

Health Matters

Wellness Out West (WOW)



Dr Lannes Johnson

Care of the dying – in Waitakere City

No person should die in pain or misery. Modern drugs are powerful and there is extensive choice to allow doctors to almost always find a suitable drug and method of giving it, that will suit any patient in most circumstances. The term "palliative care" refers to providing relief (of pain, vomiting, anxiety, breathlessness - any distress) to any patient, not only the dying. "Terminal Care" refers to care of the patient who has begun the process of dying; that care includes palliation, as well as providing other medical and nursing services. It is not easy to define when somebody is "terminal" but doctors and nurses mostly have no trouble recognising it.

This issue will look at aspects of dying and services, the next in four weeks will explain some palliative (distress relieving) care techniques (yes, we are publishing Health Matters monthly from now on).

What are the services in Waitakere and what do they each do?

There are three main groups providing terminal care; all work closely together but in different ways.

General practices (doctors and practice nurses) provide palliation to all sorts of patients and with terminal care services in both surgeries and patient's homes. Healthwest supports this with regular medical education sessions and previously payments to assist home visiting. However this fund has run out and so far there is no alternative funding from the DHB. At present GPs provide 24/7 care, how this will work in a non-funded situation, I do not know.

West Auckland Hospice (WAH) provides support for patients and families in many creative ways, both in the homes and in hospice. The WAH nurses advise on medications and their delivery, and are a great comfort to all. WAH does not have hospital beds, but works with some private hospitals to care for patients who cannot stay at home.

District Nurses (DNs), provide a 24/7 service of full nursing care with expertise in terminal care, medications and their delivery. Waitemata DHB (who fund the DNs), also fund a Palliative Care expert, Professor Rod McLeod, who can see patients at the Hospice or in patient's homes, working with the GP, DN and Hospice, to help with "tricky problems" that crop up.

Where do people actually die?

Dr Peter Woolford, reports that 50-70% of people wish to die at home (UK figures- no NZ available). Place of death (for cancer only in NZ) Home – Maori 53%, Pacific 41%, Other 30%. This is from a 1996 survey. Today, we do not know how many patients want to die at home, but in my experience it is near the 70%. Nothing wrong with a hospital or hospice, but "there is no place like..." . Dying is not an individual event, (although sometimes very private); it involves the whole family. Sometimes a private residence is not suitable and hospice or private hospital care is the best option.

Healthwest doctors have traditionally supported people who choose to die at home, but this support is difficult to maintain in an adverse funding environment. Please send us your thoughts. Next issue will look how we use palliative care medications.

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