


# Summary

Palliative care services is an [Australia's health](#) topic

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Palliative care aims to prevent and relieve suffering and improve the quality of life of people (adults, children and their families) facing problems associated with life-limiting illness. Palliative care can be delivered by a wide range of health and community providers, is not limited to any specific condition, can be delivered at any stage of illness, and can accompany curative treatments. With an ageing and growing population, it is projected that the demand for palliative care and end-of-life care will rise substantially.

Identifying and accessing information on when palliative care has been provided and by whom remains a significant challenge (see below for further details).

See [Glossary](#) and [Technical information](#) for further details on the definitions, data, and data sources used on this page.

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## Overview of palliative care services and data availability

In Australia, government agencies, as well as private and not-for-profit bodies, deliver palliative care in many health care settings, including but not limited to:

- specialist inpatient and community-based palliative care services
- neonatal units
- paediatric services
- geriatric services
- public and private hospitals
- general practices
- disability services
- residential and community aged care services.

Identifying palliative care (including end-of-life care) in existing data collections and across all health settings remains a key challenge, particularly care delivered in community, primary care, and residential aged care settings. For example, limited national data are currently available on palliative care-related expenditure, community-based palliative care services, and Medicare Benefits Schedule-subsidised services provided by general practitioners and non-palliative care medical specialists. The data on this page are focused on specific settings where systems are in place to record a palliative care service, in particular specialist palliative care.

The Australian Institute of Health and Welfare (AIHW) is working with palliative care stakeholders to help address data gaps in palliative care reporting. The AIHW in collaboration with the End-of-Life Care Data Development Working Group released the [National Palliative Care and End-of-Life Care Information Priorities report](#) in January 2022. This report outlines an aspirational vision for the future of national palliative care information development over the next decade and articulates priorities aimed at supporting that vision.

# Hospitalisations

[Palliative care-related hospitalisations](#) are those episodes of admitted patient care where palliative care was a component of the care provided during all or part of an episode of admitted patient care. These hospitalisations can be divided into 2 groups depending on how they are identified in the hospital data:

- [primary palliative care hospitalisations](#): hospitalisations with a recorded care type of palliative care, and
- [other palliative care hospitalisations](#): hospitalisations with a recorded diagnosis of palliative care, but the care type is not recorded as palliative care (see [Technical information](#)).

There were 94,800 palliative care-related hospitalisations in public and private hospitals in 2021–22.

In 2021–22, for these palliative care-related hospitalisations:

- males accounted for more than half (53%) and the average age at admission was 75 years
- 51,300 were for primary palliative care and 43,500 for other palliative care, equating to 19.9 and 16.9 per 10,000 population, respectively
- 2 in 5 (40%) had a principal diagnosis of cancer – 1 in 2 (49%) for primary palliative care hospitalisations and almost 1 in 3 (29%) for other palliative care hospitalisations
- average length of stay was almost twice as long as for all overnight hospitalisations (hospitalisations that exclude same-day stays) – 10.3 days (9.3 days for primary palliative care and 11.5 days for other palliative care) compared with 5.7 days for all hospitalisations
- 2 in 3 (67%) primary palliative care hospitalisations ended with the patient dying in hospital compared with 43% for other palliative care hospitalisations.

Between 2015–16 and 2021–22, there was a 29% increase in the number of palliative care-related hospitalisations – this increase was at a steeper rate than for all hospitalisations (10% increase) over the same period.

For more information, see [Hospitals – Admitted patient palliative care](#).

## Medicare-subsidised specialist services

Medicare Benefits Schedule (MBS)-subsided palliative specialist services in this report only relate to [palliative medicine](#) attendances/consultations and case conferences that are both provided by [palliative medicine physicians/specialists](#) and are claimed under specialist palliative care MBS item numbers. Note that palliative care physicians/specialists may at times use other MBS items when attending to palliative care patients and other health professionals also attend to terminally ill patients and provide palliative care. These items are not included in the data on this page, as they are not claimed specifically as a palliative care-related service and cannot be identified in the MBS data.

14,500 people received 69,100 palliative medicine attendance and case conference services provided by palliative medicine physicians/specialists in 2021–22.

In 2021–22, for these palliative medicine attendance and case conference services:

- 3 in 4 (77%) were provided to people aged 65 and over, including 23% for those aged 85 and over
- an average of 4.8 services were provided per person annually
- 4 in 5 services (55,900 or 81%) were for palliative care attendances in consulting rooms or a hospital, 6.3% (4,300) were for attendances in other settings (such as a person's place of residence) and 13% (8,900) were for case conferences (community case conference and discharge case conference)
- \$5.6 million was paid in benefits for the palliative medicine attendance and case conference services, equivalent to an average of \$390 per patient.

Between 2012–13 and 2018–19, the number of people receiving palliative medicine attendances/consultations increased by 35% and remained relatively stable in the following 2 years (2019–20 and 2020–21) before declining by 13% in the 12 months to 2021–22. This was a steeper annual decline than that for people receiving all specialist attendances (0.8% decline). While for palliative medicine case conferences, the number of people receiving these services has doubled between 2012–13 and 2021–22.

For more information, see [Medicare-subsidised palliative medicine attendance and case conference services](#).

# Medications

[Palliative care-related prescriptions](#) are an important component of care for palliative patients. One of the attributes of palliative care is to 'provide relief from pain and other distressing symptoms' (WHO 2020). Palliative care-related prescriptions are defined as those listed in the Palliative Care Schedule of the Pharmaceutical Benefits Scheme (PBS) (see [Technical information](#)). This schedule aims to improve access to essential and affordable medications for patients receiving palliative care.

There were 1.3 million palliative care-related prescriptions provided to 453,300 people in 2021–22.

In 2021–22, for these palliative care-related prescriptions:

- 1 million prescriptions were for pain relief, accounting for 79% of all palliative care-related prescriptions
- 9 in 10 (89%) palliative care-related prescriptions were prescribed by general practitioners.

Between 2017–18 and 2021–22, the number of people dispensed with palliative care-related prescriptions declined by 18% overall (driven by declines in people dispensed with pain relief prescriptions), with the annual rate of decline steeper in 2021–22 than in 2019–20 (12% compared with 3.7%, respectively). However, the number of palliative care-related prescriptions has remained relatively stable over this period, leading to increases in the number of prescriptions per person from 2.1 to 2.8 over this period.

For more information, see [Palliative care-related medications](#).

# Residential aged care

The Australian Government subsidises residential aged care services for older Australians whose care needs are such that they can no longer remain living in their own homes. The data used here are based on people in permanent residential aged care (PRAC) with an [Aged Care Funding Instrument \(ACFI\)](#) appraisal indicating need for end-of-life palliative care and for whom a claim was submitted. Information on actual service provision and that palliative care maybe required for a longer period (not just end-of-life care) is a considerable gap in the national data.

There were 4,800 people appraised as requiring palliative care in 2021–22, accounting for 2.0% of all people in permanent residential aged care.

In 2021–22, for people appraised as requiring palliative care in PRAC:

- 3 in 5 (59%) were aged 85 and over
- 1 in 5 (21%) had cancer listed as the first condition on their appraisal, compared with 3.7% for those not appraised as requiring palliative care
- 1 in 2 (50%) exited from PRAC within 8 weeks of admission, compared with 7.9% for those not appraised as requiring palliative care.

For more information, see [Palliative care for people living in residential aged care](#).

# Outcomes

Key measures of quality care are the outcomes that patients, their families and carers achieve. The [Australian Palliative Care Outcomes Collaboration \(PCOC\)](#) is a national program that uses standardised validated clinical assessment tools to benchmark and measure outcomes.

There were 61,100 patients receiving palliative care from the 180 palliative care services voluntarily participating in Palliative Care Outcomes Collaboration program in 2022.

In 2022, for patients who received palliative care from services participating in PCOC program:

- 3 in 4 (77%) [palliative care episodes](#) ended within 30 days, with most ending within 2 weeks (62%)
- 9 in 10 (87%) [unstable phases](#) (urgent needs) were resolved within 3 days or less
- 9 in 10 [palliative care phases](#) that started with absent/mild patient pain remained absent/mild at the end of the phase – 89% for pain severity and 88% for distress from pain.

Achieving an absent/mild symptom outcome is less likely when the patient has moderate/severe symptoms to begin with, especially for those with distress from fatigue, breathing problems and family/care problems – 1 in 2 palliative care phases starting with moderate/severe distress reduced to absent/mild by the end of the palliative care phase for fatigue (50%), breathing problems (53%) or family/care problems (52%). The corresponding proportions for pain severity and distress from pain was 61% and 58%, respectively.

For more information, see [Palliative care outcomes](#).

# Workforce

The palliative care workforce is made up of a broad range of professional groups, including specialist palliative medicine physicians, palliative care nurses, general practitioners, pharmacists, allied health professionals, other medical specialists (such as oncologists and geriatricians), as well as other health workers, support staff and volunteers. Each of these play a unique role in supporting people with a life limiting illness to receive comprehensive, patient-centred care. However, existing national data sources only capture information on physicians with a primary specialty of palliative medicine ([palliative medicine physicians](#)) and nurses working in palliative care ([palliative care nurses](#)).

There were 311 palliative medicine physicians and 3,518 palliative care nurses employed nationally in 2021.

In 2021:

- women accounted for 2 in 3 (64%) employed palliative medicine physicians and 9 in 10 (92%) employed palliative care nurses
- most worked in Major cities – 4 in 5 (84%) of employed palliative medicine physicians and 3 in 4 (72%) employed palliative care nurses
- most worked in a hospital setting – 3 in 4 (73%) of employed palliative medicine physicians and 1 in 2 (52%) of employed palliative care nurses.

Between 2013 and 2021, there was a 70% increase in the number of employed palliative medicine physicians (from 183 to 311). For employed palliative care nurses, the number increased by 16% (from 3,265 to 3,798) between 2013 and 2020, and then decreased by 7.4% to 3,518 in 2021.

For more information, see [Palliative care workforce](#).



## Where do I go for more information?

For more information on palliative care services, see:

- [Palliative care services](#)
- Department of Health and Aged Care [Palliative care](#)
- [Palliative Care Australia](#)
- [Medicare Benefits Schedule](#)
- [Pharmaceutical Benefits Scheme](#)
- [Palliative Care Outcomes Collaboration](#)

## Reference

WHO (World Health Organization) (2020) *Global atlas of palliative care 2<sup>nd</sup> Edition*. Geneva: WHO.