

Guest Editorial Kate Grundy On Palliative Care

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Contributed by Dr Kate Grundy, Consultant Physician in Palliative Medicine, Canterbury DHB and Chair of the South Island Palliative Care Workstream.



All of our patients will ultimately die, as will we ourselves, this is not negotiable. How we die, however, is dependent on many factors and it is important that we all do our bit to make the process as comfortable and dignified as possible; attending to the needs of the family and whānau, as well as to the person themselves. The quality of every death, lives on in those who are left behind.

It is hard to believe that 2½ years have passed since the South Island Palliative Care Workstream (the Workstream) was established. We hit the ground running in August 2014 with the appointment of an enthusiastic and hardworking facilitator, Jane Haughey. We have excellent representation across the South Island, covering both specialist and primary palliative care.

The mandate for the Workstream's creation was gained from strong stakeholder engagement, appreciating the strength the South Island Alliance offers and the need to work in collaboration across all healthcare settings. Our overall goal was to align existing services across the South Island and address gaps in provision. We sit within the South Island Health of Older People Service Level Alliance (HOPSLA) and have received excellent support from this group and the wider South Island Alliance.

One of our first tasks was to write a vision statement. It needed to emphasise the importance of supporting the delivery of high quality *primary* palliative care, not just concentrating on hospices and specialists. Primary palliative care is the care provided to everyone who needs it, at all locations, including general practice, aged residential care, acute hospitals, and by staff such as St John. The specialist palliative care workforce is small and spread very thinly. Specialist services provide clinical care for more complex patients and whānau as well as education and 24/7 back-up and support.

Our vision is:

High quality, person centred, palliative and end of life care available to the population of the South Island according to need and irrespective of location.

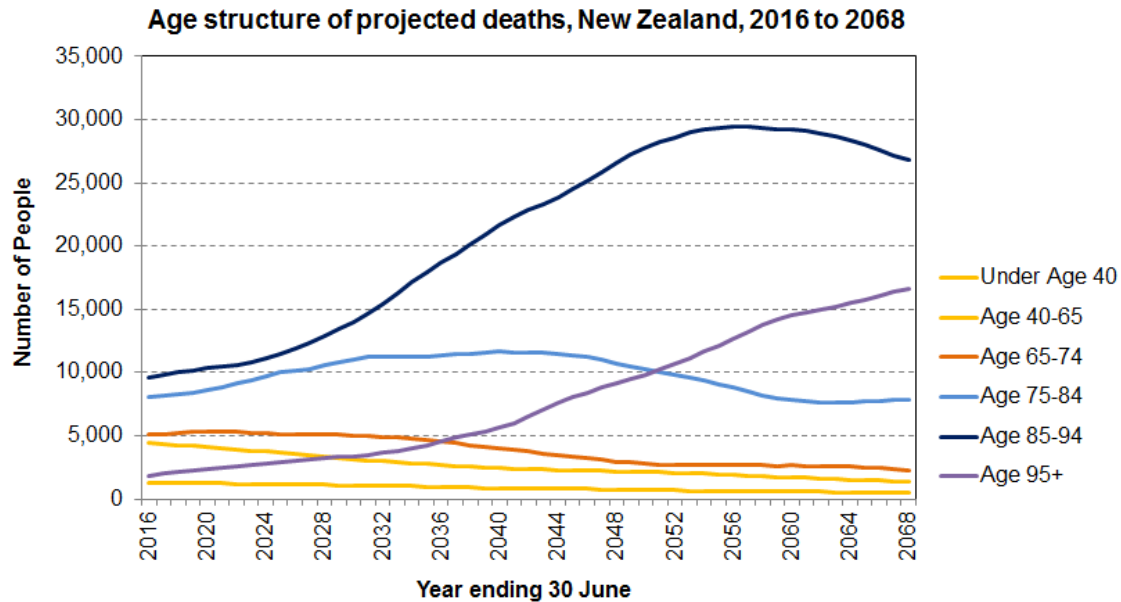
In order to achieve the vision, the following three areas were identified as paramount and have been the focus of our endeavours to date:

Goal 1: All healthcare workers should be appropriately educated in palliative care, and have an appreciation that care of the dying requires the attention and commitment of everyone involved.

Goal 2: Specialist palliative care services must ensure that timely and efficient care, advice and support is provided on referral and that equity of access to this expertise is guaranteed.

Goal 3: The wider health system needs to be configured and resourced to ensure seamless care with services and organisations committed to integration, partnership and cooperation.

Ensuring universal access to services, education and support is important given the number of deaths is projected to increase dramatically over the coming years, mainly within the elderly and very elderly. The statistics are quite mind-blowing.



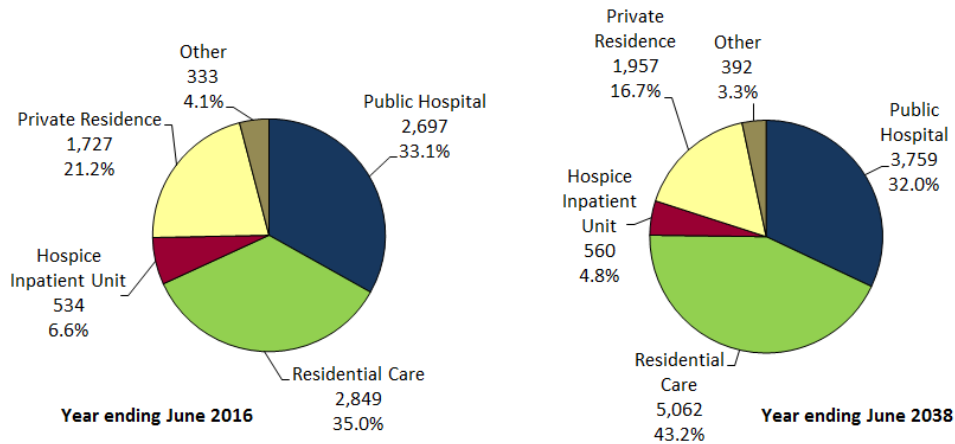
Source: National Model of the Need for Palliative Care

Getting EVERYONE up to speed to provide the very best end-of-life care is essential. Another priority is ensuring palliative care is available to those with non-cancer conditions, such as heart failure, motor neurone disease, chronic obstructive pulmonary disease (COPD), and for children with life-limiting illnesses.

Where people die must also be considered as this effects where end-of-life care will need to be provided. This is already happening across the South Island with new services working.

Over the period of 22 years, deaths in residential care in the South Island are projected to increase from 35% to 43.2% of total deaths.

Projected place of death, South Island, 2016 and 2038



Source: National Model of the Need for Palliative Care

Ultimately, our goal is to have a health and social system that values the care of the dying and ensures the very best care is available to everyone. We should have pride in where we are placed right now, whilst knowing that we have much still to achieve. If you have any ideas or insights we would love you to contact us and share them – end-of-life care is EVERYONE’S business!