

# ALFRED HEALTH PALLIATIVE CARE SERVICE

## INFORMATION FOR GPs

### When to consider Palliative Care

Palliative care is an approach which improves the quality of life of patients and their families who are facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems - physical, psychosocial and spiritual. Click here for the [WHO definition of palliative care](#)

### When to adopt a palliative care approach

A palliative approach is one in which the focus of a patient's treatment is on quality of life rather than cure. This often requires the difficult task of prognostication. The Gold Standards Framework was funded by the NHS to assist primary care providers in the identification and management of patients with palliative/supportive care needs.

***“This guidance is not attempting to answer the question ‘how long have I got?’ but more in answer to the question ‘what can we do?’ and is in response to the common way of thinking ‘Hope for the best but prepare for the worst’.***

*Three triggers for Supportive/ Palliative Care are suggested - to identify these patients we can use any combination of the following methods:*

- 1. The surprise question - ‘Would you be surprised if this patient were to die in the next 6-12 months’ - an intuitive question integrating co-morbidity, social and other factors. If you would not be surprised, then what measures might be taken to improve their quality of life*

*now and in preparation for the dying stage. The surprise question can be applied to years/months/weeks/days and trigger the appropriate actions. The aim is to enable the right thing to happen at the right time eg if days, then begin a Care Pathway for the Dying. Some clinicians find it easier to ask themselves ‘Would you be surprised if this patient were still alive in 6-12 months?’*

*2. Choice / Need - The patient with advanced disease makes a choice for comfort care only, not ‘curative’ treatment, or is in special need of supportive / palliative care eg refusing renal transplant*

*3. Clinical indicators – General and Specific indicators of advanced disease for each of the three main end of life patient groups - cancer, organ failure, elderly frail/ dementia.”*

Click here for more information about [The Gold Standards Framework](#)

## **When to refer to specialist Palliative Care**

Only a small proportion of patients need to be seen by a palliative care medical specialist. Most can be managed by their general practitioner and their existing specialists – for example oncologist, general physicians and geriatricians. However, many patients may benefit from the nursing/social/psychological support provided by a community palliative care nursing service. The [Palliative Care Victoria website](#) provides information about finding a local palliative care service by postcode.

Those patients for whom advice from, or review by, a Palliative Medicine Physician may be useful include:

1. Refractory symptom management including pain control, nausea/vomiting, constipation, delirium etc
2. Assistance with end of life decision making (ie withdrawal of treatment, artificial hydration etc)
3. Advanced care planning

4. Management /referral of patients/cares with profound existential distress, grief or bereavement issues. The psychological problems that palliative patients can experience include anxiety, depression, and existential distress. Existential distress refers to issues such as: “Why me? What is the purpose of my life? Did I achieve all that I could have? What does death mean? It's not fair?” The Palliative Care Team (including our nurses and grief counsellor) is trained to help navigate a way through these difficulties.

### **The Palliative Care Service at the Alfred**

The Palliative Care Service at the Alfred is a multidisciplinary consultative service consisting of a registrar, two part-time Palliative Medicine Physicians, Clinical nurse specialists and a grief counsellor.

For patients needing specialist advice/review the following options are available:

1. For urgent advice on a symptom control matter please call the Palliative Care Registrar via switchboard (Pager 4593). After hours the covering registrar may be contacted via switchboard.
2. For referral to an outpatient clinic we request a referral letter be faxed to our department (90766966) including the following details:
  - a. Referrers name, Provider number, **Contact number**
  - b. Patients demographics
  - c. Reason for referral
  - d. Urgency of referral

As our clinics are small we will call you regarding your referral to facilitate appropriate timing of review.

### **Community services**

Community services form a critical component of palliative care for patients in the community. These services include general practitioners, nursing services - both specialist palliative care teams and general visiting nurses (ie RDNS).

They can do home visits (including support in residential aged care facilities) and have close links with hospices. Victoria has a wonderful community-wide set of services to cover all areas, regional and metropolitan. Patients may be referred directly to these services by a family member or their GP. See the 'Useful Links' page for a list of resources for Palliative Care.