

Parliament of Victoria: Legal and Social Issues Committee

Inquiry into end of life choices: Aug 12, 2015

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Key points:

1. The provision of Palliative care is a small, subset of end-of-life care. Consequently, more focus on discussion of end-of-life care (EOLC) in the community, broadly, and health professionals and service delivery planners more specifically should be facilitated;
2. To date, most State or Territory Government Palliative care strategic plans have focused too greatly on care for those requiring cancer-related palliative care at the expense of the, at least, equivalent numbers of those requiring non-cancer -related palliative care;
3. Specifically, older adults dealing with the terminal phases of heart failure, chronic airways disease and dementia, to name a few conditions, are less well targeted and supported than those presenting with cancer even though they are more numerous;
4. For end-of-life and palliative care across these chronic health related conditions, I would encourage further exploration of opportunities for coordination across community programs such as HACC, HARP and HIP (Health Independence program).
5. Education and training is required for, at least, all working in the health service and carer delivery domains so that palliative and end-of-life care can be delivered seamlessly across the community independent of geographical location or specific site of delivery; and
6. Exploration of End-of-life care, just as palliative care, as a performance measure and the aspiration of defining practical, measurable quality indicators should be considered (e.g. achieving desired place of care; capacity of the health system to deliver care "where the older adult is" with appropriate staff training)