



Government of **Western Australia**
Department of **Health**



Setting the Scene

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Department of Health

Clinical Senate

13th November 2020

End of Life Care

WA

2020

Letting Go: How to plan for a good death
Dr Charlie Corke



'Too frequently, we leave it too late to start to think - but a crisis is never the best time for careful thought.'

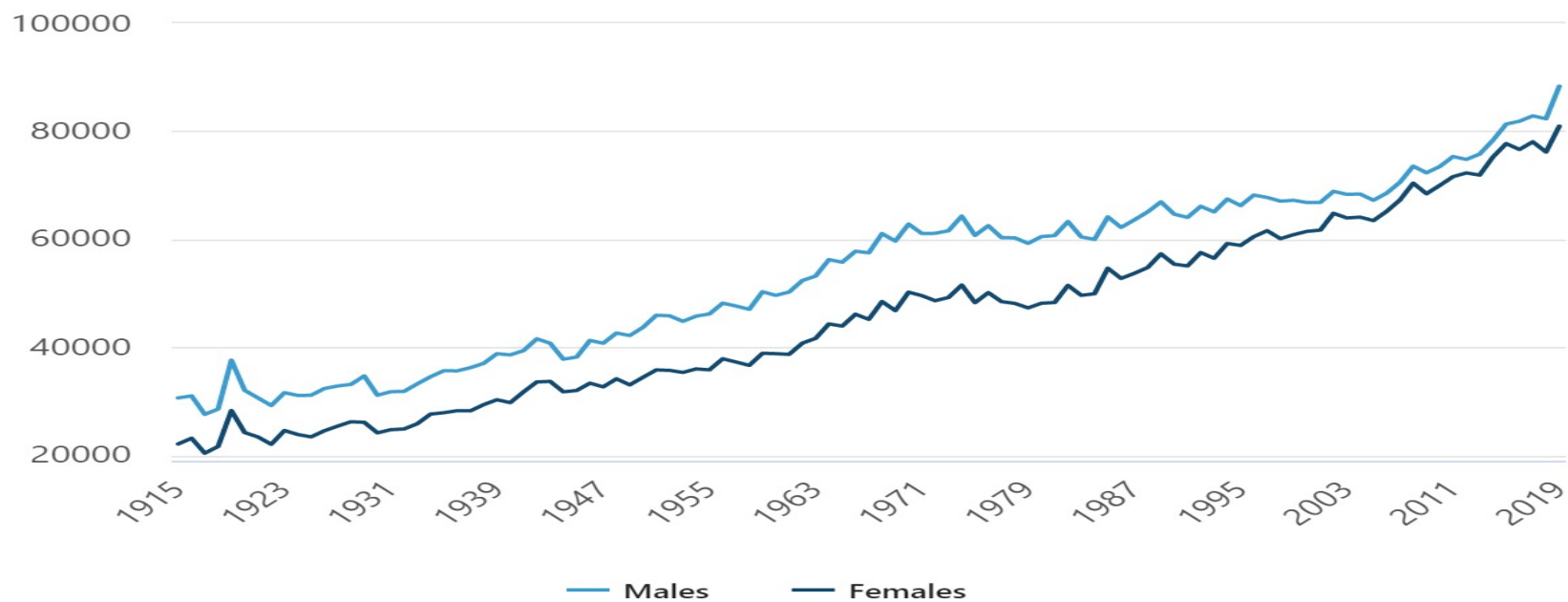
Letting Go: How to plan for a good death
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As Australia's population ages, many individuals are faced with making complex medical decisions, for themselves and for others, in times of great stress.

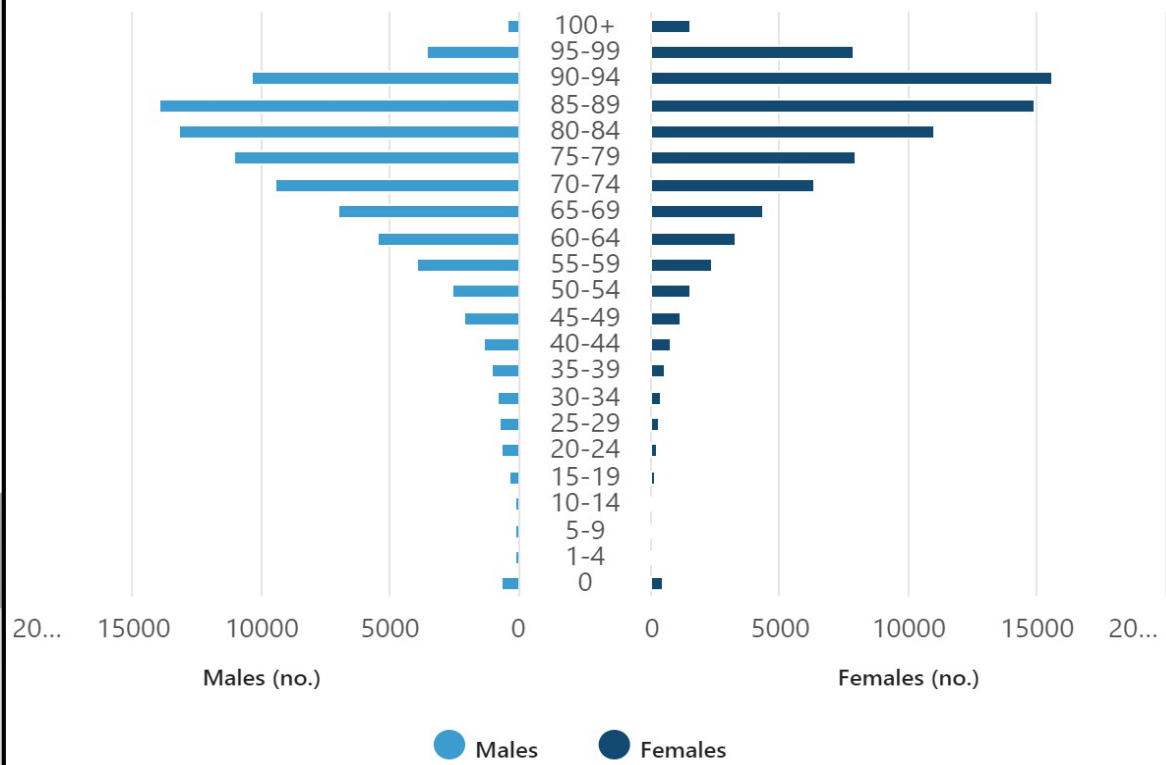
'In closing, Professor Dobb stated, 'I believe health care needs to be judged , not just by lives saved, but by the quality of death for those they can't save.' 'too far' and 'not far enough' for our loved ones unless we know what their wishes are?

Deaths registered, 1915 to 2019(a)



a. Data for 2019 shows an increase of 10,808 deaths compared with the number of deaths registered in 2018. Victoria recorded the largest increase (5,713 deaths), which included 2,812 deaths from between 2017 to 2019 that had not previously been supplied to the ABS. New South Wales recorded the second largest increase (2,425 deaths) which reflected more timely registration of deaths. Further information can be found in paragraph 23 in the Explanatory Notes.
Source: Australian Bureau of Statistics, Deaths, Australia 2019

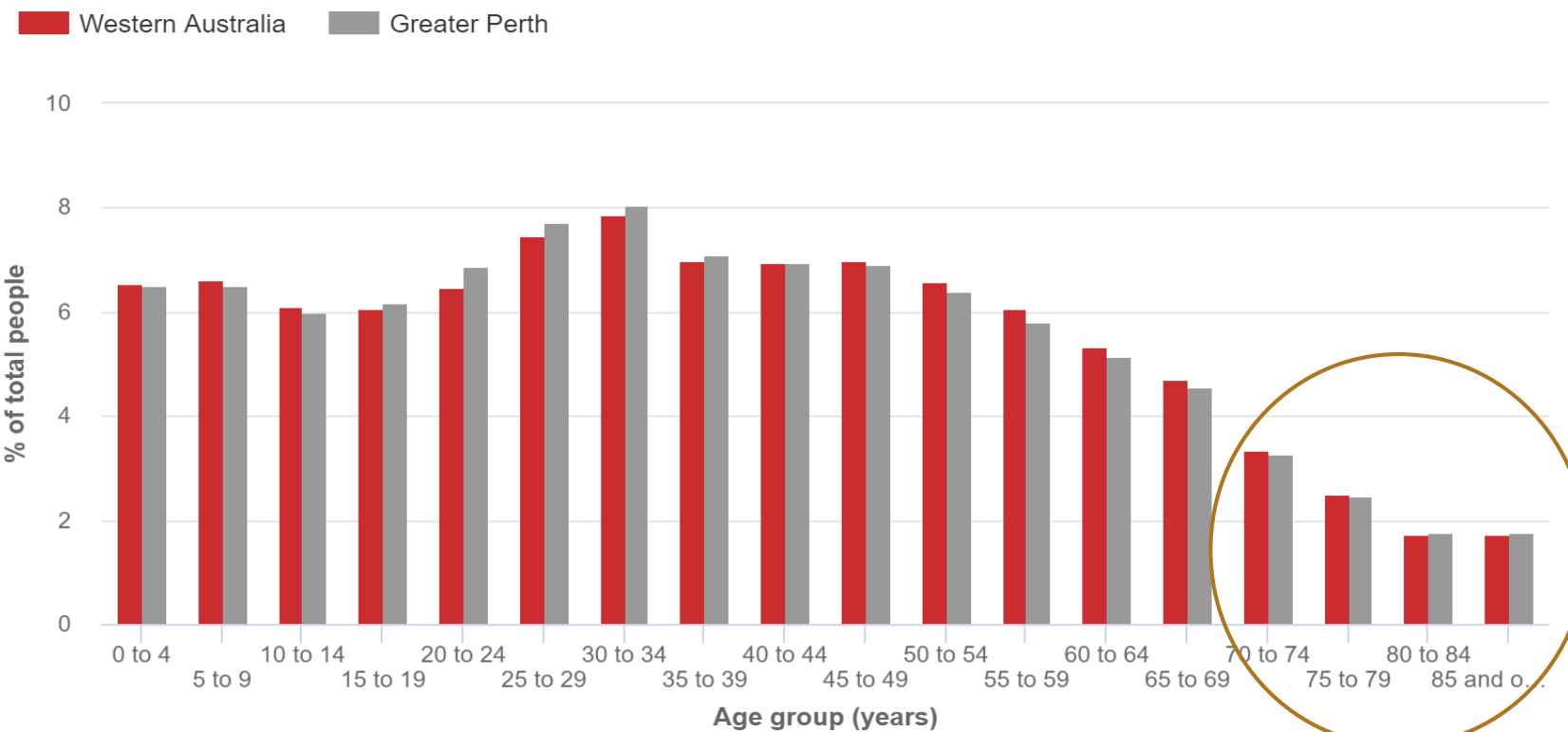
Age and sex distribution(a) - 2019



a. Excludes deaths for which age was not stated
Source: Australian Bureau of Statistics, Deaths, Australia 2019

Age structure - five year age groups, 2016

Total persons



Source: Australian Bureau of Statistics, Census of Population and Housing, 2016 (Usual residence data). Compiled and presented in profile.id by .id, the population experts.

Implementation Plan One 2020–2022 (IP1)

Living and dying in Australia

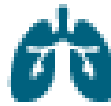
More than
80%
of deaths
caused by¹



Cancer



Heart & other
circulatory
diseases



Respiratory
diseases



External
causes



Stroke

160,000
deaths per annum²



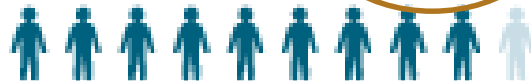
62%
predictable³



54%
in hospital⁴



32%
lived in residential
aged care⁵



Chronic conditions accounted for
around 9 in every 10 deaths in Australia⁶

75%
of healthy
people would
prefer to die
at home⁸

Preferences frequently
change as death
approaches⁷

For dying patients
freedom from distress
and symptoms is more
important than place
of death⁹

WA End-of-Life and Palliative Care Strategy 2018–2028

Implementation Plan One 2020–2022 (IP1)

PALLIATIVE CARE

Access to palliative care

63% likelihood of considering palliative care after learning its definition

40% of people who could benefit from palliative care receive it³



People who have access to palliative care can live longer, with improved quality of life and mood¹²

See [Appendix 1](#) for infographic references

WA End-of-Life and Palliative Care Strategy 2018–2028

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The implementation plan

Priority One

Care is accessible to everyone, everywhere

*“If you can’t access the service,
it doesn’t matter how good the service is”*



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Priority Two

Care is person-centred

“Where and how you die ... [is] absolutely crucial ... [it] begins in the community”



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Priority Three

Care is coordinated

“I want everyone involved in my end-of-life care to know precisely what I do want and do not want”



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Priority Four

Families and carers are supported

“Family should be involved all along to ensure I haven’t missed anything or haven’t been able to make clear decisions due to heavy medication”



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Priority Five

All staff are prepared to care

“At first we were shocked by how quickly the referral was made to palliative care after treatment had failed, but with hindsight we saw all the benefits of early referral.”



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Priority Six

The community is aware and able to care

“Before my son was in palliative care, it meant death and dying. After understanding it and seeing the first hand difference it made to my son’s life...we saw it as being about living and quality of life.”



‘In closing’, Professor Dobb stated,

‘I believe health care needs to be judged, not just by lives saved, but by the quality of death for those they can’t save.’

Session Two - *Advance Care Planning*

Session Three - *Goals of Care*

Session Four - *Palliative Care*

Session Five - *Voluntary Assisted Dying*