



Coffee with...



Coffee With... Karen Conte, Consortium Manager, EMR Palliative Care Consortium

Describe your work/role at the EMR Palliative Care Consortium?

As the Consortium Manager I am responsible for bringing together the members of the consortium to discuss and plan for all things palliative care across the EMR. Our members include Eastern Health, Eastern Palliative Care and St Vincent's Health and our Associate members are RDNS, Eastern Melbourne PHN, EMR DHHS, NEMICS and Fernlea House. I see a large part of my role as being the link between specialist palliative care and other sectors, as well as the general community. The landscape is changing in palliative care and there is a mandate from the End of Life and Palliative Care framework published by DHHS in July this year for all sectors to take responsibility for palliative care. As we are dealing with an ageing population and increased chronic disease all health workers need to have a good understanding about advance care planning and palliative care, and know when and where to seek specialist input.

What sort of work were you doing prior to starting at the PCC?

I am a palliative care nurse practitioner by training and have worked in the fields of cancer care and palliative care nursing for over thirty years (showing my age). Prior to joining the consortium in May, I managed a national project known as Decision Assist for almost three years. This project aimed to support and build palliative care knowledge and capacity in the aged care and primary health sectors.

What excites and motivates you in your role?

I am excited by the passionate and dedicated people that surround me in the specialist palliative care sector. However, I am equally excited by the changing landscape and the opportunities to make a difference in the community and other healthcare sectors. People are talking more about death and dying and planning for their futures. There is a community movement happening to increase the capacity of the communities in which we live to support people who are reaching the end of their lives and wish to be cared for at home. We have a long way to go as we know that at present about 70% of people say they would like to be cared for at home nearing the end of their lives, however only 14% of people die at home. Most people die in acute hospitals which is not always the most suitable setting for providing a peaceful, dignified death.

The EMRPCC is holding an event for the EMR in February to enhance the conversation about death and dying. <http://iepcp.org.au/events/death-dying-lifting-lid/>



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What strengths do you see in the EMR Community?

We are fortunate to have excellent services and a generally healthy community compared to some other regions. Service providers communicate well and are committed to their work. In terms of specialist palliative care services, we have an excellent community based service (Eastern Palliative Care) which provides high quality, compassionate care to people living in their own homes or in residential aged care facilities. We also have two excellent inpatient palliative care units, being Wantirna Health and Caritas Christi (Kew). These units provide care for people requiring symptom management, respite care to allow family carers to take a break, and also end of life care if home is not possible or not desired.

What are your thoughts about the Victorian Government's historic assisted dying legislation which will be voted on in parliament in 2017?

I think it is important to remember that there are very small numbers of people who request euthanasia. In my experience most people receiving palliative care strive to live as long as possible. The second important point to make is that the palliative care sector is under resourced. With our ageing population and increase in chronic disease, palliative care services are not resourced to be involved in the care of all people who are dying. For people who are cared for by a specialist palliative care service, it is extremely rare that pain and other symptoms cannot be adequately controlled. Therefore, the palliative care sector generally believes that the answer to this issue is to properly resource palliative care services rather than legislate for assisted dying.

Palliative care is more than care of the dying. It is about quality of life and making the most of living, but of course also deals with the end stage of life.

If you could change one thing about the world right now, what would it be?

I would make sure that no-one died in pain or suffered at the end of their life. We are extremely lucky in Australia having a world class health system. There are some parts of the world where morphine is not accessible and people have no access to palliative care support.

If you weren't working at PCC right now, what would you be doing?

Probably studying (I'm half way through an MBA), or I would be walking my dogs, gardening or reading. Of course my new grandson also takes up quite a bit of my time (Zach-now 8 months old). He is currently the light of my life!