



**West Australian Clinical Senate
Planning for Death
- A Community Perspective**

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Death – the toughest conversation

“If we don’t ask – we don’t know”

A Good Death

- In a place of choice (more than 70% say home)
- Pain free
- Symptoms well controlled
- Surrounded by family and friends
- Adequate support / feeling safe
- Culturally appropriate care

What we die from

- Heart disease
- Cancer
- COPD
- Dementia

- SCHCS approx 20% non cancer
- RPH pall care 40% non cancer

Death in Primary Care Setting

GP

Aged Care

Specialised Palliative Care

65% death
at home

The Problems include A. communication

- Doctor (staff) discomfort in asking the questions, about care choices, AHD, CPR, place of death
- Patient (family) distress
- If the difficult questions are discussed, how are the outcomes documented and shared?

The problems include. B. practical issues

- Lack of community resources, equipment, care aides, drugs
- Lack of 24 hr backup for prescribing
- Lack of knowledge in aged care

.....its easier to call an ambulance

A proposed new model

- Dr Scott Blackwell and his team now have greater than 80% patients die in aged care
- It has taken 4 years
- It is a 24 hour service

Advance Health Directive

- Time consuming
- Who's role is it anyway? Why are they not done whilst in hospital following an acute event?
- What do we do with them once written?

Acute care to community

- Proper planning. Accurate summaries
- Share with us decisions about care / CPR etc
- Be aware of what can and can't be provided
- Be realistic with family expectations
- Anticipatory prescribing

Questions?