

Rationale

Palliative care requires a multidisciplinary approach with the general practitioner playing a central and increasing role, especially in the management of domiciliary care. For example, in 2002, of the approximate 134 000 deaths that occurred in Australia, about 64 000 (almost 50%) would have been cared for by a general practitioner several times during their last 12 months of life.³

Most patients who die from easily predictable deaths from a diagnosed terminal illness want to be cared for at home (>50%), however, only about 14% are able to exercise this option, as most patients now die in hospital.⁴

The community sector is increasingly caring for people at home rather than in hospital, and general practitioners often coordinate sometimes fragmented and competing community services and advocate on behalf of their patients and their families and carers for community based palliative care.^{5,6}

Like other doctors, general practitioners are largely trained to work with curative or life prolonging models of health and many general practitioners have identified that they require further education in the skills that underpin the practice of palliative care such as basic communication skills, symptom control and management skills and skills for dealing with 'death and dying'.⁷

The provision of good general practice and community based palliative care requires general practitioners to organise their practices appropriately, help build and configure best use of community based health networks (eg. specialist hospital based to community based teams) to meet the palliative care needs of their patients and their families and carers for quality, comprehensive health care at the 'end-of-life' in the setting of their choice.⁸

There are government initiatives into palliative care, and general practitioners need to work in conjunction with government health priorities and other organisations toward better palliative care services.⁹

What are the core elements of general practice palliative care?

Core education requirements for general practice palliative care curriculum need to ensure:^{10,11}

- physical aspects of care – close and detailed attention to symptom recognition and management, and knowledge of the pharmacology of any medications used, including dosing in elderly or renally impaired patients
- psychosocial aspects of care – emotional, social and spiritual aspects of end-of-life care, including developing specific communication skills needed to discuss end-of-life issues with patients and their families/carers
- cultural issues – crosscultural issues, appropriate use of independent interpreters
- ethical issues – state based legal requirement with death, wills and end-of-life issues, including managing requests for euthanasia and requests to hasten death with counselling and understanding
- teamwork – how to work in an multidisciplinary team; how to coordinate different models of care for best patient and family/carer outcomes
- practical issues – practice issues around 24 hour care rostering, appropriate use of Medicare Benefits Schedule to sustainably practice equitable palliative care for patients determined on the basis of need
- carer support – respite arrangements, depression screening and support, emotional support and bereavement care, and understand and recognise risk factors that may predict the early onset of psychosocial distress and complicated grief reactions¹² in family members and carers and appropriately refer for further psychosocial support.

- career long learning – includes critical appraisal of the evidence base used for own practice and developing primary palliative care research skills to update own evidence base, as well as developing community education, advocacy and health promotional skills.
- complementary and alternative medicine^{13,14} – includes developing skills to help patients and their families/carers to be able to assess their own use of complementary therapies from an evidence based and/or safe perspective.
- audit, care pathway and outcome measurement – includes developing skills to measure own practice in the area of palliative care, eg. developing an end stage care pathway audit tool¹⁵ and be able to audit clinician use of symptom assessment lists and outcome measures (eg. pain scales).