



The Royal Australasian
College of Physicians

Media Release

RACP encourages end-of-life care conversations between patients and physicians

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The Royal Australasian College of Physicians (RACP) is calling for open conversations about death and end-of-life care – typically taboo among Australians – as part of its recommended approach to end-of-life care.

The reluctance to discuss our final days by both families and medical professionals has led to a ‘death denying’ culture, according to RACP.

An RACP survey identified that only 17 percent of physicians believed that most of the time, doctors know the patient’s preference for end-of-life care.

Fostering a medical culture that enables physicians to sensitively and openly discuss end-of-life care preferences with patients are among 28 recommendations made by the College in its *Improving Care at the End of Life: Our Roles and Responsibilities Position Statement*.

To be launched next Monday, the policy identifies five elements of good end-of-life care:

- diagnosing dying or the risk of dying;
- respecting patient autonomy;
- respecting the patient’s best interests when making treatment decisions;
- managing symptoms; and
- supporting carers and family.

RACP President, Laureate Professor Nicholas Talley says the College is committed to embedding these elements into physicians’ practice and advocating for health system changes that allow them to be fully realised.

“Providing good end-of-life care is the responsibility of all physicians. The RACP is committed to assisting physicians and trainees to develop the skills they need to provide good end-of-life care to all their patients through workplace training, professional development and role modelling,” explained Professor Talley.

“Patients who are nearing the end of their lives need to have access to the right care at the right time by the right provider – this is fundamental to providing optimal care and maintaining patient dignity.

“Conversations about death and end-of-life issues are essential to ensure that the wishes of patients are known to both their families and physicians.”

Evidence shows that good end-of-life care leads to: a better quality of life for the patient before death; a preservation of the patient's dignity; less psychological burden on the patient, family, carers and health professionals; and a reduction in harms associated with inappropriate and ineffective treatment.

Professor Talley said that due to a dramatic increase in average life expectancy and a decrease in sudden, unexpected deaths, most people are now dying after a period of decline from chronic disease, and receiving care and advice from a range of health professionals.

He added that we have a "death denying" culture where discussing end of life issues can be uncomfortable and is sometimes taboo. "Attempts to prolong life at all costs and a perception that death represents a failure can be barriers to good end of life care," he said.

Fifteen per cent of the surveyed doctors observed cases where patients continued to receive treatment that may not correspond to their wishes at least once a week, and this rises to 30 per cent for respondents who care for patients on a daily basis who they consider may die in the next 12 months.

Nearly 90 per cent of the surveyed doctors stated that teaching communication skills should be a standard part of physician training.

"Many of us struggle to talk about death. Good end-of-life care means identifying patients at risk and talking to them about their wishes," Professor Talley said.

"Good communication skills are fundamental to providing patient-centred care that is responsive to the needs, values and preferences of the patient."

Professor Talley said the College is committed to:

- championing the message that patient-centred end-of-life care is the responsibility of all physicians;
- leading a public conversation to promote awareness of good end-of-life care;
- advocating for the widespread adoption of advance care plans and their use across the health system; and
- fostering a medical culture that supports open communication with patients, families and health professionals.

The RACP is calling on health professionals and health services to act on the College's recommendations for improved end-of-life care.

These recommendations include:

- 1) Developing sustainable models of care that give health professionals the time they need to discuss end-of-life care with patients.
- 2) Supporting one doctor or health professional to coordinate care of terminally or chronically ill patients.
- 3) Facilitating the identification of patients approaching the end of life.
- 4) Streamlining patient information, including through e-health records.
- 5) Aligning legislation on advance care planning across jurisdictions.

Professor Talley will be presenting the full list of recommendations from *Improving Care at the End of Life: Our Roles and Responsibilities* at [RACP Congress 2016](#) on Monday, 16 May.

Ends

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About The Royal Australasian College of Physicians (RACP): The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.