Change to Die for?
Dying well in Australia

Hal Swerissen
Policy Pitch
19 August
The Australian way of death

- 150,000 deaths per year
- 2/3 deaths between 75-95
- 2/3 chronic disease
- More predictable
- Longer period of end of life
- More disability
- More intervention

Source: ABS 2008
Most want to die at home, most die in institutions

Source: Broad et al 2013
Increasing rates of intervention

Separations per 1,000 people

Age groups

0-4  5-14  15-24  25-34  35-44  45-54  55-64  65-74  75-84  85+

2011-12 Male
2001-02 Male
2011-12 Female
2001-02 Female
Significant but manageable costs

Most cost in acute and residential care > $4 bn per year

Comparatively less cost in community care < $100 m per year
The boomers are coming (and going!)
A Good Death?

• To know when death is coming and have control over what happens, especially symptom and pain relief, where death occurs, who is present and when it is time to go.

• To have the opportunity to come to terms with death, say goodbye and put affairs in order.

• To have access to good advice, care, services and support.
Barriers to a Good death

• Death is not discussed
• Preferences and plans are unknown and not implemented
• Concerns about hastening death
• There is pressure on carers
• Care is fragmented
Encourage public discussion of end of life and the limits of health care

National public education campaign

• Limits of health care and the inevitability of death

• Promote discussion on preferences for end-of-life care

• Ensure practical measures such as Advance Care Plans are considered and understood
Promote the development of end-of-life discussions and plans

- Well developed models for Advance Care Planning exist
- Focus on incentives and requirements for health professionals
  - 75+ health checks
  - As part of chronic disease management plans
  - On entry into residential and community aged care
  - At discharge from hospital for those likely to die
- Assign responsibility for coordination and implementation of Advance Care Plans
Support people to die at home

• Currently 14% die at home, to reach comparable international levels of 30% additional 39,000 (3 month) support packages required:
  • Personal care and practical support
  • medical & nursing care for symptom management
  • Counseling and advice
  • psychological support
  • Service coordination
  • Respite options
  • Spiritual support
“It is necessary to meditate early, and often, on the art of dying to succeed later in doing it properly just once.”

Umberto Eco, *The Island of the Day Before*
Thank You