

Victoria's end of life and palliative care framework

Communique no. 2 – June 2017

This communique is issued by the Implementation Advisory Group (the group) for [Victoria's end of life and palliative care framework](#) (the framework), published in July 2016. The aim is to keep stakeholders and interested groups informed of progress and developments of activities under the framework priorities.

All communities

The group strongly expressed that access to information and services and the ability to understand information needs to be available for all communities. This includes Aboriginal people, people living with disabilities, lesbian, gay, bi-sexual, trans-sexual and intersex (LGBTI) communities, culturally and linguistically diverse communities and other parts of society that may not have benefited from end of life and palliative care services. Diverse representation on the group ensures a wide and inclusive range of views in considering initiatives. The group noted that diversity should be at the forefront of prospective research that includes recognition of gender.

A Health Issues Centre report, *'Have the Conversation' consumer project Final Report (October 2015)*, was tabled. Findings concluded consumers have varied levels of awareness of health and legal literacy on end of life and advance care planning and face barriers including denial and prior assumptions. The report recommends further consumer engagement initiatives are required to trigger peoples motivation to communicate and prepare for end of life. For more information visit the [Health Issues Centre](#).

The group reiterated the need for targeted messaging and consistent use of end of life and palliative care terminology for all communities. Information for various communities is available on [Better Health Channel](#) under the tab *'End of life and palliative care for all communities'*. Links are available to [translations of end of life and palliative care topics](#) in over 20 languages.

Terminology

Variations in end of life and palliative care language and terminology that can lead to differences in understanding and practice were discussed, as they were at the first meeting. The group believes terminology needs to be inclusive of all communities and will explore mapping of terminology to assist stakeholders. The group aims to harmonise language and inform future end of life and/or palliative care communication strategies at a State and Commonwealth level.

[Better Health Channel](#) features information for various communities under the tab: *'End of life and palliative care for all communities'*.



Future planning

The *Victorian Budget 2017-18* includes new funding to support hospitals to meet demand, respond to family violence and provide the high-quality care Victorian patients deserve, now and into the future. A component of this will be allocated to support end of life and palliative care.

The group discussed priorities to be progressed under the framework. These included after-hours and rural support issues, in-home respite options and supporting elderly carers broadly categorised as 'how we deliver care'. The group identified education and training as a priority underpinning most initiatives. Further work may be required to identify and analyse service system gaps and more information will be made available in due course.

Current initiatives

Many initiatives commenced in 2016-17 under the framework are foundational activity, from which other initiatives follow. There are some inter-dependencies that will need to be reviewed as a result of the budget for 2017-18.

The initial phase of centralising end of life and palliative care information on [Better Health Channel](#) and translations of the [framework summary in 10 languages](#) is complete. [Access to further translations](#) of information is continuing as resources become available. Work has commenced with culturally and linguistically diverse communities to develop culturally responsive palliative care strategies, and with local government to progress a compassionate communities approach.

Processes have been established to assist clients transitioning from acute care who are [ready for community palliative care](#). Work has commenced to assist health services to implement the [National Consensus Statement on end of life care](#) and to facilitate a care plan for the dying person pathway.

Underpinning many initiatives is the importance of education and training. Work has commenced on reviewing access and availability of education and training programs for all clinicians and analysing where improvements can be made. This includes supporting the sector to develop organisational strategies for volunteer programs.

Framework priority 3

The context of priority 3 (*'People receive services that are coordinated and integrated'*) and related initiatives were discussed as the group progressively addresses each priority. Greater integration of services across multiple settings (hospital, community, primary care and residential care facilities) will support the aim of people receiving streamlined, effective and safe care.

Voluntary Assisted Dying Bill

[The interim report of the Voluntary Assisted Dying Ministerial Advisory Panel](#) was released on 17 May 2017. The interim report summarises the feedback received from the consultation process. Fourteen consultation forums including five in regional Victoria were conducted, attended by approximately 300 people. A series of roundtable discussions were held with key stakeholders including medical bodies, consumer and carer groups, disability advocacy groups, legal organisations, mental health providers, commissioners and health administrators. 176 written submissions were received in response to the [Voluntary Assisted Dying Bill Discussion Paper](#) released in January 2017. The final report is due to be published at the end of July 2017.

A research report *'Consumer research report on Voluntary Assisted Dying' (January 2017)* was tabled. Findings based on analysis of social media on [Facebook](#) concluded that public support for assisted dying legislation is viewed through a civil liberty lens ("my body, my life") and despite broad support, there was a significant disconnect with the terms of eligibility. For more information visit the [Health Issues Centre](#).

Implementation Advisory Group

The group provides an advisory, advocacy and leadership role to the department and relevant stakeholders on the implementation of activities to meet the framework's aims. The group was established in late 2016.

Membership includes representatives of public, private and regional health services, metropolitan, regional and non-government palliative care services, Council of the Ageing, Leading Age Services Australia, Advanced Care Planning Australia, Victorian Disability Advisory Council, Municipality Association of Victoria, Carers Victoria, Palliative Care Victoria, Ethnic Communities Council Victoria, Victorian Aboriginal Community Controlled Health Organisation, Gay and Lesbian Health Victoria, Health Issues Centre, consumer representatives and Primary Health Networks representative.

More information

www2.health.vic.gov.au/palliative-care - for health, human service, social and community sectors.

www.betterhealth.vic.gov.au/palliative - for consumers.

Implementation Advisory Group secretariat, *Victoria's end of life and palliative care framework*.

Telephone (03) 9096-0509, Theresa.Williamson@dhhs.vic.gov.au, John.Carson@dhhs.vic.gov.au

Gerard Mansour,
**Chair, Implementation Advisory Group,
Commissioner for Senior Victorians.**

To receive this publication in an accessible format phone 03 9096-0509 using the National Relay Service 13 36 77 if required, or email John.Carson@dhhs.vic.gov.au. Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health and Human Services June 2017. Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.