



Palliative Care
New South Wales

Myth Busting Palliative Care

ATSA Independent Living Expo, Sydney

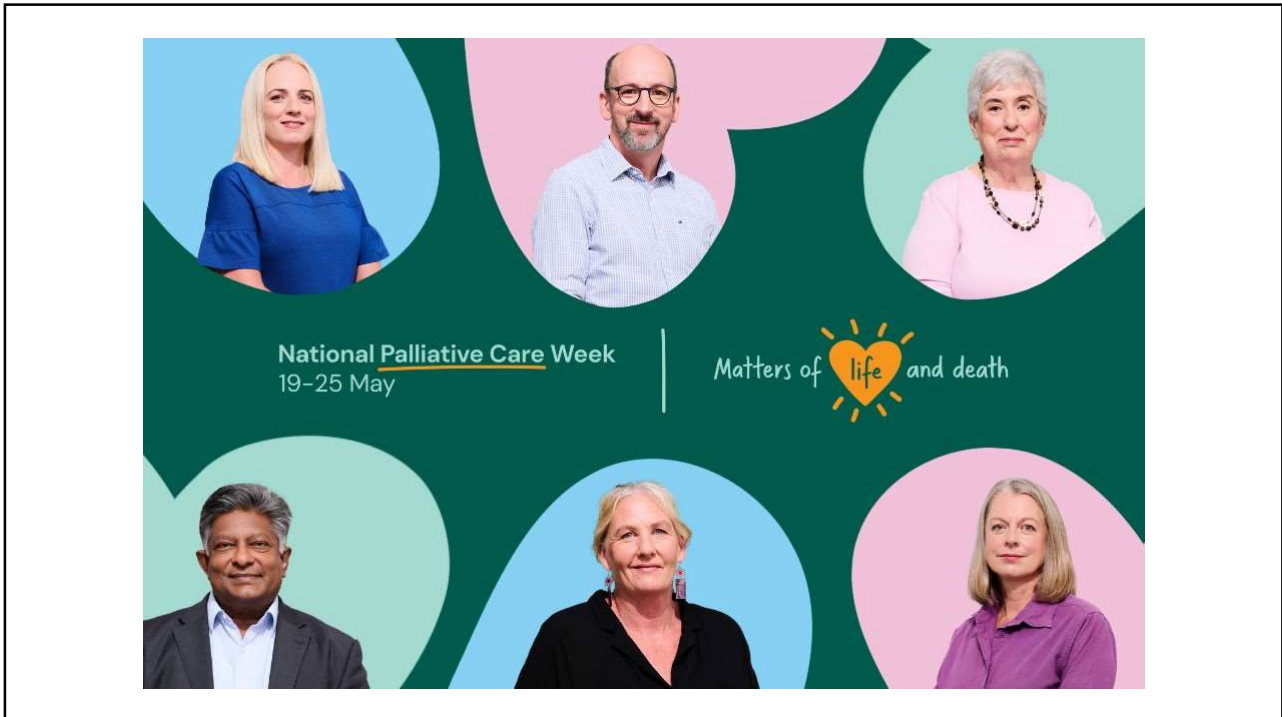
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- Peak body, charity and not-for profit.
- Representing healthcare professionals, people with a life-limiting illness, their carers and families, the community.
- Awareness and education.
- Advocating for a future where all people in NSW, wherever you live and whoever you are, have access to quality palliative care support and services.




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The 'orange heart' has been seen and used universally as a symbol for care and friendship and it is now the new symbol of the palliative care sector.

The eight 'sparks' coming from the heart give it a sense of motion, a beating heart that points to the life palliative care supports; the sparks also represent Australia's eight states and territories and the role we all play in the delivery of palliative care.



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**When you hear the word palliative care,
what comes to mind?**

What are some words or statements?



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Palliative Care is high quality health care and support provided to people who have a progressive, life-limiting illness.

Palliative Care is person-centred and aims to improve the quality of life for patients, their families, and carers so they can live as well and as comfortably as possible to the very end.

It does this by taking a holistic view and addressing their many needs; physical, emotional, social, cultural and spiritual.

Also assists with advance care planning, access to resources such as equipment, and support to help the family cope during the person's illness and in their own bereavement.



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Myth Busting!



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Myth 1: Palliative Care hastens death

- It neither prolongs life or hastens death.
- Addresses symptoms and support requirements as the illness progresses.
- Care offered may include: medical treatment, relief from distressing symptoms (such as pain, nausea, breathlessness), psychological and spiritual support (anxiety, depression, distress).



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Myth 2: Palliative Care is only for people with cancer

- No, many different life-limiting illnesses including:
 - Cancer
 - Advanced Dementia
 - Other neurological such as MND, MS, Parkinsons
 - Organ failure / disease such as advanced heart failure, kidney, liver or lung disease



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Myth 3: Palliative Care can only be given in hospital

- It can be provided in a range of settings: your home, aged care facility, hospital, hospice etc.
- Choice of the patient and the family / carer.
- That choice could change as the illness progresses and symptoms become complex or more difficult for the family and carer to manager.



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Myth 4: Palliative Care is only for people close to death

- No, palliative care is not just for someone expected to die in a week or a few days. Some people may be receiving palliative care for 1, 2 or 3+ years.
- Can be referred to palliative care at the time of diagnosis.
- Early referral and conversation highly recommended.



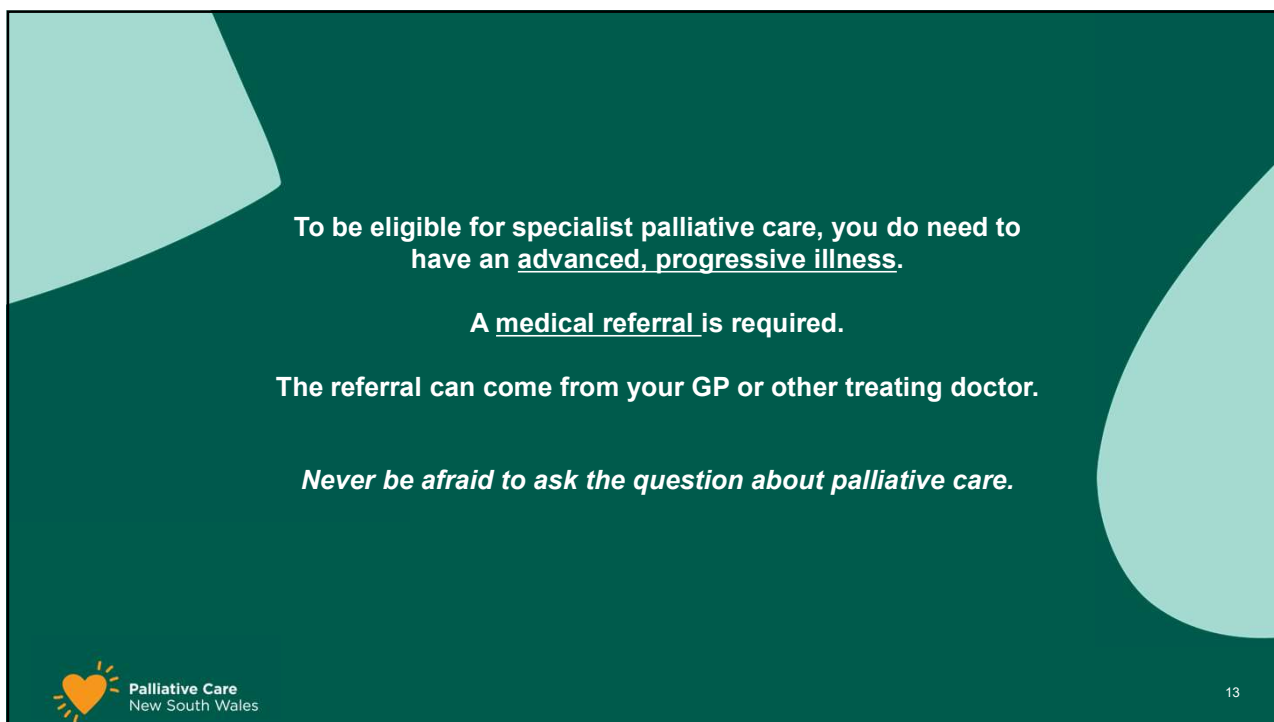
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How to access Palliative Care?



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To be eligible for specialist palliative care, you do need to have an advanced, progressive illness.

A medical referral is required.

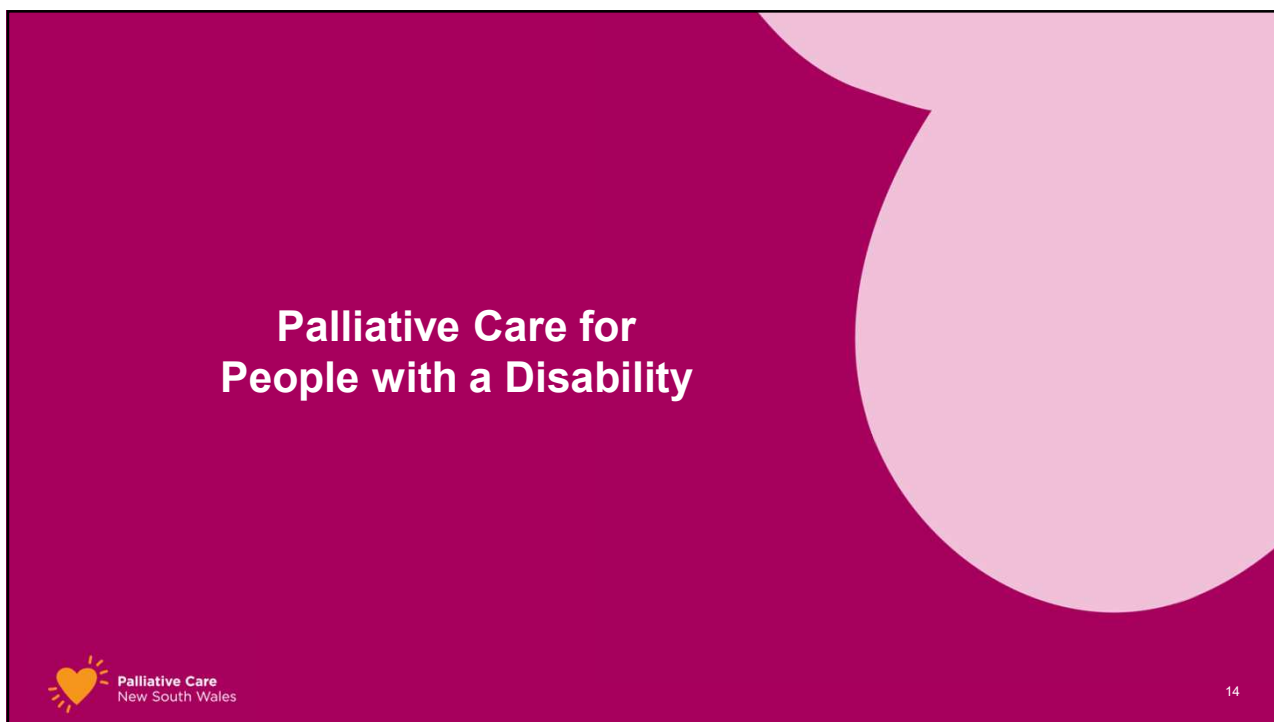
The referral can come from your GP or other treating doctor.

Never be afraid to ask the question about palliative care.




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**Palliative Care for
People with a Disability**



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Over the Age of 65

- At home: My Aged Care support alongside GP care and community palliative care
- Residential Aged Care: Specialist palliative care providing consulting support into the facility.
- Hospital or hospice: In-patient palliative care teams.

Under the Age of 65

- More complex due to the interface with NDIS
- At home: NDIS functional support alongside GP care and community palliative care
- Hospital or hospice: In-patient palliative care teams.



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Growing cohort of NSW residents under 65 living with life-limiting conditions who require assistance with daily living, functional and other basic non-clinical support to remain at home or in the community, but who cannot access this support from the NDIS.

This includes NDIS participants whose life-limiting condition is not associated with their 'primary' disability, as well as NDIS non-participants.

- Patients with an existing disability & already an NDIS participant who receive a new life-limiting diagnosis which is not recognised by NDIS are receiving no additional funds to support their increased needs.
- NDIS Applications being declined where the person has a cancer diagnosis, or a limited prognosis.
- Misunderstanding by NDIS assessors of what palliative care & health can provide (and hence rejecting applications saying health should provide the required supports).
- Patients being admitted to hospital as no other option when supports are not available (or having hospital stays prolonged).



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Share your stories!

Help us to advocate for better support
for people under the age of 65 with a
life-limiting illness.

Email info@palliativecarensw.org.au



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We are here to support you!

Palliative Care Guidance Manager.
Call 02 8076 5604

NSW Service Directory

Resources including Palliative Caring
Booklets, What Matters Most discussion
starters, Advance Care Directives.

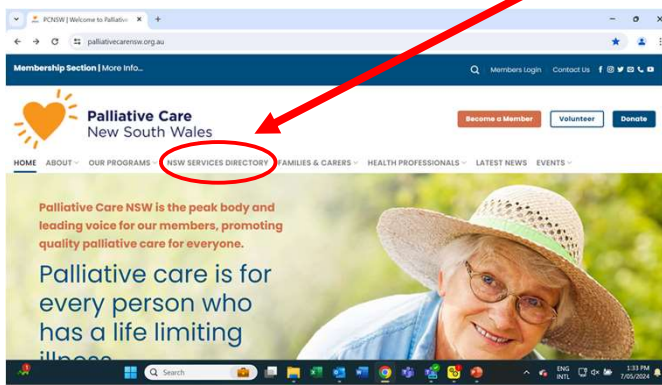


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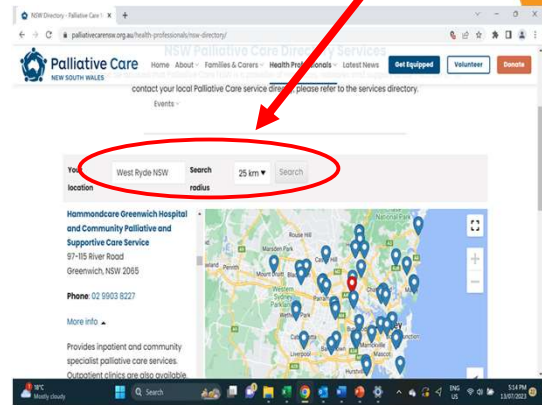
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How to find a palliative care service ?

Go to palliativecarenewsw.org.au – click on NSW Service Directory



Type in the postcode or suburb and choose the radius to search



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