



Palliative Care

Providing end of life care to Aboriginal and Torres Strait Islander patients

Learning Objectives

Following this webinar, participants will be able to:

1. Discuss considerations in Palliative care for Aboriginal and Torres Strait Islander patients
2. Discuss the role of the primary care physician in the management of Aboriginal patients requiring palliative care.
3. Discuss how the presentation of symptoms and management strategies may differ in Indigenous health settings.

Case:

Grace is an Aboriginal female aged 55 years old, with inoperable, metastatic bowel cancer. Grace was referred to the regional hospital and was reviewed by the oncology team. Chemo and radiotherapy were offered to Grace, but after discussing and considering the risks and benefits, Grace has declined treatment so that she can spend her remaining days with her family in her community, rather than 300km away at the hospital.

The oncologist's letter indicates that Grace's current life expectancy prognosis is from 4-16 weeks.

Grace is married and has four adult children and 3 grandchildren.

Her past medical history includes diabetes, hypertension, hyperlipidaemia, GORD, chronic renal disease and osteoarthritis.

Her regular medications are Aspirin 100mg dly, Bisoprolol 10 mg dly, Frusemide 40mg dly, Metformin XR 1g dly, Perindopril 8 mg dly, Vitamin D 25mcg dly, Paracetamol 1 g qid prn and Pantoprazole 40mg dly. For analgesia she was commenced on Oxycontin 30mg twice daily and Oxycodone 5mg tds. She takes metoclopramide 10mg tds to control her nausea, but is still unable to keep much food down.

You have been asked by the Aboriginal Health Worker to visit Grace at home, and you have agreed to do so.

Grace has lost a large amount of weight over the past 6 weeks. She is weak, has difficulty walking and eating and is in almost constant pain though heavily medicated. She finds she is sleeping more and more during the day, but struggling to sleep at night.

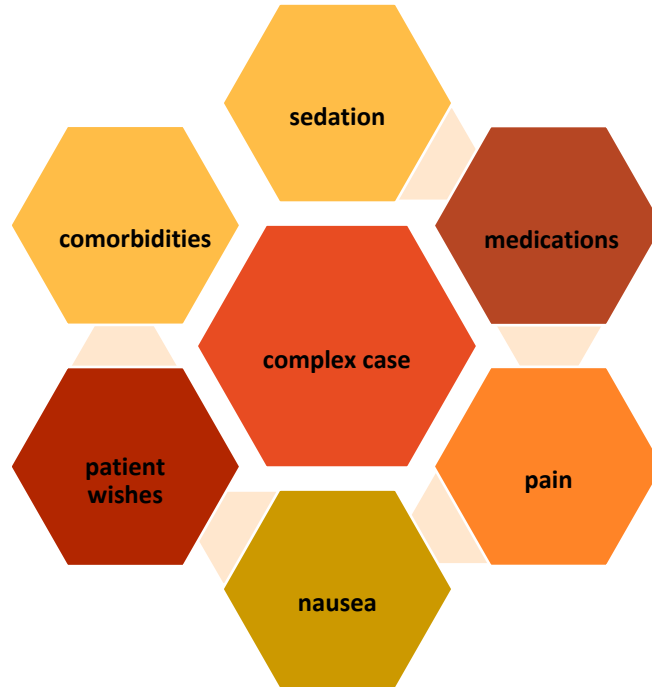
Summary of the case:

Grace is a 55 year old married Aboriginal lady with

- End stage bowel cancer for palliation at home
- Multiple co-morbidities
- Uncontrolled pain and nausea
- Increased day-time somnolence
- 4 children and 3 grandchildren

What aspects need to be considered in this case?

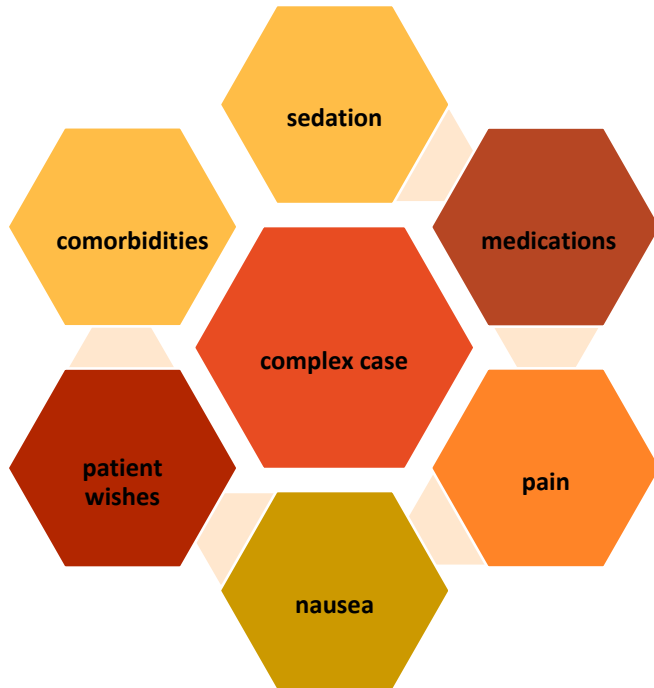
Considerations:



Some aspects to consider would include:

- This is a **complex case**: consider seeking assistance from Palliative care team (community / telephonic discussion with base hospital)
- **Regular medications**: consider ceasing meds that are no longer required
- **Pain** management: determine the nature, pattern and cause of her pain, and review analgesic requirements
- **Nausea**: consider non-pharmacological and other pharmacological options for management
- **Sedation**: may be overdosed on opioids during the day (has renal failure so smaller doses usually required / change to alternates)
- Other **medication side effects**: e.g. always preempt constipation with patients on opioids
- What are Grace and her family's wishes?

So many more considerations....

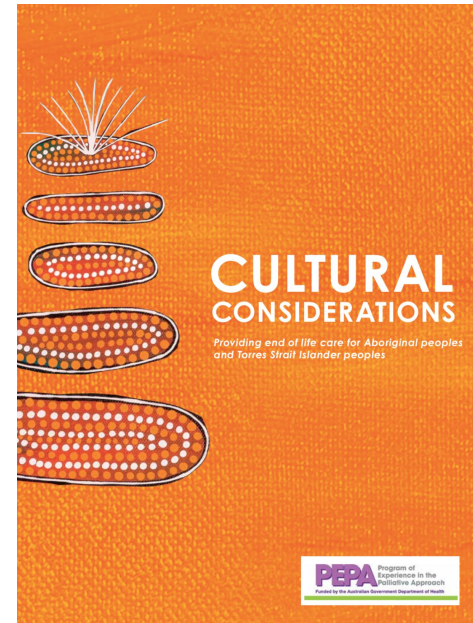


Discuss your thoughts on each of these:



PEPA has a great resource to get more information and gain more insight:

<https://pepaeducation.com/wp-content/uploads/delightful-downloads/2017/02/flipbook.pdf>



Helpful hints:

- Become familiar with the Aboriginal services and supports available in your local area, including key contact details and service referral processes (e.g. Aboriginal Hospital Liaison Officers, Aboriginal Health Workers, ACCHS, Social Emotional Wellbeing Programs, Support Services etc)
- Ask your Aboriginal and Torres Strait Islander networks about the cultural norms and protocols around grief, death and dying, as well as issues of Ceremony and Spirituality

More tips:

- Find out if the patient wants to be an active participant in the end of life care path, or if other members of the family and community need to be consulted

This often takes time - the Aboriginal Health Worker can be of assistance to determine family wishes

- If appropriate, ensure that the family spokesperson or decision makers are consulted on all matters relating to the health care of the patient, and are present for all sensitive conversations.

What are your thoughts on Family Meetings in this context?

Practical considerations:

- Ask the family spokesperson how many people they think might attend the family meeting
- Ensure that all the right people are there (family, AHW etc)
- Clearly document all key people and their contact details in the patient's notes
- Have a suitably sized room to ensure the family feels welcomed and valued
- Allow time for silence (Many Aboriginal people are bound by relationships and a sense of the right time to say and do things)

What about the words we use?

Direct statements about death and dying are not usually spoken in Aboriginal or Torres Strait Islander communities.

What alternative terms can be used?

Alternative terms include:

- Sorry business
- Not going to get better
- Finishing up
- Passed on
- Gone

Another Difficult question...

How would you approach the education of the Aboriginal Health Worker, Grace, her family and the community about palliative care and the care options available in consideration of 'finishing up' on Country?

No single correct answer.

Some suggestions:

- Palliative care is holistic care that supports quality of life
- To achieve quality of life, the care team listens to the concerns, beliefs, needs and choices of the patient and family
- The care team will seek to address concerns and needs by supporting choices
- Always be honest, but avoid direct or blunt statements
- Patient's wishes are paramount and should be respected and supported.
- If Grace and her family are coping at home and it is their wish for her to stay there, they should be supported in this choice.
- If a time comes when her family cannot manage Grace at home, consider the options: ?palliative care suite at the nursing home etc.

To summarise: What have we discussed?

Complex Case	Cultural Considerations	GP Skills	Resources	Palliative Care
Consider various aspects	Cultural norms and protocols	Communication	Palliative care team	Definition
Ask for assistance	Ceremony and Spirituality	Time management	Aboriginal health workers	Implementation
Pharmacological and non-pharmacological management	Family and community involvement	Use of resources	Support Services	Individualised care
Individualise care	Language use	Coordinate care	Facilities	Patient wishes