6.13 Palliative care in Australia



The goal of palliative care is to improve the quality of life of patients with an active, progressive disease that has little or no prospect of cure (PCA 2003). With the growth and ageing of Australia's population, and an increase of chronic and generally incurable illnesses, the types of patient groups requiring palliative care has widened (AIHW 2010; Murtagh et al. 2013).

Palliative care is delivered in almost all settings where health care is provided, including neonatal units, paediatric services, acute hospitals, general practices, community settings (such as people's own homes) and residential aged care services. Specialist services operate from a variety of settings, including inpatient, hospice and community-based services (DoHA 2010).

Hospitalisations

Available evidence suggests that a substantial proportion of palliative care in Australia is provided in hospitals (PCOC 2010). Data on admitted patient care in Australia's public and private hospitals show that:

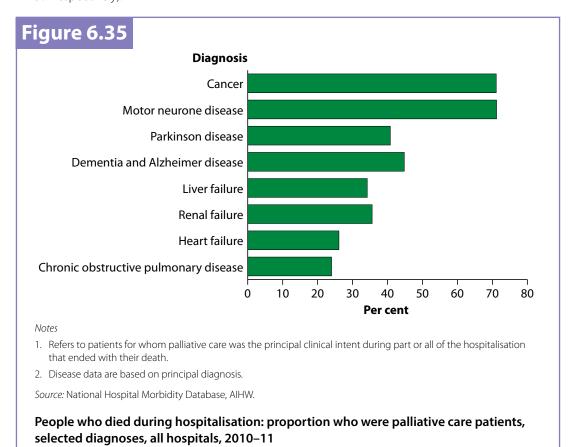
- In 2010–11, there were 54,466 palliative care hospitalisations—about half of which (49.5%) were for people aged 75 and over. Between 2001–02 and 2010–11, the number of hospitalisations increased by 49%.
- In 2010–11, 84% of palliative care-related hospitalisations were in public hospitals (45,713) separations), compared with 60% of all hospitalisations being in public hospitals in that year.
- About half (51%) of palliative care hospitalisations in 2010–11 ended with the patient's death.
- Cancer was the most frequently recorded principal diagnosis (58%). More than 70% (16,459) of people with cancer as a principal diagnosis, who died in hospital as admitted patients, had been palliative care patients during their final hospitalisation (Figure 6.35).
- Of patients with a non-cancer diagnosis who died, 71% with a principal diagnosis of motor neurone disease received palliative care (Figure 6.35).

Other services and resources

- More than 30,400 patients accessed specialist palliative care services in calendar year 2012. This was an increase of 12% from 2011 (PCOC 2010).
- In 2011-12, about 9,600 patients received services from a palliative medicine specialist that were subsidised under the Medicare Benefits Schedule (MBS).
- There were 49,600 MBS-subsidised palliative care-related services provided in 2011–12—an average of 5.2 services per patient.
- Between 2007–08 and 2011–12, the number of MBS-subsidised services provided by palliative medicine specialists almost doubled, with a commensurate increase in MBS benefits paid over this period (from \$1.7 million to \$3.6 million).

Prescription medications are an important component of palliative care. During 2011–12:

- More than 19,000 patients had a subsidised palliative care-related prescription, an increase of 34% from 2010–11 (14,393).
- There were more than 36,000 subsidised palliative care-related prescriptions—laxatives were the most frequently dispensed prescription, followed by analgesics and anti-epileptics (37%, 22% and 15% respectively).





What is missing from the picture?

Differences among the states and territories in the organisation and delivery of palliative care services and the absence of a national palliative care data set make it difficult to provide a comprehensive overview of service provision in Australia.

Reporting on national palliative care expenditure, community-based palliative care services and palliative care beds is also limited. The AIHW is in discussions with federal and state and territory stakeholders to expand national palliative care information.

Where do I go for more information?

More information on palliative care in Australia is available at www.aihw.gov.au/palliative-care/. The report Palliative care services in Australia, 2013 and other recent publications are available for free download.

References

AlHW (Australian Institute of Health and Welfare) 2010. Australia's health 2010. Australia's health series no. 12. Cat. no. AUS 122. Canberra: AlHW.

DoHA (Department of Health and Ageing) 2010. Supporting Australians to live well at the end of life: National Palliative Care Strategy 2010. Canberra: DoHA.

Murtagh FEM, Bausewein C, Verne J, Groeneveld El, Kaloki YE & Higginson IJ 2013. How many people need palliative care? A study developing and comparing methods for population-based estimates. Palliative Medicine 28(1):49–58 doi: 10.1177/0269216313489367.

PCA (Palliative Care Australia) 2003. Palliative care service provision in Australia: a planning guide. Canberra: PCA. PCOC (Palliative Care Outcomes Collaboration) 2010. PCOC national report on palliative care in Australia: January to June 2010. Wollongong: University of Wollongong.