Public Health Association of Australia (Victorian Branch) submission to the Inquiry into End of Life Choices

Introduction

The Public Health Association of Australia (PHAA) is a national organization comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector.

The PHAA (Victorian Branch) has over 500 members in public health related occupations in health service, research, government and community sectors. We work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals.

This submission

The PHAA (Victorian Branch) makes the following points and affirms the following principles regarding practices currently being utilised within the medical community to assist a person to exercise their preferences for the way they want to manage their end of life, including the role of palliative care:

- Despite considerable recognition of the role of preventative medicine in addressing the burden of chronic disease, end of life care and choices are comparatively neglected public health issues. The healthcare system is weighted towards prolonging life, not the quality of life at its end. As stated by Palliative Care Australia (2003) “a health promotion approach to palliative care involves the entire community and the work becomes more in tune with social needs that support prevention, harm minimisation and early intervention.”

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2 Palliative Care Consortium, 2003, Health Promotion in Palliative Care. Palliative Care Victoria.
the community understands complex issues around “dying, death, loss, bereavement and caring for others.”

- Palliative care in Australia is far more institutionalised than other countries, while surveys consistently indicate that 60-70% of Australians wish to die at home, only 14% currently do. While Australians routinely list hospitals and residential care facilities as their least preferred places to die, these are where most deaths occur (54% and 32% respectively). This is much higher than the rates in other countries and indicates the potential benefit to improving our approach to end of life care in Australia – by helping people articulate and realize their potential preference in time and location of death, considerable unnecessary harm, and associated healthcare expenditure, could potentially be averted by ensuring healthcare received better reflects patient preference.

- Many Australians for whom it would be appropriate do not have an end of life care plan and cannot easily access enough palliative care services, irrespective of whether they die at home, in hospital or residential care facilities. The system for end of life care is difficult to navigate for patients and health professionals alike.

- Within the community, there is a poor understanding of what end of life planning and palliative care includes, the availability of services and the difference between palliative care and euthanasia or assisted suicide. In addition understanding of and access to end of life care is harder for vulnerable groups, including those with dementia, Aboriginal and Torres Strait Islander people, from culturally and linguistically diverse backgrounds and in rural and regional areas.

The Public Health Association of Australia (Victorian Branch) believes that the following steps should be undertaken:

- There should be pro-active engagement of the public in discussions around contemporary death and dying, including end of life care and choices, through appropriate clinical and wider community discourse, including public education campaigns.

- There should be education, funding, support and standard-setting for health services and health professionals to ensure appropriate end of life planning for patients and that the preferences of individuals are prioritized.

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4 Ibid.
• That system-wide barriers and enablers to enable receiving end of life care and
dying at home, or in a home-like setting, should be identified and targeted for action
so as to increase the proportion of patients articulating such a desire who achieve
this outcome.

The PHAA (Victorian Branch) appreciates the opportunity to make this submission.

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