

9 July 2020

Mr Chris Tallentire MLA  
Chair, Joint Select Committee on Palliative Care in WA  
Legislative Assembly  
Parliament House  
PERTH WA 6000

Dear Mr Tallentire

### **Palliative Care in WA – Public Submissions**

The Royal Australian College of General Practitioners (RACGP) thanks the Joint Committee for the opportunity to contribute to the Inquiry into Palliative Care in Western Australia.

The RACGP is Australia's largest general practice organisation, representing over 90% of Australia's general practitioners (GPs). We advocate for affordable and equitable access to high-quality health services and improved health outcomes for all Australians. GPs work with patients on a wide range of issues and understand the complex interaction between health, social issues, workforce participation and the ability to access education.

Recognising and supporting the role of general practice is central to meeting society's growing need for high quality end-of-life care. It is a key role for GPs to discuss issues such as advance care directives and patient's wishes in end-of-life care matters.

#### *Previous Inquiry into End of Life Choices Planning*

Before responding to relevant sections of the current Inquiry's Terms of Reference, it is worth highlighting the relevant section from the RACGP's submission to the 2017 inquiry into End of Life Choices in which we addressed Advance Care Planning, Voluntary Assisted Dying and Palliative Care. The Palliative Care section was as follows:

As with all good medical practice, end-of-life care should be patient-centred. Compassion, dignity, respect and participation in decision-making are important to the delivery of high quality palliative and end-of-life care.

Optimal end-of-life care is often delivered by a multidisciplinary team in a shared-care arrangement. In many cases, this will be coordinated through a general practice and augmented by specialist palliative care services where needed. Continuity of care is maintained across settings and between services when GPs work closely with palliative care and other service providers including other health practitioners. These include Aboriginal and Torres Strait Islander health workers/health practitioners, pastoral care workers and residential aged care facility (RACF) staff if relevant.

When a GP is actively involved, patients may be less likely to visit emergency departments and enter intensive care units in the final months of life.<sup>1</sup> Patients are up to four times more likely to die in their preferred setting when GPs are informed of their preference in the end-of-life phase.<sup>2</sup>

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<sup>1</sup> Han PK, Rayson D. The coordination of primary and oncology specialty care at the end of life. JNCI Monographs 2010; 2010(40):31-7

<sup>2</sup> Abarshi E, Echteld M, Donker G, Van den Block L, Onwuteaka-Philipsen B, Deliens L. Discussing end-of-life issues in the last months of life: a nationwide study among general practitioners. J Pall Med 2011;14(3):323-30

Following a patient's death, their GP is usually involved in providing bereavement care to family and carers.

### *Delivery of Palliative Care into regional and remote areas*

GPs play a central role in providing and coordinating multidisciplinary care for patients in palliative care across a range of settings in rural and remote communities throughout Australia. RACGP is committed to ensuring GP-led community palliative care is prioritised in policy so that our members are well-placed and supported in meeting patient needs.

The RACGP undertook research in 2016 that resulted in a report entitled *GP-led Palliative Care in Rural Australia*.<sup>3</sup> That document highlights the need for the integrated provision of services using the framework set out in RACGP's *Vision for general practice and a sustainable healthcare system*<sup>4</sup>, and also outlines workforce and skills issues considered vital in addressing future demand for those services.

These documents are available on request.

### *Progress following End of Life Choices and funding announcements 2019-2020*

To date, on the ground reports from our Members indicate that hardly anything has changed in the area of Palliative Care since the report of the Joint Select Committee into End of Life Choices. There appear to be few if any extra nurses, and it remains difficult to get doctors (in particular general practitioners) to be involved in Palliative Care.

RACGP strongly supports initiatives that provide supported options for patients needing Palliative Care, especially when co-ordinated with a patient's usual GP. We understand that there are plans to establish facilities for Palliative Care at the Joondalup Health Campus by the end of 2020. We would strongly encourage the establishment of GP registrar Palliative Care training positions at this and other Palliative Care facilities throughout WA,

Thank you for considering our submission. If you would like to discuss any of the above matters further, please contact us care of the RACGP WA State Manager, Mr Hamish Milne on 08 9489 9555 or [wa@racgp.org.au](mailto:wa@racgp.org.au)

Yours sincerely



Dr Sean Stevens FRACGP  
Chair, RACGP WA

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<sup>3</sup> RACGP, GP-led Palliative Care in Rural Australia, 2016.  
<https://www.racgp.org.au/FSD/DEV/media/documents/RACGP/Position%20statements/GP-led-Palliative-Care-in-Rural-Australia.pdf>

<sup>4</sup> RACGP, The Vision for general practice and a sustainable healthcare system, update 2019.  
<https://www.racgp.org.au/advocacy/advocacy-resources/the-vision-for-general-practice>