

The palliative care approach in australia: a deeper understanding essay sample

[Parts of the World](#), [Australia](#)



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Australian healthcare centers have had a relationship with the system of palliative care for some time as a supportive system to assist individuals suffering from progressive illnesses eventually leading to death. The primary purpose of palliative care is to promote the highest quality of life possible through comfort measures. Used in hospices, private homes, residential care facilities, and public and private hospitals, Australian care personnel understand the complex needs of specific patients. Teams work directly with professional in the community and the facilities to coordinate care of patients receiving palliative care as they near the end of their lives.

What is Palliative Care?

There are several definitions of palliative care and the terminology related to each (AIHW, 2014). The World Health Organization (WHO) adopted a definition to be used nationally Australia. It states that palliative care promotes the quality of life for patients who have illnesses that are life-threatening by attempting to prevent and reduce suffering through early detection, assessment, and treatment of pain and the related problems spiritually, socially, mentally, and physically (WHO, 2002). Aside from seeking pain relief, palliative care understands that death is a natural process and does not seek to either hurry or delay the process. Life is affirmed and all aspects of patient care support a system to allow patient activities as long as possible. The family is included in the process to work through their own bereavement.

It should be clear that not all patients with a life-threatening illness receive palliative care. There are times when these types of patients are not considered appropriate recipients of the program or they only see palliative care staff intermittently.

Palliative Care in Australia Australia recognized palliative care as a separate healthcare discipline in the 1980s (Tieman, Abernethy, Fezekas and Currow, 2005). The movement realized dying patients and their families had a specific set of needs and currently there is an increasing number of elderly in the country susceptible to cancer and other chronic diseases. Globally, the World Health Organization passed a resolution in May 2014 without opposition to support the use of palliative care for the approximate 20 million people around the world who are facing the requirements for end-of-

life care (WHO, 2014).

Research conducted by Rosenwax et al. (2005) stated that between 0. 28 percent and 0. 50 percent of the Western Australian population in any year would have the possibility of needing the services of a palliative care team. The authors also believe approximately 50 percent to 90 percent of all individuals who died in that area needed the same care.

The Australian System for Delivering Palliative Care

Almost every facility or home in Australia where health care is provided grants access to palliative care although the models of care differed between states and territories (AIHW, 2014). The professionals providing the services include medical practitioners, nurses, health professionals such as therapists and psychologists, volunteers, and care givers. The way in which palliative care is provided varies between the approaches in hospitals and those in the community.

Australian National Palliative Care Policies include the National Palliative Care Strategy 2010: supporting Australians to live well at the end of life which the Australian Health ministers endorsed to encourage delivery of palliative care across the country (AIHW, 2014). While recognizing the need for specialized care across the territories and states, each has its own jurisdiction. Citing the lack of comprehensive data for palliative care, the Senate Community Affairs References Committee made recommendations in 2012 to for improvements which included access to information.

Financial Aspects of Palliative Care

Between the years of 2012 and 2013, approximately \$4.7 million was paid for services for 11,700 patients by palliative medicine specialists (AIHW, 2014). It was shown by Tangeman et al. (2014) that palliative care administered on an inpatient basis has been linked with several clinical advantages. On the average, the cost for each admission was found to be 13 percent less with patients receiving palliative care than with comparison patients with the largest differences between laboratory services and patients in intensive care units. The rates for readmission were much less with palliative care patients who were released to hospice care; it should be noted that if the patients were released to other location, readmission for palliative care patients was significantly higher.

On May 26, 2015, the Australian Assistant Minister of Health announced national funding for eleven organizations under the National Palliative Care Program to increase public awareness of choices for end-of-life and provide education for care givers (Health.gov.au, 2015).

Palliative Care for an Aging Australian Population

Patients living in resident senior center numbers almost 226,500 in 2013 with 1 out of 18 qualified for palliative care with the majority diagnosed with illness other than cancer; however,, approximately one-fourth of the residents have a cancer diagnosis that receive palliative care (AIHW, 2014). According to a study by Cruikshank, Stafford, and Jones (2013) on medications used in palliative care, a significant number of people receiving palliative care are aged 65 years and over. Pharmacological needs are high

prior to end-of-life, but at that point it is felt by team members that they become unnecessary and the cost can be spared. The researchers suggest close monitoring by physicians to determine if some medications for long-term care should be discontinued. It is their suggestion that one specific team member accept the responsibility for evaluating this aspect of palliative care on a regular basis.

Australian's Population in Terms of Age

As with most developed countries of the world, Australia has a growing population of senior citizens due to decreasing birth rates and the medical ability to prolong life (Abs. gov. au, 2015). In the two decades between 1994 and 2013, the number of people over age 65 increase from 11.8 percent of the population to 14.7 percent and the proportion of seniors over the age of 85 almost doubled. As the baby boomers turn 65, the number of patients requiring palliative care is expected to increase rapidly with 118,700 people entering the age group just in the year before June 2014.

Palliative Care in a Hospice Setting

With approximately 25 percent of people dying in residential nursing homes, it is important to address the need for palliative care for individuals suffering from painful multiple systems failure at end-of-life (O'Mahony & et al., 2010). Acceptance by a patient into a hospice setting requires the certification of two physicians that he or she has less than six months to live, the patient and family have been informed of the life expectancy, and they have accepted that palliative measures are recommended (Boothe, 2015).

Palliative care can be primary or specialist depending on care requirements.

Screening tools address the process of the basic disease, concomitant disease processes, the patient's functional status, and other considerations. There is sometimes confusion concerning the terms " hospice care" and " palliative care" (Caresearch. com. au, 2015). Designated programs for hospice greatly outnumber programs for palliative care. Much hospice care takes place in the home with the care performed by a visiting nurse and family. In a nursing home, hospice care is provided continuously with a fully equipped facility. Palliative care comes into play when the hospice patient is placed under the supervision of a specialized team trained in the special patient and organizational needs concerning end-of-life decisions.

Palliative Care in Rural and Remote Settings in Australia

Pesut et al. (2013) feel the evaluation of palliative services is important for a rural context due to staffing constraints and access by patients to care. A community-based advisory committee is recommended to guide the development of the framework of the programs based on forty-eight criteria. Seven themes emerge as categories: establishment of systems to measure and improve outcomes, access by education by caregivers, presence within the community, working with rural service values and abilities, timely palliative care that is continuous and encompassing, establishing partnerships with families, and teams that work effectively together. The need for a committee to evaluate the framework of rural palliative care is needed less in metropolitan areas where governing boards of medical facilities have quality control departments for consistent assessment.

The Role of the Nurse in Palliative Care

Nurses deal with death and dying as part of the process of the life of their patients. Palliative care strives to maintain a quality of life to the end of it and the role of the nurse reaches beyond attempting to manage pain. As part of an interdisciplinary team of health care professionals, nurses work with the patient and family to address psychological, spiritual, physical, mental, and cultural needs. The complex interactions require nurses to reach out to supporting staff such as clergy, therapists, and other resources available.

The nurse as part of the palliative care team has only emerged in Australia in the last twenty years (Royal College of Nursing, 2004). Using unique skills and personal qualities, the nurse works as an educator, communicator, and leader to the team.

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