A positive view on Palliative Care Service Delivery in a remote indigenous community

Model of Care: Cultural

A palliative care from a cultural perspective delivered in a remote area has its challenges from both a medical and cultural view.
Being a remote area families do not want a client to travel to Perth or Geraldton or Kalgoorlie to access palliative services in a hospital or nursing home. Being away from clients families and friends with no or very little cultural input to their end of life care. Most clients decline any treatment eg radition, chemotherapy etc. Most important aspect of indigenous end of life care is that the clients have a spiritual link to their homeland and require to be on homelands to progress to their spiritual ancestors.

Clients are encouraged to stay at home with their families for as long as they choose or when the family need more support & care to move the client into our Community Care Centre. The Centre is used to deliver HACC, CHSP and Aged Care daily services to the community. Palliative care clients have a designated quiet room and also a bed set up for day use outside in the pergola area, that also caters for family visits with BBQ, urn for tea, coffee, access to music and family activities.

Clients have access to Medicine man when needed, families are also encouraged to visit during the evening without time restrictions and can stay the night in the dayroom with client if they want to. Clients, if able are encouraged to be taken out in the community (by wheelchair or car) by staff to continue to be a part of the community. Aboriginal health workers from the families are encouraged to help out at the Centre to help with the traditional side of end of life. Non indigenous staff all have cultural awareness training and have lived in community for 10-15 years.

Traditional Bush medicine is used by the elders in the end of life process.
Challenges delivering cultural end of life care are: being aware of the limitations of aboriginal health workers & families around who can help with services to that client eg. Female health workers cannot deliver personal care services to a male and vice versa for a female. Cultural blame for a clients illness, certain family members not being able to make decisions, death & dying tradition, Arranging a funeral is the task of a grandson or grand daughter and not a sibling or parent.

I have witnessed a spiritual event that I often refer to around the importance of cultural end of life. As follows:

An elder diagnosed with cancer, refused treatment as he wanted to stay in his community with family & friends. He was progressively near the end of his life when he asked me to get the medicine man. When the medicine man came not one word was spoken between them and the medicine man stayed a distance from the client. It was a night when the moon was bleeding. After checking the client at 2.30am & medicine man sound asleep a strange eeriness was in the room, without a sound the medicine man sat up & with that the client passed away.
***NB*. This story has been edited by condensing down not to identify client & medicine man.**

I might point out at this time that we are not a funded service for palliative care but deliver the service as part of the community need. Some services are brokered from a palliative care service provider as part of a major hospital.