



## Media Release

### National conversation essential to improving end-of-life care

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A survey by the Royal Australasian College of Physicians reveals that most doctors feel they have an important role to play in providing the best end-of-life care to their patients.

Of the 1558 physicians and trainees who took part in a survey on end-of-life (EOL) care and advance care planning (ACP), 90 per cent said they are *confident of being able to discuss quality of life and values with their patients*.

However, the survey also revealed that only 17 per cent of respondents agree with the statement, *in your experience, most of the time doctors know the patient's preference regarding end of life care*.

Associate Professor Bill Silvester, Chair of the College EOL Working Party, said the survey highlights that there is a need for a national conversation about EOL care.

"This is one of the most difficult times in a person's life and can have a significant impact, not only on the patient, but also their families, and the health professionals involved in the EOL care," said A/Prof Silvester.

"Normalising discussion about EOL is essential to improving care at such a time, for all people involved.

"This is best done by asking patients, while they can still think and talk about, what they want before they are too sick to tell you. This is what ACP is," said A/Prof Silvester.

"If doctors understand a patient's values and preferences, and how these may affect decisions regarding medical treatments they can provide better patient-centred care."

While the survey found physicians feel confident discussing ACP and EOL, it also shows that these conversations still don't happen routinely.

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

These ACP and EOL discussions can include information about what would be an unacceptable outcome should they become unable to make decisions for themselves and where a patient wishes to die, as well as who they prefer to be present at the time.

Doctors often see cases where patients continue to receive treatment that may not correspond to their wishes, when these wishes and preferences are unknown to doctors and families.

Fifteen per cent of the surveyed doctors observe this at least once a week and it 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.

"All doctors have a responsibility to ensure that their patients get the quality of care at the end of their lives that they would want. As a society we should expect no less," said A/Prof Silvester.

"Death will come to all of us. It makes sense to talk about it before it's too late. If we talk about it, and find out what people want, we are able to improve the experience for all involved."

## Ends

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