

Having worked as a nurse in various palliative care settings in the UK, I am extremely saddened to see such a lack of facilities for people with life-limiting illnesses in Brisbane. I now work for a charity which provides palliative care to patients in the community, but feel that the profile and services for palliative care services really need to be raised to allow patient choice.

The majority of patients indicate they would like to die at home, however sometimes this isn't possible due to difficult symptoms or carer strain. This leads to hospital admissions, often via emergency, which is completely unacceptable for a dying patient. Not all hospitals have a palliative care unit (The Royal Brisbane and Women's hospital does not). The palliative care units which do exist obviously have a role in providing good care, but there really needs to be a hospice in Brisbane to provide holistic care at the end of life, as well as desperately needed respite to carers struggling to look after someone at home.

A hospice provides high quality, holistic care for those with life-limiting illnesses, not just cancer patients, and depending on the model used and facilities available may also provide day care as a regular support, and a hospice at home facility for those who need support to stay at home. It is a less medically focused model than a hospital palliative care unit, but still provides high quality care and some medically appropriate treatments, but the focus is more patient centred.

I am very aware that there are a great many unsupported patients and families in the community who would benefit from a hospice, particularly those with a non-cancer diagnosis with a high level of medical need but unsure prognosis. Many patients with conditions other than cancer suffer as much, if not more, their symptoms in the last few days of life are similar, and due to difficulty assessing when they are entering the palliative phase have no support in adjusting or accepting that end of life is near. Many younger patients only have the option of being at home (where the care for the relative or carer is hard emotionally and physically), going into hospital, which is often inappropriate and expensive, or going into a nursing home, clearly inappropriate for a certain age group. A hospice could provide respite care, on-going support and end-of-life care which would be much more appropriate. I feel there are many changes which could be made to raise the profile of palliative care and provide better support, which is why I have included this submission.

Kind regards,
Lynne Megginson