



7.21 Palliative care services

Palliative care aims to relieve suffering and improve the quality of life for people with a life threatening condition and their families (WHO 2016).

Palliative care is delivered by various government agencies in all jurisdictions in Australia, as well as by private and not-for-profit bodies. It is provided in almost all health care settings, including neonatal units, paediatric services, general practices, acute hospitals, residential and community aged care services, and generalist community services. Specialist palliative care services operate from professional inpatient services, hospices and community-based specialist services (Department of Health and Ageing 2010).

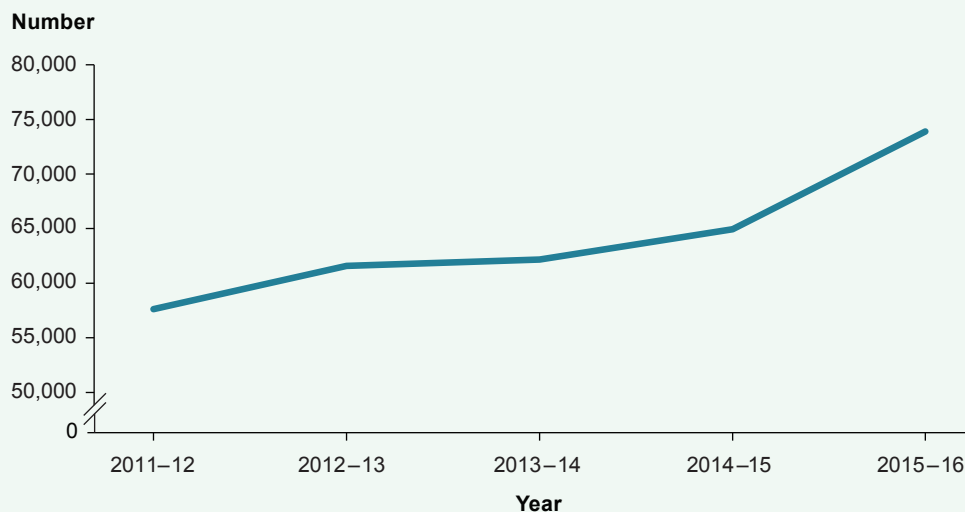
The demand for palliative care services is likely to increase in Australia in future years due to a growing and ageing population as well as to the high burden of disease, related to the higher prevalence of cancer and other chronic conditions, in older age groups.

Palliative care in hospitals

A person may receive palliative care as an admitted patient in hospital and may require one or more hospitalisations while receiving this care. A subset of these patients will die in hospital. Admitted patient data in public and private hospitals show that:

- from 2011–12 to 2015–16, palliative care-related hospitalisations increased by 28% to almost 74,000 (Figure 7.21.1), compared with an increase of 15% of all hospitalisations over the same period
- half (51%) of all admitted patients who died in hospital had received palliative care in 2015–16
- almost half (48%) of palliative care-related hospitalisations recorded a principal diagnosis of cancer in 2015–16.

Figure 7.21.1: Palliative care hospitalisations, 2011–12 to 2015–16



Source: National Hospital Morbidity Database; Table S7.21.1.



Medications for palliative care treatment

The use of prescription medications is an important part of palliative care. One of the attributes of this type of care is to 'provide relief from pain and other distressing symptoms' (WHO 2014). In the majority of cases, this involves medications being prescribed by the treating clinician.

- Over the 5 years from 2011–12 to 2015–16, the rate of subsidised palliative care-related prescriptions increased at an average annual rate of 17% nationally.
- In 2015–16, there were more than 83,000 palliative care-related prescriptions provided to almost 52,500 patients.
- The majority (90%) of palliative care-related medications were prescribed by a general practitioner; other medical specialists prescribed 7.7%, and palliative medicine specialists prescribed 2.4% in 2015–16.
- In 2015–16, \$4.4 million dollars was spent in benefits for medications included on the palliative care schedule (an average of \$118 per patient). The average cost per patient ranged from \$80 in Victoria to \$265 per patient in the Australian Capital Territory.

Workforce

The palliative care workforce is made up of a number of professional groups, including specialist palliative medicine physicians, nurses, general practitioners, pharmacists, other medical specialists (such as oncologists and geriatricians), as well as other health workers, support staff and volunteers.

Nationally, in 2015, there were about 210 specialist palliative medicine physicians and more than 3,300 palliative care nurses. About 3 in 5 (62%) doctors employed as a specialist palliative medicine physician were women, which is more than double the female proportion of all employed medical specialists (30%).

What is missing from the picture?

The fragmented and incomplete nature of palliative care data is well recognised and one of the challenges is identifying these activities across different health and social care settings. The AIHW is involved in current national data development activities aimed at addressing some of the recognised data gaps in the palliative care space.

Where do I go for more information?

More information on palliative care in Australia can be found at <www.aihw.gov.au>. Recent publications, including [Palliative care services in Australia](#), are available for free download.

More information on the Pharmaceutical Benefits Scheme is available at <www.pbs.gov.au>.

References

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

WHO (World Health Organization) 2014. Global atlas of palliative care at the end of life. Geneva: WHO.

WHO 2016. WHO definition of palliative care. Geneva: WHO. Viewed 16 November 2015, <<http://www.who.int/cancer/palliative/definition/en/>>.