# INQUIRY INTO SERVICES AND TREATMENT OPTIONS FOR PERSONS WITH CANCER

## Submission from Australian & New Zealand Society of Palliative Medicine (ANZSPM)

## Submitted by A/Prof Paul Glare, President of ANZSPM

## March 29, 2005

The Australian & New Zealand Society of Palliative Medicine (ANZSPM) represents doctors in Australian & New Zealand who have an interest in the practice of palliative medicine. Members come from a diverse range of practice backgrounds including specialist palliative medicine, oncology, anaesthetics and general practice.

ANZSPM is extremely grateful to the government for the initiatives that have been taken over the past 20 years to put Australian palliative care at the forefront of international best practice.

Because of the typical "death trajectory" of people with incurable cancer, they remain relatively for most of their illness before entering a terminal decline over the last 2-3 months of life. This is when most problems arise that might need palliative care.[1]

ANZSPM recognises the revised definition of palliative care promulgated by the WHO in 2002, which supports the concept that palliative care can help many patients before the terminal stage, even while they are undergoing active treatment. [2] This can be best conceived as a mixed management model of cancer care, with issues like pain relief, symptom control, psychosocial support, family support and advanced care planning gong on while the patient pursues disease-controlling treatment[3]

The percentage of cancer patients referred to palliative care varies across Australia. In many parts of the country, the majority of patients dying of cancer come in contact with a palliative care service at some stage before they die. This is very different to other countries (e.g. UK, US)

The majority of patients (>80% in most cases) referred to palliative care services in Australia have cancer.

---

[1] Lynn J et al. Serving patients who may die soon. The role of hospice and other services. JAMA 2001;285:925-32

[2] Sepulveda C. Palliative care: the World Health Organisation's global perspective. J Pain Symp Manage 2002;24:91-6

[3] Glare PA, Virik K. Can we do better in end of life care? The mixed management model and palliative care. Med J Aust 2001;175:530-3

ANZSPM believes that the majority of palliative care should be provided by non-specialists who have the primary responsibility for the care of the patient: the GP when the patient is at home and the oncologist in the hospital. A small but adequate number of palliative care specialists are needed to assist the non-specialists in the care of their patients. The resourcing of specialist palliative care needs to be based on the assumption that patients have access to a non-specialist workforce that is adequately trained and resourced to provide basic palliative care.

When a patient's (or their family's) needs are very complex, a palliative care specialist may need to assume the primary responsibility for care, which could be provided at home, in hospital or in a hospice/in-patient unit

ANZSPM recognises that the many needs of patient with advanced cancer (physical, psycho-social and spiritual) means that they must have access to a multi-disciplinary approach to treatment.

Case management is important for co-ordinating the care of cancer patients especially as they negotiate the "minefield" of acute care diagnosis and treatment. Once patients reach the advanced stages of incurable cancer and palliative care has a clear role, good liaison between such case-managers and palliative care providers will be crucial to avoid duplication and confusion for the patient and family.

The challenges to providing access to specialist palliative care in rural and remote Australia have not been fully met yet and more work in this area is needed. The same applies to palliative care for indigenous Australians. The challenge of meeting the palliative care needs of people from culturally and linguistically diverse backgrounds has not been fully addressed yet.

Complementary medicine is variably important to palliative care. Some types of complementary medicine can be considered essential to good palliative care, such as art therapy, massage, and relaxation techniques. Some "pharmacological treatments", such as eicosapentaenoic acid, are also more clearly having a role in improving symptoms like appetite and weight loss. Others, such as shark cartilage or laetrile, almost certainly have no role. The government needs to support research to develop the evidence base for these treatments and then support ones that are of proven benefit

Finally, it should be stated that ANZSPM works directly with Palliative Care Australia and the Chapter of palliative Medicine, Royal Australasian College of Physicians to develop palliative medicine as a speciality