



📷 Jennifer Philip says the focus should be on palliative care, not dying.

## — OPINION

# Jennifer Philip: Assisted dying debate is taking the focus off the benefits of palliative care

Jennifer Philip, Herald Sun

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IMAGINE there was a condition that we would all contract sooner or later. And imagine there was a treatment for that condition, a treatment that reduced the symptoms and complications it caused, helped people live longer and was effective to treat family members if the condition spread to them.

Now imagine there was a second treatment wanted by a few (about 1-2 per cent) who suffered the same condition. The effects on the family and the broader community of this second treatment were unknown.

Consider the outrage we would feel if our parliament, our systems of government and our media focused only on discussing how to make the second treatment available when large numbers of people with the condition could not get access to the first.

Yet that is exactly what is happening in Victoria.

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Palliative care is that first treatment. The Inquiry into End of Life Choices made 49 recommendations to improve end-of-life care in the state; 48 of them centred on improving palliative care and advance-care planning. Yet apart from a very welcome forthcoming change to advance-care planning legislation, the focus of everyone's attention has been on just one recommendation — for medical assistance in dying.

It is time to refocus our priorities. In order to do so, it may be useful to restate some facts.

**Fact 1:** Palliative care has proven benefits for people with advanced disease. Those benefits are less pain, reduced symptoms, better quality of life, greater understanding of what is occurring such that choices and decisions are able to be made.

That means people frequently choose not to have intensive, often futile treatments that add to suffering when they are dying and prefer to remain and stay at home. Families also benefit — they have less worry and depression and are more satisfied with the care being delivered.

Interestingly, there are also survival benefits — patients who access palliative care not only live better but also live longer.



📷 Victorian parliament debating its assisted dying bill on Tuesday. Picture: AAP

**Fact 2:** Despite those proven benefits, access to palliative care in Australia, and Victoria, is at best patchy.

It is highly dependent upon the diagnosis you have, where you live and whether your doctor is comfortable having conversations around illness that is no longer curable.

People with illnesses such as emphysema or heart failure have very burdensome symptoms and high needs for care, yet current data suggest that only 14 per cent of those will access palliative care.

Even for people with cancer, palliative care is frequently introduced late in the illness and for many, that means that the opportunities for exploring personal goals, having critical conversations and making important decisions at the end of life are not available.

A chronic lack of resourcing of palliative care services as demand has ever increased has meant that access is by no means universal, even for those with significant needs. Instead, it is largely a matter of chance.

**Fact 3:** Requests for a hastened death — medical assistance in dying — are uncommon, about 1-2 per cent of people who are referred to specialist palliative care services. That number reduces still further as pain or other concerns are effectively managed.

Some studies suggest 70 per cent of people interested in medical assistance in dying will change their mind on seeing palliative care. The current public conversation does not reflect the things that matter to most people who are facing death.

Fact 4: There are very effective measures to manage pain and other symptoms for people who are dying. Opioids, such as morphine, provide good pain control for up to 96 per cent of people suffering cancer pain. And there are many other pain relievers and approaches available for those who require them. People in Australia should not fear uncontrolled pain at the end of life.

Fact 5: Palliative care has a public health benefit. When someone dies, there is a risk to their spouse of the “bereavement effect” — that is, the surviving spouse is also at risk of dying.

LARGE population studies have demonstrated that palliative care involvement with the person who is ill has a protective effect for the spouse — the bereaved is at less risk of dying. This public health benefit has huge ramifications for the health of our society and for years afterwards.

So we have a proven effective treatment approach, palliative care, for the condition that will affect us all: mortality. We should be absolutely exercised in our efforts to ensure this treatment is available to everyone.

This is the big issue we should be focused on. Palliative care is a good news story.

Sooner or later, we are all going to die. We all hope to die well. Let’s broaden our perspective to ensure this for everybody.

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