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ABSTRACT

An ageing population and associated increase in chronic life-limiting disease, highlights the need to incorporate palliative care best practice guidelines and models within the hospital setting, particularly for non-malignant conditions.

Increasing demand for palliative care within hospitals

The growing demand for palliative-related care within the hospital setting can be clearly seen in the recent (2019-20) Australian Institute of Health and Welfare (AIHW) data set where there has been an 18% increase in palliative care-related hospitalisations since 2015-16. [1] Of these hospitalisations 49,200 were for palliative care and 37,700 for other end-of-life care, equating to 19.3 and 14.8 per 10,000 population, respectively “other end-of-life care” hospitalisations refer to those with a principal or additional diagnosis of Palliative Care, but not a Care Type of Palliative Care. [1]

AIHW data also reveals the inequity in palliative care provision with only 1 in 6 (16%) public acute hospitals (excluding public psychiatric hospitals) in Australia having a hospice care unit. [1] There is further inequity in accessibility of in-patient specialist palliative care units with most of them being in New South Wales (32%) and Western Australia (31%). [1] There is also inequity in the geographical distribution of specialist palliative care inpatient units with around 1 in 4 (26%) in major cities. Inequity associated with diagnosis is also apparent with 1 in 2 (52%) of palliative care hospitalisations, and 1 in 3 (32%) other end-of-life care hospitalisations being for patients with a principal diagnosis of cancer. [1]

Appropriate care for patients with palliative care needs

Within the hospital setting many patients will be identified as requiring palliative care and individuals currently receiving palliative care

will be admitted if their condition deteriorates or complexity increases requiring acute medical or surgical condition, pain, or symptom control. [2-4] Due to the nature of the hospital setting, dying patients are frequently given routine and technological care, in preference to individualised and contextual care. [5-7] This highlights the hospital focus on preservation of life which conflicts with a palliative care approach. [8] This can result in patients not being recognised as approaching the end of their lives and this follows through to delays in access to palliative care. [9] It can lead to the use of non-beneficial treatments at the end of life which have the potential to prevent patients from having a comfortable death and can prolong suffering. [10] Gaps in end-of-life care provision within the hospital setting have been recently reviewed and include multiple issues: [11]

- Timely communication with the patient and family
- Culturally appropriate communication
- Standardisation of documentation to support patient and family preferences
- Good interdisciplinary teamwork, particularly where a patient has multimorbidity requiring input from a range of health professionals and organisations
- Identification of goals of care
- Embedding of guidelines and triggers into routine care
- Developing processes that assist clinicians in identifying deteriorating patients
- Organisational readiness to implement a personalised and compassionate approach to care including through communication and care coordination.

Enabling health professionals to provide palliative care

Health professionals within the acute care setting need to have the appropriate skills and resources to provide appropriate care to patients with palliative care needs. While current guidelines define the scope of practice required to deliver palliative care, there is still a need to provide access to evidence-based information and actionable resources to:

- Recognise that a person is approaching end of life to ensure appropriate care, and that their family can be prepared;
- Initiate patient centred communication and shared decision-making for planning current and future care;
- Meet the broad range of patient needs through an interdisciplinary approach;
- Assess and respond appropriately to patient needs;
- Access to opportunities for professional development.

While individual circumstances will determine the needs of people with life-limiting illness, it is important that health professionals within the acute care setting are able to provide them with appropriate care.

References

1. Australian Institute of Health and Welfare (AIHW). [Palliative Care Services in Australia - Admitted patient palliative care and other end-of-life care and hospital-based facilities \[Internet\]](#). Canberra: AIHW; 2022 [cited 2022 Dec 6].
2. Palliative Care Australia (PCA). [Palliative Care Service Development Guidelines](#). Canberra: PCA; 2018.
3. Department of Health and Aged Care. [Where is Palliative Care Provided? \[Internet\]](#). Canberra: Australian Government; 2020 [updated 2020 Mar 5; cited 2022 Dec 5].
4. palliAGED. [Models of Care - Synthesis \[Internet\]](#). Adelaide, SA: palliAGED, Flinders University; 2021 [updated 2021 Jun 30; cited 2022 Dec 6].
5. Fox J, Windsor C, Connell S, Yates P. [The positioning of palliative care in acute care: A multiperspective qualitative study in the context of metastatic melanoma](#). Palliat Support Care. 2016 Jun;14(3):259-68. doi: 10.1017/S1478951515000917. Epub 2015 Oct 12.
6. Australian Commission on Safety and Quality in Health Care (ACSQHC). [Safety and Quality of End-of-life Care in Acute Hospitals, A Background Paper](#). Sydney: ACSQHC; 2013.
7. Ashworth E. [Utilizing participation in meaningful occupation as an intervention approach to support the acute model of inpatient palliative care](#). Palliat Support Care. 2014 Oct;12(5):409-12. doi: 10.1017/S1478951513000734. Epub 2013 Oct 21
8. palliAGED. [Models of Care - Synthesis \[Internet\]](#). Adelaide, SA: palliAGED, Flinders University; 2021 [updated 2021 Jun 30; cited 2022 Dec 6].
9. Bloomer MJ, Hutchinson AM, Botti M. [End-of-life care in hospital: an audit of care against Australian national guidelines](#). Aust Health Rev. 2019 Oct;43(5):578-584. doi: 10.1071/AH18215.
10. Rawlings D, Devery K, Tieman J, Tait P, Chakraborty A. [Rapid Review of the Literature on End-of-Life Care](#). Sydney: ACSQHC; 2021.
11. Australian Commission on Safety and Quality in Health Care (ACSQHC). [Delivering and Supporting Comprehensive End-of-life Care: A User Guide](#). Sydney: ACSQHC; 2021.