

## CRANaplus Position Paper: Palliative Care

### INTRODUCTION

Palliative Care is an approach to care that improves the quality of life of people facing life-threatening or life-limiting illness, regardless of location or care setting. The essence of palliative care is to provide comfort through the prevention, early detection of pain, and other physical, social, psychological and spiritual needs. A holistic approach is required to assist the individual and their families to adapt to their changing needs,<sup>1</sup> with specific emphasis on the psychosocial, spiritual aspects of dying and bereavement.

It is well acknowledged that people living in remote and isolated areas have higher levels of illness and chronic conditions. They are often not well served by support services and specialist palliative care networks.

Palliative care in isolated areas is often delivered and coordinated by generalist nurses and doctors, with minimal access to a palliative care specialist, physicians or nurses or the array of allied health professionals that is afforded to people receiving end of life care in more populated an urban or regional environments.

Aboriginal and Torres Strait Islanders account for 2.5% of the total Australian population, yet approximately 60% of the remote population, and have significantly poorer health outcomes compared with the Australian population. Aboriginal and Torres Strait Islander people tend not to frequent palliative care services in mainstream facilities; and there is very little data to show their admissions to palliative care services.<sup>2</sup>

Cultural respect and cultural safety are essential elements when addressing 'end of life' needs with Aboriginal and Torres Strait Islanders, and others from different cultural backgrounds within Australia's remote and isolated communities. The desire to die at home or on traditional homelands may be an essential element to the provision of Palliative Care for some people.

### CRANaplus believes that

All remote healthcare providers are guided by the Australian Palliative Care Standards<sup>3</sup> that shape their practices to provide safe, quality care for individuals and their families.

People facing life-threatening or life-limiting illness have a right to the care and choice of treatment, and access to specialist palliative care services input. Advance Care Planning and Advance Health Directives, are an avenue for individual's to clearly make known their wishes when they can no longer exercise their right to make choices about their care, or consent to treatment.

There are many challenges for the delivery of quality palliative care services to remote and isolated communities as they have limited access to: specialist investigations and treatments; medical and allied health professionals; equipment; medications; home support; transport and accommodation; and respite care. In minimising these challenges, residing nurses/midwives, and Aboriginal and Torres Strait Islander healthcare practitioners/workers are pivotal in coordinating interprofessional collaboration amongst practitioners.

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<sup>1</sup> National Rural Health Alliance Inc: *Palliative Care in Rural and Remote Areas, Fact Sheet*, October 2012, prepared in collaboration with Palliative Care Australia.

<sup>2</sup> AP O'Brien, MJ Bloomer, P McGrath, K Clarke, T Martin, M Lock, T Pidcock, P van der Riet, M O'Connor: Considering Aboriginal palliative care models: the challenges for mainstream services: *Rural and Remote Health* on-line Journal, 13: 2339, 2013

<sup>3</sup> Palliative Care Australia: *Standards for Providing Quality Palliative Care for all Australians*: Canberra ACT: 2005 [4th edition]

Telehealth is an expedient way of accessing timely advice and support for staff, the individual and their families, but does not remove the requirement for remote health professionals to maintain ongoing professional development and contemporary practice in palliative and end of life care.

### **CRANaplus recommends that**

Remote health services adopt and implement the Australian Palliative Care Standards, which guide and shape the provision of palliative care to individuals living with a life-threatening or life-limiting illness.

People who have palliative care needs in remote and isolated, and rural locations have the right to:

- choose the location for their 'end-of-life' and have that choice respected.
- access to palliative care specialists and /or experts input/consultation, if their care needs cannot be managed by their local care team.
- access to timely best evidence based pain and symptom management.
- their psychosocial, spiritual and bereavement needs being met in a culturally safe manner.
- have access to bereavement care, information and support services for their caregiver/s and family.

Remote healthcare providers be required to have a sound knowledge of palliative care; Advance Care Planning and Advance Health Directives, culturally diverse grief and bereavement needs, and pain management as part of their training and continuing professional development.

Remote health services be supported to develop the palliative care capacity of nurses/midwives, Aboriginal and Torres Strait Islander healthcare practitioners/workers, counsellors and other health professionals, to provide appropriate information and support for the individual, their families and wider community.

Significant resources be invested in the remote health sector to adapt existing services, or develop/link with new palliative care services, to ensure all remote and isolated communities receive optimal and culturally appropriate best evidence based treatment, services and support.

Smart use of technology including Telehealth needs to be freely available to enable connectivity between healthcare workers, and better access to palliative care advice and services.

### **CRANaplus resolves to**

Promote the importance of, and ensure easy access to appropriate preparation and ongoing palliative care education for the remote health workforce. Thereby enhancing their capacity in the early detection of pain, symptom control and physical, social, psychological, spiritual needs.

Promote awareness of the challenges in accessing locally appropriate palliative care services to support individuals and their families who reside in remote and isolated areas of Australia.

Advocate for innovative palliative care services, and/or new models of care, including formal linkages with larger regional palliative care services, which improve the quality of life for remote and isolated people facing life-threatening or life-limiting illness.

Actively participate in consultative processes with government and non- government organisations to address the many challenges associated with people living in remote and isolated communities accessing palliative care services; Build the palliative care capabilities of the remote and isolated workforce; and advocate the development of health policy and funding that improves access to palliative care in remote areas.

## STANDARDS FOR PROVIDING QUALITY PALLIATIVE CARE FOR ALL AUSTRALIANS

### Standards 1

Care, decision-making and care planning are each based on a respect for the uniqueness of the patient, their caregiver/s and family. The patient, their caregiver's and family's needs wishes are acknowledged and guide decision-making and care planning.

### Standard 2

The holistic needs of the patient, their caregiver/s and family are acknowledged in the assessment and care planning processes and strategies are developed to address those needs, in line with their wishes.

### Standard 3

Ongoing and comprehensive assessment and care planning are undertaken to meet the need and wishes of the patient, their caregiver/s and family.

### Standard 4

Care is coordinated to minimise the burden on patient, their caregiver/s and family.

### Standard 5

The primary caregiver/s is provided with information, support and guidance about their role according to their needs and wishes.

### Standard 6

The unique needs of dying patients are considered, their comfort maximised and their dignity preserved.

### Standard 7

The service has an appropriate philosophy, values, culture, structure and environment for the provision of competent and compassionate palliative care.

### Standard 8

Formal mechanisms are in place to ensure that the patient, their caregiver/s and family have access to bereavement care, information and support services.

### Standard 9

Community capacity to respond to the needs of people who have a life limiting illness, their caregiver/s and family is built through effective collaboration and partnerships.

### Standard 10

Access to palliative care is available for all people based on clinical need and is independent of diagnosis, age, cultural background or geography.

### Standard 11

The service is committed to quality improvement and research in clinical and management practices.

### Standard 12

Staff and volunteers are appropriately qualified for the level of service offered and demonstrate ongoing participation in continuing professional development.

### Standard 13

Staff and volunteers reflect on practice and initiate and maintain effective self-care strategies.

## REFERENCES

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## RESOURCES

PEPA – Program of Experience in Palliative Approach  
<http://www.pepaeducation.com/>

Care Search  
<http://www.caresearch.com.au/Caresearch/Default.aspx>

Decision Assist - Palliative Care and Advance Care Planning for Aged Care  
<http://www.caresearch.com.au/caresearch/tabid/2583/Default.aspx>

Smart Phone App – PalliAged  
<http://www.caresearch.com.au/caresearch/tabid/3224/Default.aspx>

eviQ opioid calculator  
<https://www.eviq.org.au/Login.aspx?ReturnUrl=%2fOpioidCalculator.aspx>