



General principles

- Palliative care aims to improve the quality of life of patients and their families facing problems associated with life-limiting illness.
- Early identification, assessment and treatment of pain and other problems, including physical, psychosocial and spiritual, leads to prevention and relief of suffering.
- The role of general practitioners (GPs) and general practices is central and critical to an effective and comprehensive palliative care approach in which everyone has a role to play.
- A palliative care approach is a broad approach that includes end-of-life and specialist palliative care.
- Palliative care is a core activity for those looking after and supporting older people, including their families and carers, and should be evidence based and person centred.
- There are many tools and resources available to support GPs and others to build on the work they already do in palliative care.

Introduction

Palliative care aims to improve the quality of life of patients and their families facing problems associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems, including physical, psychosocial and spiritual.¹

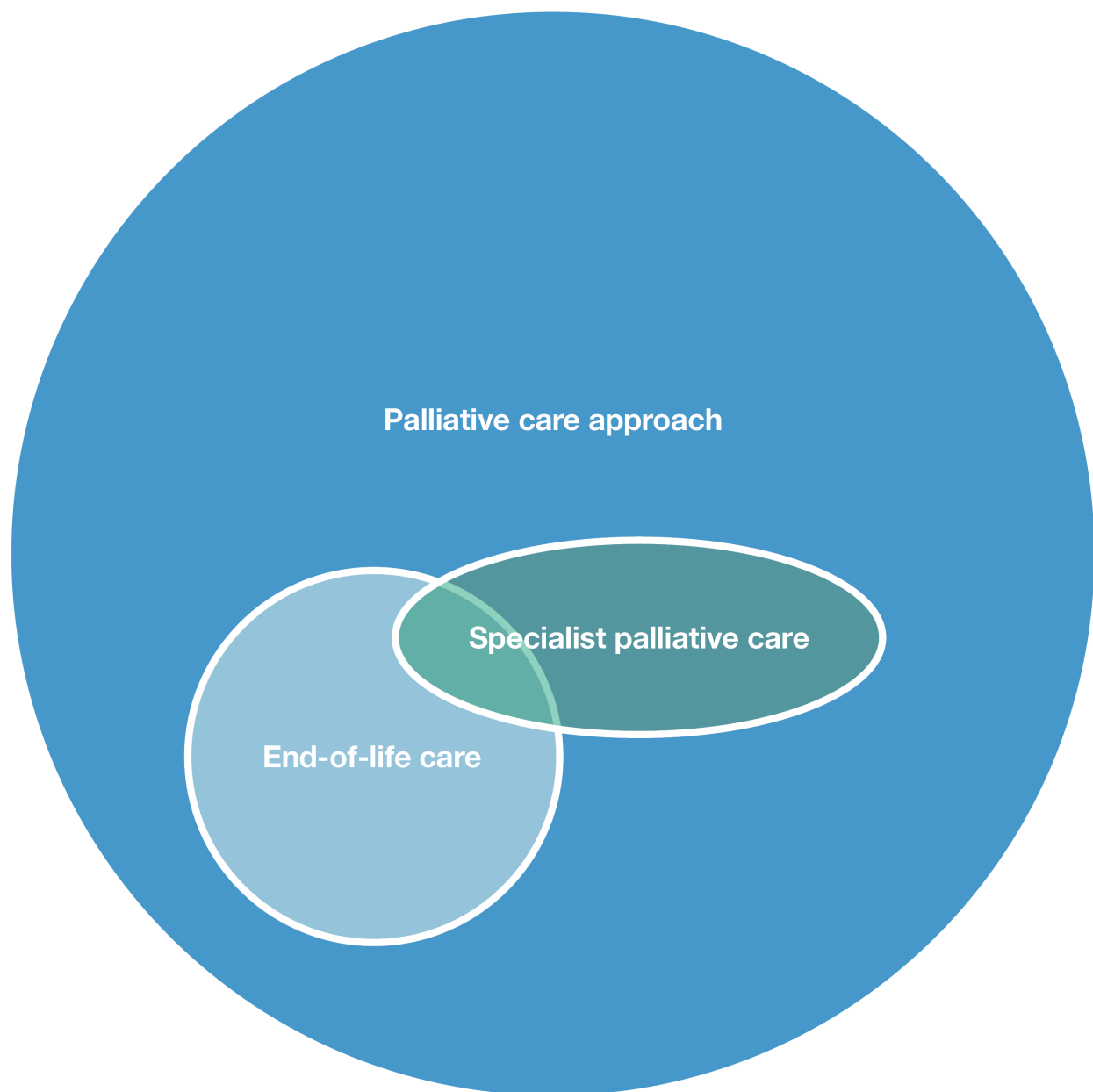
It is not possible to rely exclusively on expert palliative care services to address the growing palliative care needs of people who have life-limiting conditions. A palliative care approach can be actioned by any healthcare professional to meet the needs of people with chronic life-limiting conditions by using palliative care knowledge and expertise.² The

role of general practitioners (GPs) and general practices is central and critical to an effective, comprehensive palliative care approach.

A palliative care approach recognises that death is inevitable, and focuses on the care rather than cure of a person with multiple chronic conditions (refer to [Part A. Multimorbidity](#)), frailty (refer to [Part A. Frailty](#)) and/or a life-threatening or life-limiting illness. The goal of a palliative approach is to improve or optimise a person's level of comfort and function, and to offer appropriate treatment for any distressing symptoms.

A palliative approach addresses a person's psychological, spiritual, social, emotional and cultural needs. Families are welcomed as partners in this approach. A palliative approach recognises that for older people with multiple chronic conditions, frailty and/or a life-threatening or life-limiting illness, this is often the last chapter of their life, the length of which can be unknown.³ Figure 1 illustrates the relationship between a palliative care approach, end-of-life care and specialist palliative care.

Figure 1. Relationship between a palliative care approach, end-of-life care and specialist palliative care



Part B. Palliative care approach highlights the essential components of providing healthcare to older people in both residential aged care facilities (RACFs) and those in the community, while complementing [Part A. Palliative and end-of-life care](#), which focuses on assisting in clinical decision making.

Necessity of palliative care approach

Depending on the underlying diagnosis and needs, different trajectories have been identified and are discussed in [Part A. Palliative and end-of-life care](#). With increasing age, frailty and multimorbidity, more and more older people are living with chronic conditions and their trajectory of illness will be progressive. For example, of the residents in a residential aged care facility (RACF):

- more than half have a diagnosis of dementia on admission⁴
- there is a high incidence of distressing symptoms⁵
- almost all are likely to die at the facility⁶ and a significant proportion of them within the first year.

Palliative care and end-of-life care should therefore be core business for aged care, but the quality of end-of-life care in this setting is variable.⁷

The role that GPs play in palliative care is fundamental; however, it is difficult to quantify the current level of activity in this area because of limitations in data sets. The estimates for GP activity vary between one in 100 GP consultations⁸ and one in 1000 GP encounters,⁹ with 95% being for people aged ≥65 years.

There is indisputable evidence of the clinical need for a palliative care approach, evidence that GPs already provide care in this area, and evidence of the need to support a growing role for GPs to provide and lead ongoing care.

Guiding principles

The Australian National Palliative Care strategy has identified guiding principles and goals of palliative care in Australia,¹⁰ which equally apply to a palliative care approach:

- A focus on person-centred care
 - This is essential because individual care needs will differ and change over time.
 - Care needs to be responsive to the individual's values and preferences.
 - Care needs to be holistic, sensitive and culturally appropriate.
- Death is recognised as a part of life
 - A focus on quality of life is an important goal for a palliative care approach.
 - Help and support people to prepare for end of life in a meaningful way for them by sensitively discussing dying and experiences of dying.
- Carers are valued, and receive the support and information they need (refer to Part B. Families and carers)
 - Carers are providers and recipients of care.
 - Carers' needs should be considered in care planning and their role acknowledged, respected and support provided in bereavement.¹¹
- Care is accessible
 - All people with palliative care needs should be able to receive appropriate services.
 - This is not always the case, and groups that are often underserved include those who are frail, with cognitive impairment (eg dementia), of Aboriginal and Torres Strait Islander descent (refer to Part B. Older Aboriginal and Torres Strait Islander people) and from a culturally and linguistically diverse background (refer to Part B. Multiculturalism in aged care).
- Everyone has a role to play in palliative care
 - Palliative care goals are broad and diverse, and require a multidisciplinary team to provide holistic care (refer to Part B. Collaboration and multidisciplinary team-based care).
 - It requires a collaborative approach.
- Care is high quality and evidence based
 - There is strong and growing evidence-based literature on best care for patients with palliative care needs.

Rhetoric to reality

Transforming and making a palliative care approach real is complex, and requires all systems and sectors to play their role and part in making it happen. The GP's role is critical as a generalist who brings a comprehensive person-centred approach to care to ensure patients receive appropriate care.¹² The GP can support a palliative care approach by:

- identifying patients who would benefit from a palliative care approach
- engaging in open dialogue with the patient (or the alternative decision maker) about the patient's wishes
- communicating and leading care planning processes centred on what matters to the patient
- providing proactive and systematic care as part of a care team.

There are many tools and resources available; [Part A. Palliative and end-of-life care](#) offers clear practice tips and approaches and identifies multiple resources and tools to support provision for high-quality and evidence-based care.

Resources

- [Care Search](#)
- [End of Life Directions for Aged Care](#)

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