



Australian Physiotherapy Association – SA Branch
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End of Life Care Opportunities

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Flinders
UNIVERSITY



Funded by the Australian Government Department of Health



Education Modules

Education in end of life care

Learn more

End-of-Life Essentials

Subscribe to our newsletter



eLearning Topics

- Dying, a normal part of life
- Patient-centred Communication and Shared-decision making
- Recognising end of life
- Goals of Care
- Team Work
- When things aren't going well
- ED – EOLE Care
- Paeds – EOLE Care
- Imminent Death
- Chronic Complex Conditions – EOLE Care
- States of Mind at the end of life

100 years ago

Respiratory illness

Diphtheria

Gastrointestinal diseases

Influenzas



AUSTRALIAN WAR MEMORIAL

P00147.004

Life expectancy for a person born 1920 = 59.2 years (ABS)

Photo -

Australian War Memorial

ADELAIDE, SA, 1920. NO 4 WARD, KESWICK MILITARY HOSPITAL, ADELAIDE, SOUTH AUSTRALIA, IN 1920.

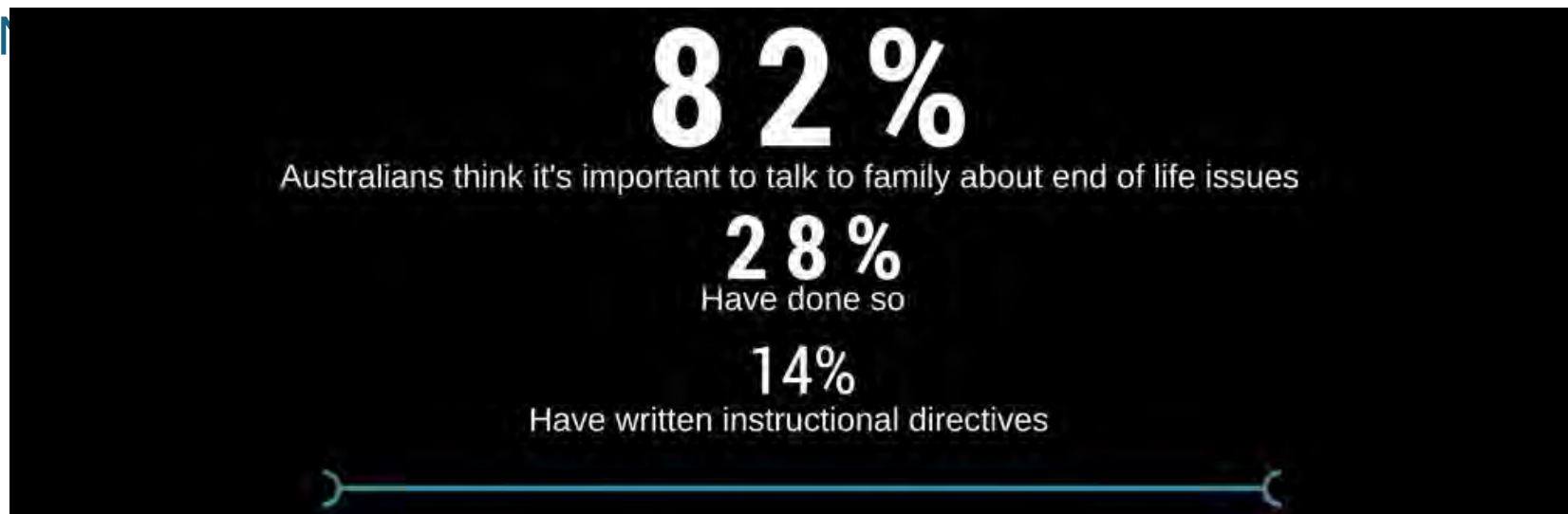


- Around two thirds of Australian die 75-95 years of age
- Estimated 70% of all deaths are expected
- Numbers of Australians who die each year will double in the next 25 years²
- Think about the population you provide service for in terms of age and other....

- 
1. CORONARY ARTERY DISEASE
 2. DEMENTIA AND ALZHEIMER'S DISEASE
 3. CEREBROVASCULAR DISEASE
 4. LUNG CANCER
 5. CHRONIC OBSTRUCTIVE PULMONARY DISEASE

*Leading Causes of
Death*

Australia 2016

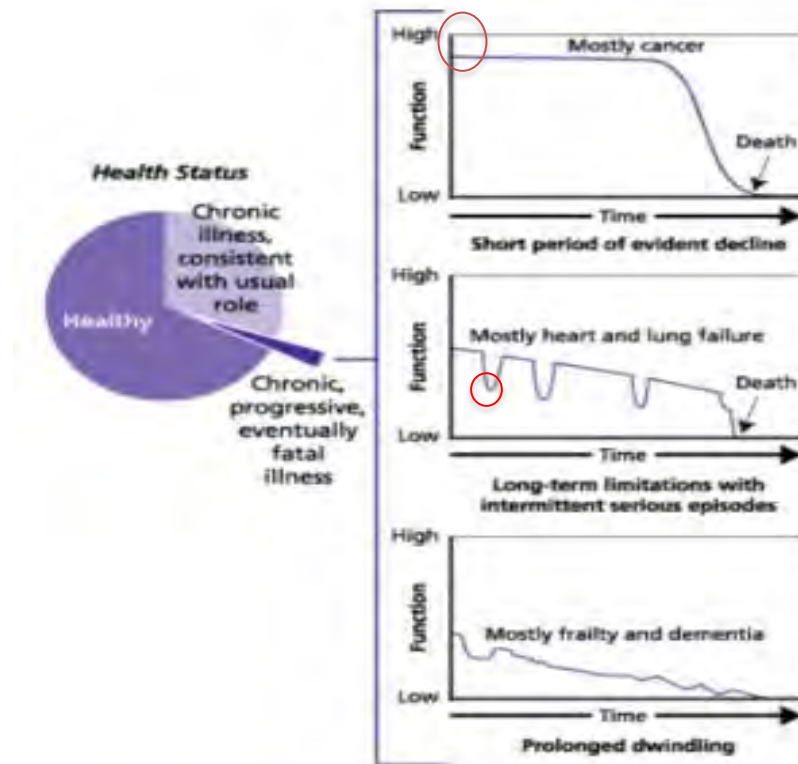


Figures from

3. Palliative Care Australia, <http://dyingtotalk.org.au/>

4. End-of-life Law in Australia, QUT

Patterns of end of life – When are we aware?



Lynn, J., Adamson, D.M. (2003). [Living well at the end of life: adapting health care to serious chronic illness in old age](#). Rand Health White Paper WP 137. California: Rand Corporation. Retrieved March 28 2016. Reproduced with permission.



✿ Prognostication in chronic complex illness

Certain uncertainty





When does end of life begin?

**Some complex
chronic illnesses
have poorer
prognoses than
many cancers**

Advanced congestive heart failure with severe symptoms has a one year mortality of 30-40%. However, the illness has an unpredictable pathway. While some patients recover from acute episodes of deterioration, unpredictably 15-20% of other patients die a sudden death. ⁶

EOLC=1 year before death (ACSQHC) allows choice
and shared care



So?

Patients are poorly prepared for their future (and may not know for example, their chronic complex illness will end their lives).

Hospital HCP (where 54% Australians die) are excellent at prolonging life but the ACQSHC work has identified that not so good at recognising end of life or providing EOL care.

Early identification of end of life is recommended by WHO as key to providing quality and safe care.



How do we know when to discuss EOLC?

The patient may ask you.

You may have updates from consultants.

You've discussed with the team.

You've used a tool.

BE PREPARED!

for unexpected questions and comments from patients

I thought I was going to die!

what will happen to me?

is this the end?



End-of-life Care

Challenging - health care professionals may be initiating discussions with patients who have never spoken to anyone about their end of life wishes

Limited undergraduate preparation and limited post graduate for end of life care in acute care settings⁵



Skill set ⁷

- Expanded tolerance for **clinical ambiguity/uncertainty**
 - Prognosis for an individual is inexact
- Tolerate **strong emotions**
 - Suffering, moral distress, grief and loss
- Accept **complexity**
 - Physical, spiritual, emotional and social care needs



Some patients will wish to
know **everything**, other
patients only **some things** and a
smaller group will **not want to
know** details about end of life
at all - **so ask.**



End of life conversations

enables
choice & planning





What can you do?

Offer to discuss the future

“Some people like to know everything that is going on with them and what may happen in the future, others prefer not to know too many details. What do you prefer?”

Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. Med J Aust 2007; 286(12): S79-S108



Adapt and adopt

“What are your most important [hopes/expectations] about the future?”

“As you think about the future and that you may not have a very long time to live, what is most important to you? Are there any aspects of your life that you want to attend to?”

“What are the things you most want to invest your time and energy in?” “What are the things you want to do in the time you have?” “Is there any particular event that you are looking forward to?”

Clayton JM, Hancock KM, Butow PN, et al. Clinical practice guidelines for communicating prognosis and end-of-life issues with adults in the advanced stages of a life-limiting illness, and their caregivers. Med J Aust 2007; 286(12): S79-S108. © Copyright 2007 The Medical Journal of Australia – reproduced with permission.

REMAP

Reframe why the status quo isn't working.
we're in a different place

Expect emotion and empathise
I can see you're really concerned about X

Map the future
Given this situation what's most important for you?

Align with the patient's values
As I listen to you, it sounds like the most important things are ...

Plan medical treatments that match
patient values
Here is what I can do now that will help you do those most important things



LISTEN TO HOW PATIENTS AND THEIR FAMILY/CARERS ARE EMOTIONALLY AND PHYSICALLY

reacting and responding to treatments & interventions



What will happen to me?

An educational film from End-of-Life Essentials

Common psycho-existential responses to end of life

Most Australians die a expected death after a normal course of chronic complex illness, around the age of 75 years of age.

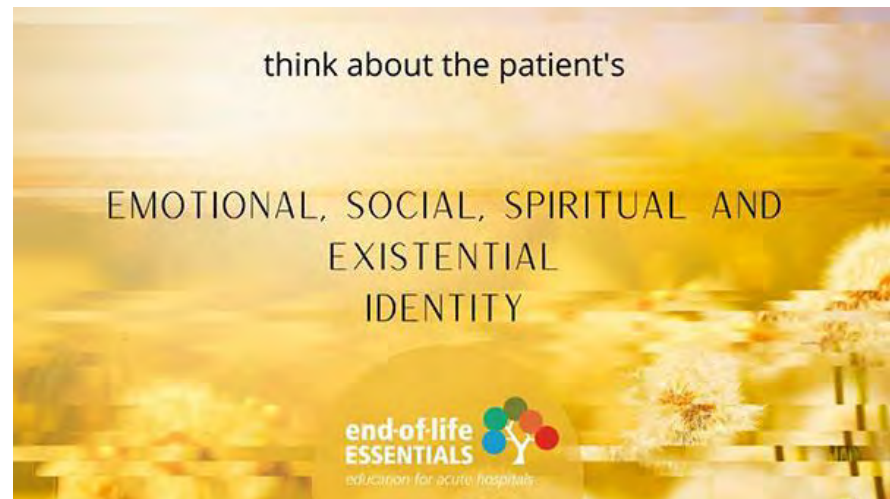
Frailty

Loneliness

Multiple losses

Very individual

Fear, grief, guilt, hope, denial,
anger and sadness



However, many clinicians will report that most people approach the end of their lives the same way they have lived; thus, not everyone is overcome with and focussed on negative emotions. There are ebbs and flows to the sadness and the joys of life when people approach death.

What is important at the end of life?

Trusting
clinicians

Expert
care

Compassionate
care

Effective
communication

ESSENTIALS.COM.AU



Think about this

**How do you sustain and cultivate
your own humanity?**

WELLNESS MATTERS

**end-of-life
ESSENTIALS**

education for acute hospitals



**end-of-life
ESSENTIALS**

education for acute hospitals





Caring for yourself

[Headspace Australia](#)

[Beyond Blue](#)

[Guiding their way back](#)

[Beyond Blue Beyond Now](#)

[Black Dog Institute](#)

[myCompass Personalised Self-Help Tool](#)

[Lifeline](#)

[Chat Crisis Support - 13 11 14](#)

[Crisis Chat 7pm-12pm](#)

[Crisis Text 6pm-12am: 0477 13 11 14](#)

[Suicide Call Back Service](#) - Online and video chat: 1300 659 467

[QLife for LGBTIQ+](#): 1800 78 99 78

[Kids Helpline](#): 1800 551 800

[Mensline](#): 1300 78 99 78

[Open Arms](#) for Veterans and their families: 1800 011 046



Where to find quality free resources and services



[Palliative care support line for clinicians](#)

SA Health

End-of-Life Law Education – QUT

[PEPA](#) Program of Experience in the Palliative Approach

[Advance Care Planning Australia](#)

Advance Care Planning Australia is a national program that promotes advance care planning, including resources and national curriculum and learning.





Where to find quality free resources and services

Gwandalan National Palliative Care Project

This project aims to improve access and the quality of palliative care service delivery for Aboriginal and/or Torres Strait Islander people throughout Australia, by providing a suite of tailored education and training materials to support cultural safety within palliative care services.



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- States of Mind at the end of life



References

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- 3 *Palliative Care Australia*, <http://dyingtotalk.org.au/>
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- 6 Glare P, Sinclair C, Stone P, Clayton J, (2015) Predicting survival in patients with advanced disease, in *Oxford Textbook of Palliative Medicine*, (Cherny N, Fallon M, Kassa S, Portenoy R, Currow D eds) Oxford University Press.
- 7 Chochinov H (2013) Health Care Provider Communication: An empirical model of therapeutic effectiveness. *Cancer*, May 1;119(9):1706-13. doi: 10.1002/cncr.27949.



End-of-Life Essentials would like to thank the many people who
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www.caresearch.com.au/EndofLifeEssentials

