



**8 October, 2011**

## **Medicare Locals starting the path to deliver better palliative care World Hospice Day Saturday 8 October, 2011**

*'Many diseases, many lives, many voices – palliative care for non-communicable conditions'.*

Re-organising and re-structuring palliative care in Australia will be a key component of the Medicare Local agenda to deliver a better system for patients, families, carers and the health professionals involved, said Australian General of Practice Network Chair, Dr Emil Djakic on World Hospice Day.

"The vision for primary health care in this country through Medicare Locals, will be seen through a better palliative care system that will not be limited to services around pain management," Dr Djakic said.

"End of life decisions about pain management, care and the place in which a person chooses to be during their terminal illness is also about coordinating care and services for the patient and their carer or family, during a most critically sensitive time," he said.

"Medicare Locals have been set up to assess the health service needs in the community with local hospital networks to work towards reducing the service burden on hospitals.

"By providing a better quality of and greater access to primary health care services in local communities, which includes the quality and standard of palliative care, people facing end of life treatment will over time, have greater choices for treatment at home for as long as possible.

"A hospice is not always the preferred choice for some patients, likewise a person may not wish to be at home at the end of life; regardless of individual circumstances, choice is the key factor and flexibility should be incorporated into the health system for all Australians.

"Over time, in consultation with clinicians, Medicare Locals across Australia will be in a position to plan service needs and community needs for palliative care and to broaden the choice of services available at a local level," he said.

"A significant component to providing a higher quality of community care is coordinating the range of services needed including psycho-social services for patients, family and carers and improving the referral pathways to specialist services.

"A holistic approach to palliative care is needed and to deliver a comprehensive, integrated system, Medicare Locals will identify the gaps and work towards building up the services to recreate a better and sustainable palliative care system.

"This also includes enhancing the skills of GPs, nurses and palliative care experts to ensure the quality of care available is equitable across the country," Dr Djakic said.

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