Ms Jill Whitehead  
Strategic Policy and Legislation Branch  
Strategy, Policy and Planning Division  
Department of Health  
GPO Box 48  
Brisbane QLD 4001  

By email: StrategicPolicy@health.qld.gov.au  

Dear Ms Whitehead,  

Re: Queensland Health Palliative Care Services Review Consultation Paper  

The Australian College of Nursing (ACN) would like to thank Queensland Health for the opportunity to provide a submission to the Queensland Health Palliative Care Services Review Consultation Paper. It is worth outlining what ACN considers palliative care to be as the term can have different meanings for different people. ACN is in agreement with the view that palliative care is designed to improve the life of palliative care service users and their families facing the problem of life-threatening illness. This is achieved through the prevention and relief of suffering by identifying, assessing and treating pain as well as other physical, psychosocial and spiritual factors.¹ ACN’s responses to the consultation questions and a summary of feedback from our Queensland members can be found below.

- **RE: Question 1: How well are palliative care services meeting the demand and service setting preferences for patients and their carers and families in your local area?**

  The increasing number of ageing palliative care service users who have one or several chronic diseases is leading to an increasing demand for palliative care services. ACN received feedback from our Queensland members who pointed out that services in metropolitan areas often have more resources compared to regional, rural and remote areas. Telehealth services connecting palliative care teams in large hospitals with services in non-metropolitan areas are not adequately resourced to meet the community’s needs. This is in part due to the lack of health professionals with expertise in palliative care working in non-urban areas. However, a more significant reason is the insufficient funding for palliative care services being available for the community. ACN has heard that while a diverse range of palliative care services are available, not everyone is receiving the care they require. In particular, aged care residents often do not have access to external palliative care services. There is already more demand for services in the community than can be met with the current workforce and funding arrangements. ACN has also been informed that families are reluctant to have their elderly family member returned to the aged care facility that they have come from as they prefer for them to die in hospital due to the perceived or actual higher standard of care provided.

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¹World Health Organization 2018, WHO Definition of Palliative Care, [www.who.int](http://www.who.int).
• RE: Question 2: What changes could be considered to palliative care service delivery in your area that would improve the experience of patients and their carers and families?

ACN members have informed us that more palliative care services would improve the experience of patients and their carers and families. ACN supports palliative care nurses developing individualised care plans at the beginning of a patient’s palliation journey with the support of a multidisciplinary health care team and the involvement of families in that process. Members also suggest adapting palliative care facilities to create a ‘homely’ ambience to create a more comfortable place for palliative care service users. In some cases, palliative care beds in hospitals are on an acute ward, which does not provide a comforting environment for either the dying person or their families and can be a serious impediment to nurses providing high quality palliative care. ACN advocates for the expansion of in-home palliative care services for people preferring this option. Another change that ought to be considered is the availability of palliative care services for non-cancer patients as these individuals at present often do not meet the criteria to receive the care they require. These patients may for example have dementia, complex heart conditions, multiple systems failure, and emphysema. If palliative support could be offered to these people, it would be a great comfort to families and patients and may lead to a reduction in unnecessary hospital admissions. ACN also supports the delivery of culturally appropriate and safe care to our nation’s First People. One initiative ACN has provided input to includes the Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer which was developed by Cancer Australia and is endorsed by the Cancer Council with the aim of reducing disparities and improving outcomes and experiences for Aboriginal and Torres Strait Islander people with cancer.²

• RE: Question 3: What types of palliative care services do you think will be required in your local area or across the state to meet future demand?

ACN supports increasing palliative care services in community and tertiary settings and sees particular value in expanding home-based support, which utilises the expertise of Nurse Practitioners and palliative care nurses, among others, to provide effective care. Palliative care service users prefer to be able to die in their own home, but few are able to do so.³ ACN would encourage the promotion of Advanced Care Plans and encourage that this would be addressed at an individual’s 75-year annual health check with their General Health Practitioner. Demand is likely to keep increasing as the population continues to grow and we are living longer and are an ageing nation.⁴ The District Nurses in Tasmania have implemented the successful hospice@HOME program which provides an additional level of support to enable people nearing the end of life to remain at home rather than in more expensive acute care settings.⁵ The program offers care packages that coordinate and complement other services available which enables a person to die at home if they so choose.

Palliative Care Services for older Australians is imperative and the health professions and carers looking after this cohort would benefit from accessing supporting information, for example, from the End of Life Directions for Aged Care (ELDAC) website. ELDAC has developed a Legal Toolkit with

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⁴ Ibid.

a range of resources such as Advance Care Directives, which enables an authorised person with capacity to make future health care decisions.⁶ Health professionals and aged care workers can access information, guidance, and resources to support palliative care and advance care planning for older people and their families from this site. ACN calls for more dedicated palliative care services which have teams that are able to be on call 24/7 and who are able to do physical visits to deliver effective palliative care services to people in their own homes. Hospitals will continue to see increasing numbers of dying patients coming through emergency departments as society ages, hence the importance of enhanced community palliative care services.

The Australian College of Nursing (ACN) is the pre-eminent and national leader of the nursing profession. We are committed to our strategic intent of advancing nurse leadership to enhance the health care of all Australians. Our membership, events and higher education services allow nurses at all levels to stay informed, connected and inspired. By bringing together thousands of passionate nurses from across the country, we provide a strong, collective voice for our profession and drive transformational change throughout the Australian health care system.

We hope you find this feedback helpful. If you would like to discuss the content of this letter, please do not hesitate to contact Carolyn Stapleton, Policy Manager, at Carolyn.stapleton@acn.edu.au.

Yours sincerely,

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Chief Executive Officer
RN, MMgt, Dip App Sci (Nursing), Acute Care Cert, FACN, Wharton Fellow, MAICD

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