

Dying Well

Better in the Bush?



Palliative
Care
Australia

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Overview

- **A good death.** *What do we want? What's important?*
- **Meeting expectations.** *Equal for all?*
- **Good practice.** *Possible to coalesce?*
- **Health Reform.** *Happiness?*
- **What will work for R&R people? ATSI?**
- **Priorities for dying well in the bush.**

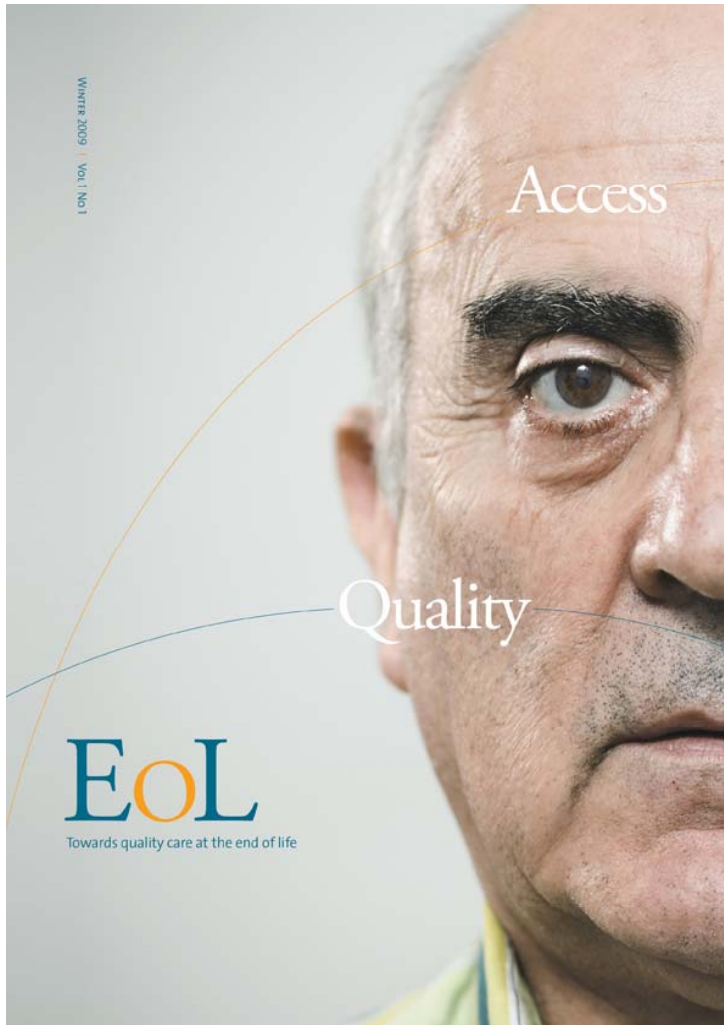


A good death. *What do we want?*

What's important?

- “No surprise” population





Why do some people experience pain that can be prevented?



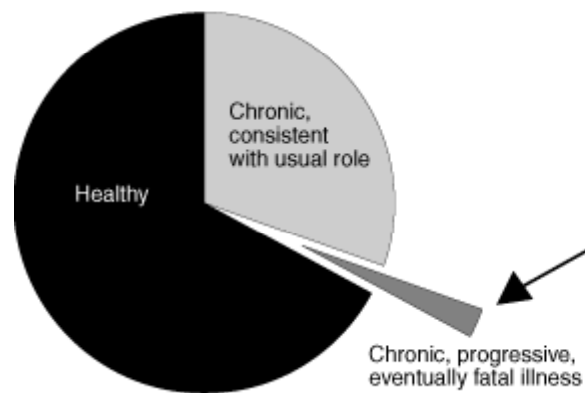
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Dying how?

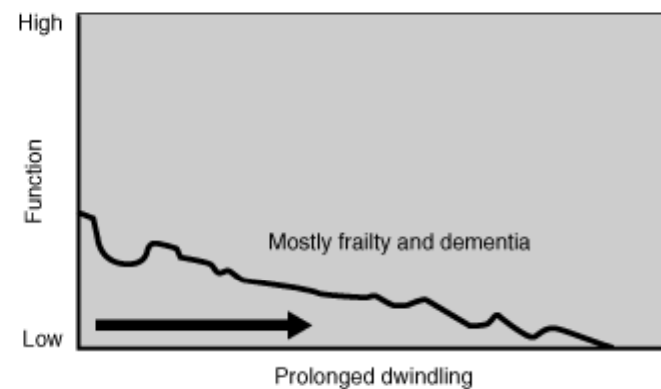
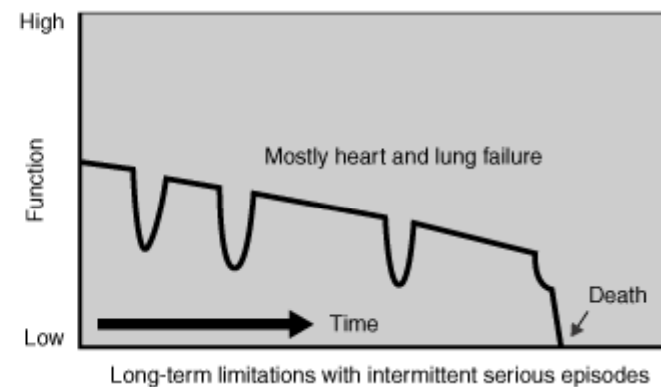
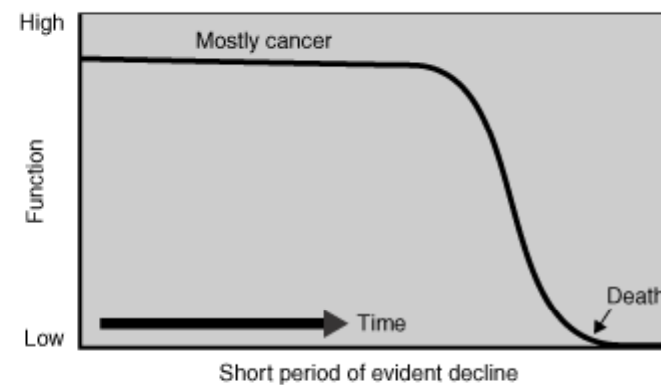
Causes	Number of deaths	% of all causes
Diseases of the circulatory system	47512	35.9
* IHD	24502	18.5
* Stroke	12034	9.1
Malignant neoplasms	37980	28.7
Diseases of the respiratory system	11607	8.8
Diseases of the nervous system	4539	3.4
Diseases of the digestive system	4528	3.4
Diabetes mellitus	3592	2.7
Diseases of the genitourinary system	2973	2.2
Organic, including symptomatic, mental disorders	2879	2.2
Certain infectious and parasitic diseases	1802	1.4
All causes	132508	100



Illness Trajectories



Adapted from: Lynn J, Adamson DM. Living well at the end of life; adapting health care to serious chronic illness in old age. Arlington, VA, Rand Health, 2003



Two diametrically opposed messages from patients to services

- Keep us alive at all costs
- Let us die, even help us die





Meeting expectations.

Equal for all?



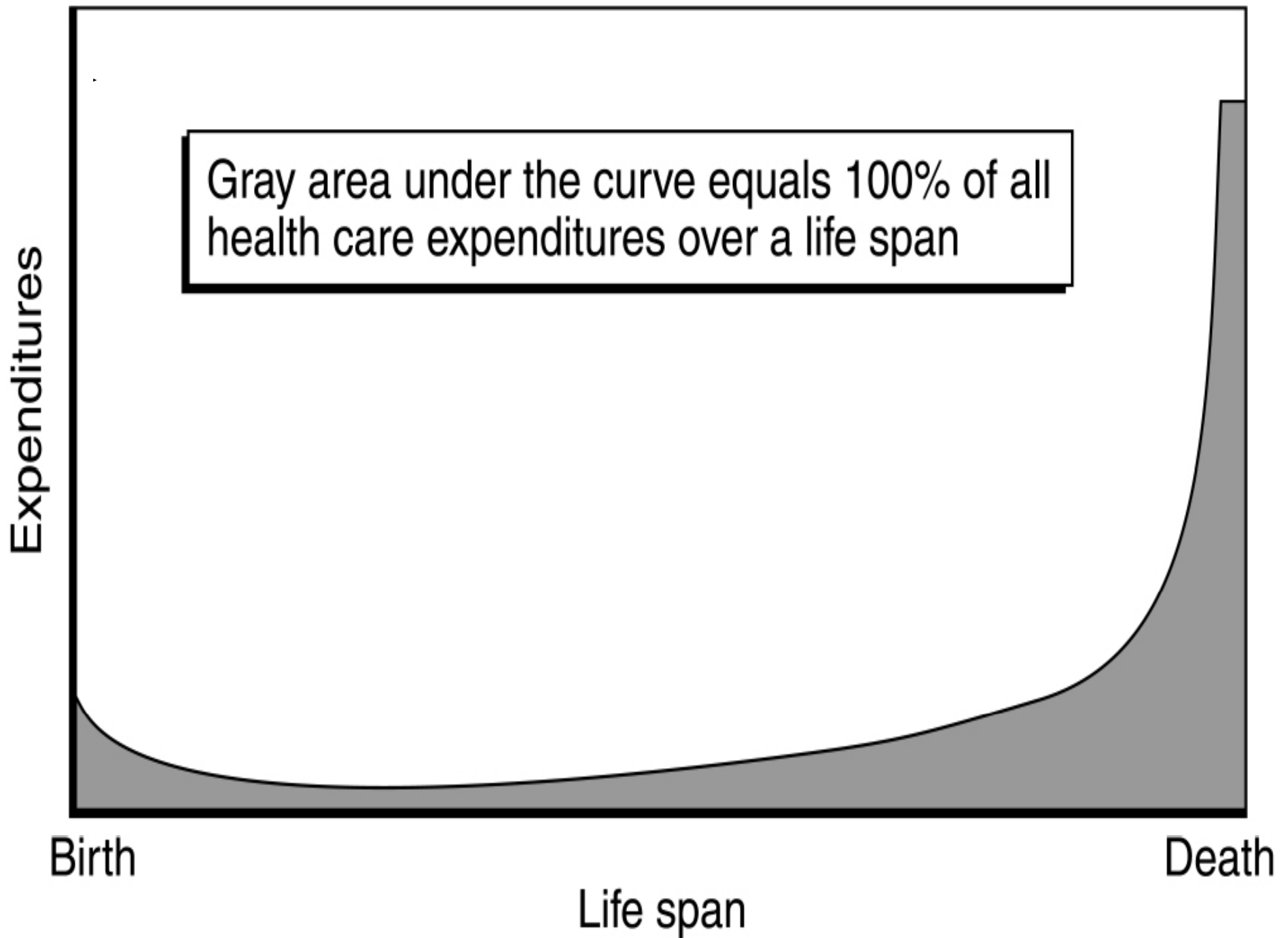
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Is access to quality palliative and end-of-life care equitable for all Australians?



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Place of death UK 1974-2030

- No's of deaths fell but will rise again
- Older age of death (44% over 85 by 2030)
- Home deaths down from 31% to 18%
- 20% increase in institutional deaths by 2030, less than 1:10 will die at home

Gomes and Higginson, Pall Med 2008; 22: 33-41



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Place of Death 1992

- 55% in hospital
 - 26% in major public hospital (42%)
 - 12% in other metro hospital
 - 17% in country hospital
- 20% in hospice (5%)
- 16% at home
- 9% in nursing home

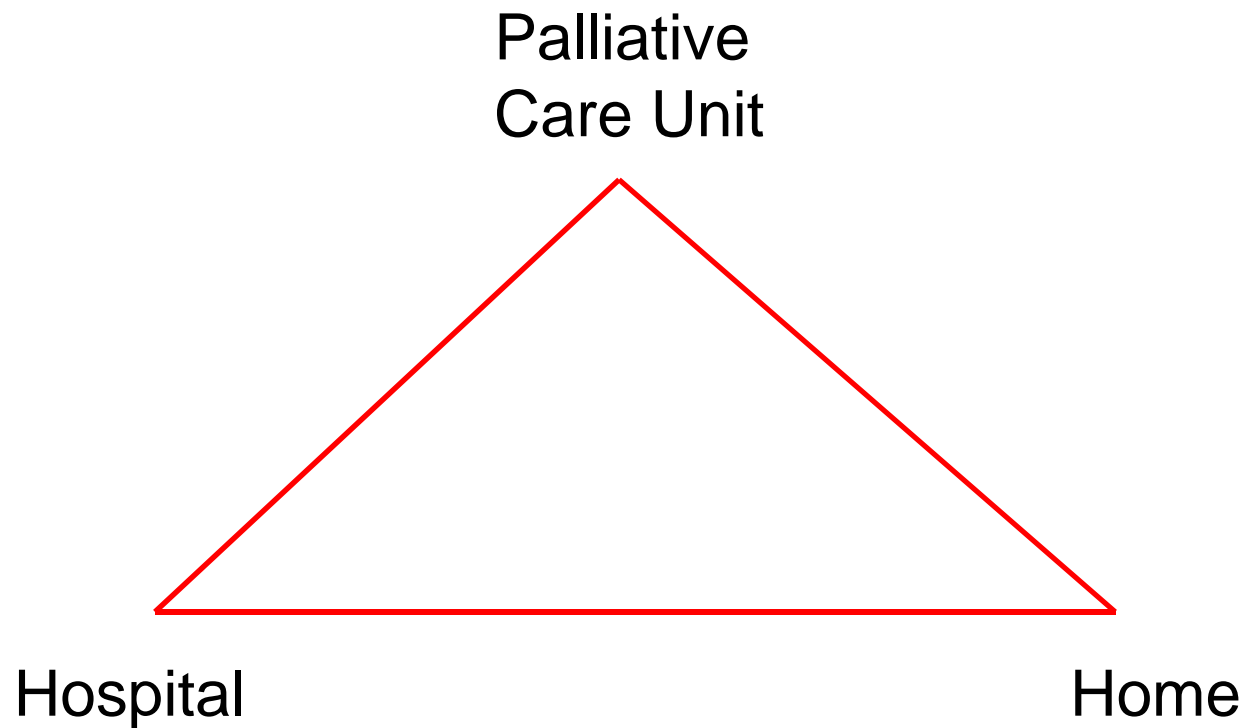
Source: SA Cancer Registry, July 1995

(1981 figures in brackets, note movement from hospitals to newly available hospice beds) See also Hunt et al MJA 2001; 175: 526-9



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Triangle of Patient Location

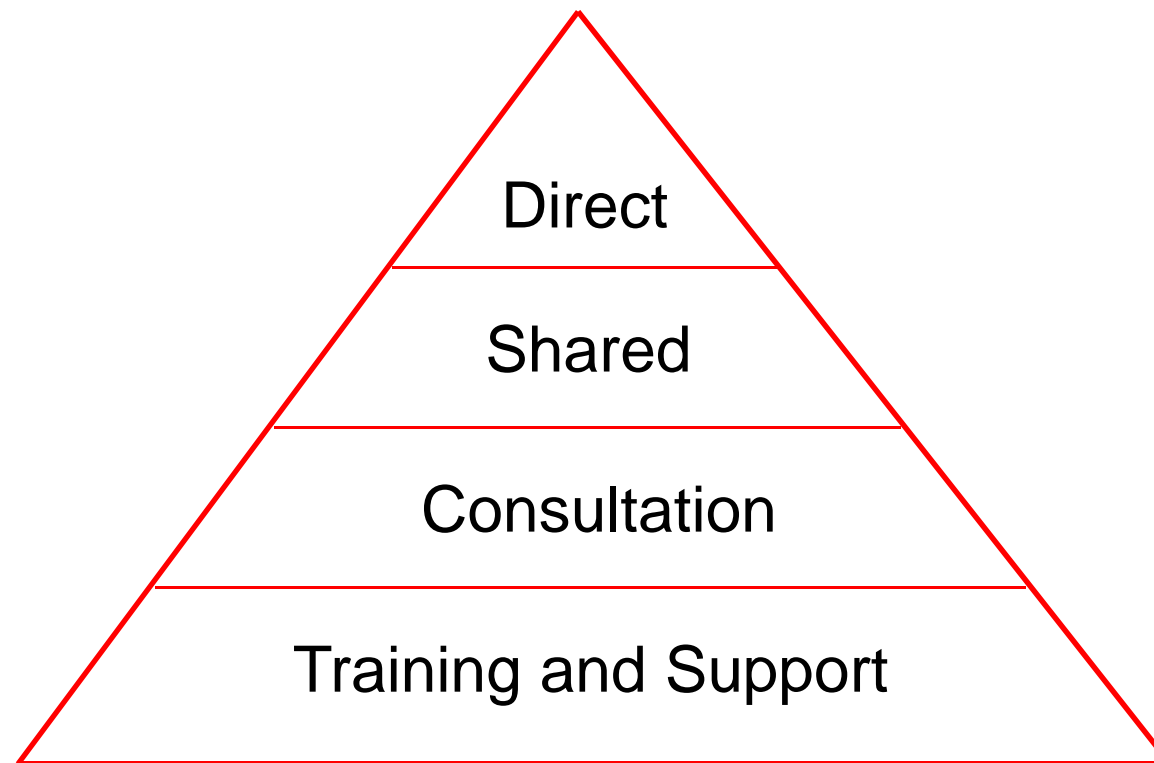


Good practice - coalesce

- Standards
- Specialist PC Services
- Rural PC program – 44 AGPN projects
- 111 R&R services – national directory
- Aged Care guidelines
- ATSI position statement



Pyramid of care by specialist service



Health Reform – Happiness?

- Taking responsibility – health literacy
- Connecting care
- Facing inequities
- Driving quality



What will work for R&R people? ATSI?

- R&R
 - EOL alignment with whole of health
- ATSI
 - Burdon of disease
 - Cultural fit



Priorities for dying well in the bush

- Recognition
- Resourcing for R&R services to match population need – 24/7
- Resourcing for families and communities
- Reframing planning – team work – integration
- Education and innovation
- Community involvement
- Not stopping short (bereavement)
- Taking it to the end



Research / Literature

- Evans R, Stonea D, Elwyn G. [Organising palliative care for rural populations: a systematic review of the evidence.](#) Family Practice 2003;20(3):304-310.
- Reymond L, Charles M, Israel F, Read T, Treston P. [A strategy to increase the palliative care capacity of rural primary health care providers.](#) Aust J Rural Health. 2005 Jun;13(3):156-61.
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- Buikstra E, Pearce S, Hegney D, Fallon T. [SEAM--improving the quality of palliative care in regional Toowoomba, Australia: lessons learned.](#) Rural Remote Health. 2006 Jan-Mar;6(1):415. Epub 2006 Feb 22
- Phillips JL, Davidson PM, Jackson D, Kristjanson L, Bennett ML, Daly J. [Enhancing palliative care delivery in a regional community in Australia.](#) Aust Health Rev 2006;30(3):370-79.
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