an example, palliative care specialists are unable to access the same MBS items for inpatient case conferencing and family meetings as rehabilitation specialists and gerontologists.

“We also need changes to enable GPs and nurse practitioners to facilitate family meetings, advance care planning discussions and support home visits, after-hours support and the needs of residents in aged care facilities,” Dr Fischer said.

Upskilling all health professionals to be able to deliver palliative care, support end-of-life decision making and improving communication skills is also something that needs to begin immediately.

“PCA is calling for palliative care units to be incorporated into all Australian undergraduate degrees in medicine, nursing and pharmacy and included in all relevant aged and community care certificate level qualifications.

Dr Fischer says private health insurance providers need to be regulated to fund palliative care services, particularly for people who would like to die at home.

“There is good work underway by some private health insurance providers to pilot different models of funding palliative care services for their clients outside of the hospital setting. By 2030, PCA expects that private health insurance providers will have been mandated to include specialist palliative care in all levels of coverage, and have introduced a range of innovative models of care to support individuals and their family and carer.

The community must also be educated to be able to understand how palliative care can assist them and ensure they’re able to talk to their loved ones and health professionals about their preferences for care at the end of life.

“In 2030 we expect people to be talking openly about death and dying, just like they do now about organ donation and having a will. There will be widespread and appropriate advanced care planning and development of Advance Care Directives.

“These documents will be embedded within interoperable systems such as My Health Record, eHealth solutions and patient records so that all relevant healthcare and nominated people are able to access them as needed, especially in emergency situations.

“Ultimately, access to palliative care is a human right, and this document will assist governments to consider what needs to be done,” Dr Fischer said.

**Media contact: Grace Keyworth 0422 040 576**  
[palliativecare.org.au](http://palliativecare.org.au)

