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Palliative Care has a Place in Residential Aged Care

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If palliative care means that we are providing care and services to meet an individuals' needs during the final stage of their life, then residential aged care facilities are a suitable place, arent they? But not all clients are entitled to pallitive care services and subsidies as they dont have Cancer. Do residential aged care facilities have the staffing skill mix and funding then to effectively support palliative care interventions? There are so many questions and a lack of concensus to the answer.

Complex care needs in aged care clients are further complicated by terminal illness. In 2008, 70% of clients were assessed as requiring high care services [1,2], with almost nine out of ten permanent residential care clients dying from a terminal illness [3]. The increasingly high acuity and complexity of clients is coupled with an increasing average length of stay for those in permanent care; average length of stay has increased from 131 weeks in 1998-9 to 148 weeks in 2007-8 [4,5]. In addition, at any one time new admissions account for one-third of all permanent residential aged care clients, reflecting the high turnover of clients due to death and respite care services [3]. Older acute care hospital clients discharged to high care respite services are 30% more likely to die, compared to those discharged to low care respite services (21%) [1]. In addition, 20% of clients over the age of 65 discharged from hospital to a permanent residential aged care bed died within three months of admission [6] and a further 20% died within a year of admission [3]. These figures attest to the complex care requirements of aged care clients, many of whom have a terminal or life threatening illness.

Given the staffing and funding limitations previously identified in the sector, it is difficult for staff to achieve the level and type of care required for these terminally ill clients [7-9]. Research is needed to improve palliative care knowledge and intervention skills in staff, particularly in symptom control and pain management [10,11]. This evidence of growing client acuity and increasingly complex health needs reveals an aged care sector under continued strain.

Why should we take the view that all residential aged care clients are palliative? We can agree that most don't return home (whilst there is a growing push to take on rehabilitation and sub acute care in the sector which would promote a more short term accommodation option). Family and carers don't always take the belief, and nor should they with all the grief associated with transitioning a loved one into a residential facility, that this is their final resting place. Many clients function very effectively when they are in a safe environment, receiving adequate nutrition and hydration and having access to appropriately skilled care staff. As a clinician there is no defining moment when palliative care starts on all occasions but rather a clinical decision made with health professionals and family when death appears imminent, a dramatic change in their needs, when provision of care changes from being restorative to keeping someone comfortable or when the family/ medical advice is such. Why should residential aged care staff and families focus on imminent death rather than optimising quality of life for these clients? Every person must be treated as an individual rather than a diagnosis!

There is a reason why we have residential aged care facilities as opposed to aged care hospices, and that is because residential aged care facilities care for older aged people who cannot be maintained in their own home. This reason far exceeds only admitting someone because they are palliative. Society needs to take the focus of residential aged care facilities from only being about dying and look at the wider issues to why and how older people need help to live longer quality lives.

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