RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Palliative care

RACGP Curriculum and syllabus for Australian general practice (7th edition): Palliative care.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Palliative care

Context

Palliative care provides support and treatment for the suffering associated with life-threatening illness. It addresses the physical, psychosocial and spiritual health needs of patients, their families, friends, and carers.[1,2] Palliative care prioritises quality of life, affirms dying as a natural and inevitable part of life, addresses the impact of grief that that having a life-limiting condition has on the person and their families, and also addresses grief post-death for families and carers.[1,2]

The cultural and spiritual significance of dying, death, and grief is important, and the diversity of practices and customs around end of life and bereavement needs to be recognised and respected.[3] Sensitivity in language and clinical approach is required.[4,5] Respecting culture, kinship and sorry business is particularly important when supporting Aboriginal and Torres Strait Islander peoples and their communities.[4,5] Every effort should be made to support people to have their end-of-life decisions respected and honoured wherever possible, including being able to return to Country or being in the community they consider their home.[3,5]

Early introduction to palliative care can facilitate advance care planning and management of symptoms even while disease-modifying treatments continue.[2,6] The scope of illness recognised as benefiting from palliative care includes cancer as well as non-malignant disease such advanced chronic illness, infections, and neurodegenerative conditions.[1,2] The demand for palliative care is growing both globally and in Australia due to factors including rising burden of chronic disease and ageing populations.[1,7,8]

End-of-life care generally refers to the final weeks of life, which may involve higher care needs and increased services.[2] Care can take place at home, residential aged care facilities, hospitals, and specialised palliative care facilities. Most people prefer to receive care at home, and GPs have a key role in facilitating care in the community.[8,9]

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Learning outcomes

The GP is able to:

- identify patients with both malignant and non-malignant health conditions who may benefit from advance care planning and / or a palliative care approach
- discuss and facilitate advance care planning discussions and complete appropriate clinical and legal documentation of advance care plans
- assess palliative care needs across physical, social, psychological, spiritual, and cultural domains
- assess functional status and identify deterioration and increased care needs in palliative care patients
- manage pain and other symptoms in palliative care patients using both pharmacological and non-pharmacological methods
- identify the dying patient, and educate patients and families about the dying process
- understand the difference between end-of-life care and palliative care
- respect a patient's wishes for their end-of-life care
- manage the legal processes and documentation in the event of an expected death
- support people dealing with grief and bereavement.

Key areas of learning

Use a range of triggers and tools to identify 1) patients who may benefit from advance care planning and 2) patients who may benefit from a palliative approach to care, such as:

- the 'surprise question'
- Supportive and Palliative Care Indicators Tool (SPICT)
- new life-limiting diagnosis
- clinical deterioration
- admission to residential aged care facility
- opportunistic discussion on routine health assessments or care plans.

Initiate advance care planning conversations with patients, discuss treatment goals, document plans and share care plans with the patient's multidisciplinary care team, with consent.

Describe and discuss the aims and benefits of a palliative approach to care with patients, families, friends and loved ones. Be able to sensitively address common concerns about palliative and end-of-life care.

Understand and manage medico-legal issues concerning advance care planning, palliative care and end-of-life care relevant to your state or territory, including:

- advance care directives
- informed consent, substitute decision-makers, and processes of healthcare decision-making
- medical certification of cause of death (death certificates) and cremation certificates
- prescription, administration, and storage of Schedule 8 medications (eg opioids).

Assessment of a patient with life-limiting illness to identify palliative care needs across physical, social, psychological, spiritual and cultural domains. Assess functioning and activities of daily living. Consider the person's beliefs, values and background and their community context. Design and document a multidisciplinary care plan, including as relevant:

- aged care services
- NDIS
- spiritual, cultural, and pastoral care
- allied health
- specialist palliative care services (community and inpatient)
- other non-GP specialist care (eg oncology, renal, and geriatrics)
- grief and bereavement services.

Perform comprehensive pain assessments. Identify the likely aetiology and exacerbating and relieving factors. Recognise patterns of nociceptive and neuropathic pain mechanisms. Identify management and treatment options, both pharmacological and non-pharmacological.

- Implement chosen strategies, including:
- opioid analgesia, including the use of opioid conversion guidelines

- non-opioid and adjuvant analgesia
- physical therapies
- psychological treatments and therapies
- procedural interventions
- radiotherapy and other disease-modifying treatments.

Perform comprehensive assessments of other common palliative care symptoms. For each symptom, be able to identify the likely aetiology, exacerbating and relieving factors. Identify management and treatment options, both pharmacological and non-pharmacological. Symptoms include:

- nausea and vomiting
- constipation
- dyspnoea / shortness of breath
- restlessness or agitation
- anxiety or depression
- cachexia and anorexia
- fatigue
- pruritus / itch
- excessive secretions.

Identify the terminal phase of illness (last days of life) based on clinical assessment. Provide education about the dying process to patients, family, and caregivers.

Understand foundational palliative medicine skills and knowledge when caring for children with life-limiting illness, and an awareness of paediatric palliative care services.

Demonstrate effective and advanced communication skills using compassion, empathy, and respect for human dignity, privacy, and autonomy. Involve family and caregivers appropriately and sensitively, with consent. This includes challenging and difficult conversations, including:

- breaking ‘bad news’
- discussing prognosis
- facilitating end-of-life decisions
- managing suffering and existential distress.

Support people dealing with grief and bereavement, identifying those with complicated grief who may need additional services (eg bereavement counselling).

Engage respectfully with voluntary assisted dying questions and requests, consistent with relevant legislation, and facilitate the patient exploring the option, including by information provision or referral.

Opportunities for learning

Words of wisdom

- Palliative care is not restricted to those with cancer. Sometimes the most important step is to recognise when a patient is dying. Ask yourself, would I be surprised if this patient passed away in the next 12 months? If the answer is no, consider goals of treatment and keep your patient's quality of life at the centre of decisions.

- The first and most powerful thing that we can do to alleviate someone's suffering is to have empathic presence. Simply by sitting with someone in their suffering, not speaking, not acting, just being there, we can create a powerfully therapeutic space.

- Living with cancer or other life-limiting illness can be a terrifying and lonely time for people, even those with a lot of people around them. Having someone available to share their struggles with and share the journey can improve that person's experience of life-limiting illness.

- Often with common symptoms, such as pain or nausea, it is easy to fall into the trap of treating only the symptom using the same medications every time. Instead, try to understand the aetiology of the symptom and tailor treatments to the underlying cause. Learning how classes of medication work differently depending on the underlying cause can help to treat symptoms more effectively.

- Palliative and end-of-life care can involve a large care team including the patient's family and wider community, aged care or disability services, allied health, specialist palliative care, other specialist medical teams, and more. Be aware of local services in your area and reach out for help as needed.

Learning strategies

On your own

Use practice software to identify one of your patients in need of palliative care support. Read through the notes and explore who is in that person's support network. Review the management of this patient and any symptoms that have been reported to the clinical team recently.

- *Does the person have any symptoms that are being treated, and any that are not being fully managed? If so, what do treatment guidelines recommend as alternative or additional therapeutic options?*
- *Who's missing from 'the team'? Are there allied health practitioners that might be helpful in treating and supporting the person's symptoms? What psychological, spiritual, or cultural support people are involved in this person's care, and who else might be able to offer support?*
- *Who is supporting the family and caregivers? Are they also patients of your practice? What peer and community support groups might be suitable for the patient and their caregivers?*
- *How might their socioeconomic status be influencing this person's care? If you are in a rural or remote location, how might that be influencing their care plan? If the patient identifies as Aboriginal or Torres Strait Islander, how might that influence their care plan? And is the care plan outlining culturally safe and responsive care?*

Complete any of the following RACGP gplearning activities:

- AJGP Clinical Challenge August 2025 – Palliative care
- Advance care planning in general practice
- Approach to timely palliative care conversations

- *What areas or topics did you find most challenging?*
- *Are there any medical science topics that you might benefit from revising (eg pharmacology or oncology)?*
- *Were there aspects of palliative care that were different for life-limiting illnesses other than cancer?*
- *What legal aspects were discussed that would need to be clarified in respect to your state or territory?*

With a supervisor

Identify a patient who you or your supervisor has seen who had a complex or severe symptom that was difficult to manage. Discuss the case and explore the strategies that were tried, and what else might be worth considering.

- *Was the initial assessment of the symptom accurate, or did it need to be revised or updated?*
- *Were the initial treatment choices evidence-based? What do treatment guidelines recommend?*
- *Why were this person's symptoms so difficult to manage? Why do you think the treatments didn't work in this situation?*
- *Was the treatment plan carried out as it was intended? Did the patient understand the treatment plan? Were there barriers to the patient implementing the plan?*

Select a small sample of patients over the age of 75 at your practice, ideally that both you and your supervisor have seen. Go through this list of patients independently and ask yourselves the 'surprise question' (would you be surprised if this patient died within the next 12 months?). Compare your results. For those patients you answered 'no', check whether there is a documented advance care planning discussion and / or an advance care directive being in place.

- *What were the differences between your answers? Why did you choose your answer, and why might it have been different to your supervisor's?*
- *Did you find any documentation of an advance care planning discussion and / or advance care directives for the patients you identified using the surprise question?*
- *Have specialist palliative care services been engaged with for any of these patients? Why or why not?*

In a small group

Review the pharmacological action of the main classes of anti-emetic drugs, including antipsychotics and adjuvant anti-emetics like corticosteroids. Remind yourself how they work in treating nausea and reflect on various common causes of nausea. Match each cause with an anti-emetic that might work well in that situation. Discuss your ideas together as a group and decide on the answers by consensus.

Role-play challenging communication scenarios with a peer. If there are more group members, have others observe to provide feedback. Examples include breaking bad news or discussing prognosis. Take turns role-playing and providing feedback. Then watch a supervisor or an online video exemplar of a similar consultation.

- *Which words or phrases were helpful to use? Which felt unhelpful?*
- *Compare your role-plays with the exemplar. What were the similarities and differences? Think beyond the clinical information and look at both verbal and non-verbal communication techniques.*

- *Consider how it feels to deliver bad news. Discuss self-care strategies for managing emotions that may arise either during role-plays or real-life consultations.*

Write down the names of specific opioids on pieces of card, use all that you can name. Shuffle the cards and then randomly distribute them between group members. Each person is then challenged to answer questions about an opioid card they have been allocated. In answering the questions, refer to your preferred opioid conversion resource (see 'Learning resources' below if you need one). Take this in turns.

- *What routes of administration are available? What formulations? Are these available on the PBS?*
- *What would be an appropriate starting dose? Practice converting this to the oral morphine equivalent dose.*
- *Are there any special considerations (eg use in liver or renal impairment)?*
- *As a group, identify which opioids you most commonly prescribe in your setting. Why is this the case?*

With a friend or family member

Invite a trusted friend or family member to share a brief story about an event or experience that they found challenging. Sit in silence together for at least 30 seconds afterwards, without doing or saying anything. Then you do the same, and again, sit in silence for 30 seconds. After both of you have shared your story and sat in silence, reflect on the experience.

- *How difficult did you find sitting in silence for 30 seconds? Did you want to say something? Were you uncomfortable?*
- *Did you feel more uncomfortable when you were the one to share your experience, or when you were the one listening?*
- *What was the therapeutic effect of the silence?*

Discuss attitudes and beliefs about death and dying with a friend or family member. Discuss any expectations around funeral practices and bereavement. Reflect in the discussion on the similarities or differences in your upbringing, experiences of death, and cultural and religious background.

- *What differences were there between your attitudes and beliefs? What was similar?*
- *How might these differences in attitude and belief affect practices around death?*
- *How might these affect how palliative care is both provided and received?*
- *How might awareness of cultural diversity impact on how you deliver palliative care to your patients? What learning can you seek out to improve your understanding of cultural practices relevant to end-of-life?*

Talk to a close friend, partner or family member about what they would like to happen if they become very unwell and unable to make or communicate decisions themselves.

- *Have they spoken to their doctor(s) about their preferences? What about their friends and family?*
- *Do they have an advance care directive? Have they appointed a substitute decision-maker?*
- *What preferences do they have about their care at the end-of-life? Would they prefer to be at home or somewhere else? What preferences do they have for their funeral and care of their body after death?*
- *How about you? Consider the above questions for yourself and reflect on your wishes. If you have thought about these questions before, what prompted this?*
- *Consider what might be barriers to having these discussions, and what might make them easier.*

Case example

Pamela is 74 years old and comes to see you with her son. She has recently moved to your area from interstate, to be closer to family. Pamela was diagnosed with breast cancer seven years ago, which was treated with bilateral mastectomy and adjuvant chemotherapy and radiotherapy. She was in remission until two years ago when she was diagnosed with metastatic recurrence in her liver and multiple bone metastases. At her follow-up telehealth oncology appointment a few days ago, Pamela was told by her oncologist that her cancer had progressed, and 'no further treatments were available'. She was advised to see her new GP to 'arrange palliative care'. Pamela is concerned that she's getting a lot of back pain and says she feels quite tired and 'like life is not worth living anymore'. Her son is also concerned about his mother's recent weight loss, as she has been struggling to eat much lately.

In a case-based discussion, questions could include:

Communicator

- How might Pamela be feeling after her recent consultation with the oncologist? What about her son?
- What communication skills might be useful to support Pamela and develop a trusting therapeutic relationship in this first consultation with her?

Clinician

- What information from Pamela would help you create a management plan for her main symptoms?
- What information would be useful to gather from her treating oncologist? What about from Pamela's family?
- What might be causing Pamela's loss of appetite, weight loss, and pain? How might knowing the cause help you manage those symptoms?
- Are there any investigations that might help in this assessment?
- How might the way you manage Pamela's appetite and weight loss change, depending on what the cause is?
- What options could you consider to manage Pamela's back pain?
- How might these options change as Pamela's symptoms evolve over the coming weeks or months?
- If Pamela lived in a rural or remote area, with limited access to specialist palliative care services, how might this affect her options for end-of-life care and the treatment of complex symptoms?
- Where might you find out which medications are, or are not, compatible within the same syringe driver?
- If your practice were in a rural or remote location, would you know how to set up a syringe driver? How could you improve your skills?
- How would you discuss prognosis with Pamela and her family? What information would be helpful for such a discussion?
- How would you manage Pamela's symptoms if you were unsure of their underlying cause?
- How would you discuss with Pamela and her family the most appropriate care and treatments should she become more unwell?
- How might you discuss goals of care with Pamela and her family? Are there situations where Pamela would want to be assessed and treated in an emergency department, and others where she might not?
- What symptoms or care needs would suggest that you need to refer Pamela to a specialist inpatient palliative care service, such as a hospice or palliative care unit at a hospital?

Health advocate and leader

- If Pamela identifies as Aboriginal or Torres Strait Islander, how might this affect decisions about treatment and where she might want to receive end-of-life care? If she was moving between Country and a geographically distant hospital, how might this influence care? Where might you obtain further knowledge about communicating with Aboriginal and Torres Strait Islander people and their communities in a palliative setting, and information on the culture and practices that may be relevant?
- When thinking about team-based care for Pamela, what roles may be involved? How can they be focused around Pamela's preferences?
- How may eHealth systems assist in Pamela's care?

- Pamela asks whether engaging with palliative care is a waste of healthcare resources, what would be your response?

Professional

- When and how would it be appropriate to involve substitute decision-makers in treatment and care decisions?
- As you support people moving into end-of-life care, what personal reflections and challenges might come up about your own history and family?
- In what ways do your views, beliefs, values, and cultural attitudes towards death and dying impact on and influence how you approach palliative and end-of-life care?
- What are the legal and professional requirements for drawing up an advance care directive in your state or territory? If Pamela had already completed paperwork interstate, how might you find out if it is valid in your location?
- What are the restrictions or requirements for prescribing Schedule 8 medicines in your state or territory? Do you have Real Time Prescription Monitoring and how do you access this?

Scientist, educator and researcher

- You are preparing an education session on cachexia in palliative care and its management for your practice meeting. What would your plan for the session?
- What is one researchable question that could be asked relevant to Pamela's care?
- What guidelines may be relevant to Pamela's care?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam