Public Health Association of Australia submission on aged care, end of life and palliative care and voluntary assisted dying (Queensland)

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
PHAA welcomes the opportunity to provide input to the Health Committee’s inquiry into aged care, end of life and palliative care and voluntary assisted dying in Queensland.

The PHAA commends the Queensland government on its ambition to consider such a comprehensive range of issues with regard to improving aged care and end-of-life care in Queensland, including palliative care, and voluntary assisted dying. These issues are a global and national issue, as well as a Queensland issue.

We consider that the forthcoming outcomes of the Australian Royal Commission into Aged Care Quality and Safety, will be of significant interest and relevance to this inquiry.

The scope of this inquiry is broad. The PHAA provides responses on the following matters:

1. (16) Aged care - What are key priorities for the future? In this section we have focussed on ‘designing communities for activity and connectedness’.
2. (21) How can the delivery of palliative care and end-of-life care services in Queensland be improved?
3. Considerations for voluntary assisted dying legislation.

(16) Aged care - What are key priorities for the future? Designing Communities for activity and connectedness

The following table indicates the estimated resident and projected senior population for Queensland (The State of Queensland 2015, Queensland Treasury).

<table>
<thead>
<tr>
<th>Age group</th>
<th>1971</th>
<th>2014</th>
<th>2036</th>
<th>2061</th>
</tr>
</thead>
<tbody>
<tr>
<td>65–74 years</td>
<td>104,061</td>
<td>365,466</td>
<td>869,614</td>
<td>1,000,543</td>
</tr>
<tr>
<td>75–84 years</td>
<td>40,029</td>
<td>194,033</td>
<td>494,169</td>
<td>812,619</td>
</tr>
<tr>
<td>85 years &amp; over</td>
<td>9,740</td>
<td>79,300</td>
<td>238,858</td>
<td>504,155</td>
</tr>
<tr>
<td>65–74 years</td>
<td>5.7</td>
<td>8.2</td>
<td>9.4</td>
<td>10.0</td>
</tr>
<tr>
<td>75–84 years</td>
<td>2.6</td>
<td>4.1</td>
<td>7.0</td>
<td>8.1</td>
</tr>
<tr>
<td>85 years &amp; over</td>
<td>0.5</td>
<td>1.7</td>
<td>3.4</td>
<td>6.0</td>
</tr>
</tbody>
</table>


As the proportion of the population in Queensland who are elderly continues to increase it will be important to provide supportive environments for living well and aging. The World Health Organisation (WHO) (2007) regards active aging as a lifelong process and considers the following areas important for fostering ‘age friendly’ communities:

- outdoor spaces and buildings
- transportation
- housing
- social participation
- respect and social inclusion
- civic participation and employment
- communication and information
- community support and health services (Kendig, Elias, Matwijiw, Anstey 2014, p.1390)
Designing communities to support healthy aging should be a key consideration of this inquiry. Features of the physical environment that contribute to the ongoing wellbeing of populations include:

- walkability of neighborhoods
- accessibility of shops and services
- opportunities for recreation

For older adults to remain active ‘planners should be prepared to respond with design solutions that will make destinations safely accessible on foot or by transit for this rapidly growing segment of the population’ (Kerr, Rosenberg & Frank 2012 p. 54). Furthermore in order to anticipate intended and unintended consequences of community planning and design processes, input from other sectors (such as health and community services) (WHO 1997) will be required, as will partnership with consumers (WHO 2007) and consideration of ageism (Nelson 2004).

Social connections are being increasingly understood as a determinant of living longer (Pinker 2007), and policies that aim to support healthy aging and improve aged care should also aim to create opportunities for community connectedness. For older people social isolation impairs health (Steptoe, Shankar, Demakakos, Wardle 2013).

(21) How can the delivery of palliative care and end-of-life care services in Queensland be improved?

As stated in the PHAA submission on Palliative Care Services in Queensland (2018) the PHAA believes that the beliefs of the individual who is dying should have primacy in order to respect their autonomy. Access to palliative care and structured end of life communication such as advance care directives is therefore an imperative. Advance Care Planning and Directives help patients to overcome communication barriers and provide a structure for ensuring their wishes, values, beliefs and preferences are clearly outlined and respected. (The Clinical Technical and Ethical Principal Committee of the Australian Health Ministers’ Advisory Committee. 2011).

Multifocal interventions which may include lists of questions to be discussed, facilitated discussions and feedback, and group-based education as well as advance care planning may be the most successful in promoting end of life communication. (Walczak, Butow, Bu, 2016). It is important that emergency services have access to Advance Care Plans and Directives where possible, to inform care at the point of emergencies.

Palliative care aims to help people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness. Palliative care holistically identifies and treats symptoms which may be physical, emotional, spiritual or social, and is based on individual and family needs. Palliative care can be provided in a variety of settings, including primary care, residential aged care, in-patient settings, and at home through community care. Support needs to be provided within all of these settings to have the best outcomes for palliative care patients.

With rates of chronic conditions and the ageing population increasing demand for palliative care services, this review will be important in securing access to high quality, person-centred and culturally appropriate care for people throughout Queensland.

Furthermore our submission identified that inequity exists in Australian in relation to people’s access to appropriate palliative treatment and care (Palliative Care Australia 2018) including geographic barriers to access and barriers to accessing culturally safe palliative care for Aboriginal and Torres Strait Islander people (O’Brien, Bloomer, McGrath, Clarke, Martin, Lock 2013) and culturally and linguistically diverse
groups. Queensland has a dispersed population and the availability and extent of palliative care services varies widely between towns and cities, in this regard Queensland would benefit from a coordinated person-centred state wide system.

We recommended, in line with the general recommendations of Palliative Care Australia, that palliative care services should be better integrated across health care services generally and that, to have the best outcomes for palliative care patients, support is needed for the equitable provision of palliative care services in a variety of settings including in residential aged care and the community/home setting (Sharpe, Noble, Hiremagular, Grealish, 2018; Johnston, Lovell, Liu, Chapman, Forbat, 2019).

Effective coordination of specialist palliative care, generalist palliative care in partnership with communities and the broader civic sectors is required in order to meet the diverse needs of the care recipients (Abel, Kellehear, Karapliagou 2018).

Considerations for voluntary assisted dying legislation

The PHAA would like to highlight the following points:

- Further research is required to support policy development in this area (Palliative Care Australia. 2016);
- Voluntary assisted dying needs to be considered in the context of overall improvement of access to palliative care and structured end of life communication such as advance care directives;
- That any legislation in this area must include safeguards to protect patients and health professionals.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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15 April 2019
References


Pinker, S. (2015). The secret to living longer may be your social life. https://www.ted.com/talks/susan_pinker_the_secret_to_living_longer_may_be_your_social_life/transcript?language=en


