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Australia New Zealand Society of Palliative Medicine

4 March 2022

RE: Australian Cancer Plan Consultation

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) welcomes the announcement of the first Australian Cancer Plan (ACP). ANZSPM is a specialty medical society that facilitates professional development and support for its members. ANZSPM promotes the discipline and practice of palliative medicine to improve the quality of care delivered to patients and families living with life-limiting illnesses. Our members include palliative medicine specialists as well as oncologists, general practitioners, and other medical practitioners, who either practice or have an interest in palliative medicine.

ANZSPM is pleased to see that the Communique includes references to the sustainability of specialist palliative care community services as an essential focus area. We note, however, that equitable access to specialist palliative care services should also be a priority in the ACP. It is essential that the ACP considers not only the sustainability of specialist palliative care services, but also the equitable establishment of these services, to ensure that high-quality care is available to all those who require it. This includes access to specialist palliative medicine across all care settings, e.g., inpatient, outpatient, and community locations alongside 24/7 home nursing support.

We also recommend the following considerations relating to palliative care within cancer care:

1. Integrating palliative care at all levels of cancer care

ANZSPM strongly recommends that the ACP outlines measures to embed palliative care at all levels of cancer care. The early identification of patients who would benefit from palliative care involvement is important for improving the quality of care.[1] Earlier referrals are best achieved via outpatient services[2] and hence wherever an oncology service exists, there should be access to specialist palliative care outpatient clinics to meet the population demands. Palliative care is also important in the treatment journey where decisions about interventions with high-risk or low benefit are being considered,

[1] Hui D, Heung Y, Bruera E. Timely Palliative Care: Personalizing the Process of Referral. Cancers. 2022;14. doi:10.3390/cancers14041047

[2] Kayastha N, LeBlanc TW. Why Are We Failing to Do What Works? Musings on Outpatient Palliative Care Integration in Cancer Care. JCO Oncol Pract. 2021; OP2100794.

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in conjunction with patient preferences and values. These treatments are often associated with new or worsening symptoms before their benefits may be seen, especially cancer pain that may require specialist palliative care.[3] The ageing population has also led to the need for geriatric evaluation before and during cancer treatment.[4] We welcome these developments and would advocate for the inclusion of specialist palliative care services to support this population. It is also important that the introduction of new and exciting oncological treatments should not delay or prevent palliative care referrals.[5]

Specific achievements that ANZSPM would like to see the ACP achieve in this area include:

- Earlier identification of patients who would benefit from palliative care, and clear pathways for timely connections to palliative care services
- Improved understanding in cancer care providers about the scope of palliative care, and the benefits of early and sustained engagement with palliative care services
- Increased engagement, collaboration, and integration between cancer and palliative care services
- Increased or mandatory inclusion of palliative care specialists in oncology MDT meetings
- Equitable geographic access to palliative care services for cancer patients
- Improved engagement with Advanced Care Planning to facilitate shared decision-making processes.

ANZSPM recognises that a significant increase in referrals to specialist palliative care services would present challenges under current funding and workforce arrangements. Increased investment in these services would therefore be essential to maintain quality of care for all cancer patients.

Care pathways should also indicate where palliative care can effectively be delivered outside specialist palliative care settings, thereby promoting efficient use of limited specialist palliative care resources. Early discussions with cancer

[3] Makhlouf SM, Pini S, Ahmed S, Bennett MI. Managing Pain in People with Cancer—a Systematic Review of the Attitudes and Knowledge of Professionals, Patients, Caregivers and Public. J Cancer Educ. 2020;35: 214–240.

[4] Soo W-K, King M, Pope A, Parente P, Darzins P, Davis ID. Integrated geriatric assessment and treatment (INTEGERATE) in older people with cancer planned for systemic anticancer therapy. J Clin Orthod. 2020;38: 12011–12011.

[5] Auclair J, Sanchez S, Chrusciel J, Hannetel L, Frasca M, Economos G, et al. Duration of palliative care involvement and immunotherapy treatment near the end of life among patients with cancer who died in-hospital. Support Care Cancer. 2022. doi:10.1007/s00520-022-06901-1

patients about palliative care, for example, should be led by oncology teams as much as possible. However, we recognise the problems with communication skills in the healthcare sector and aim to support and develop these skills, alongside managing more complex conversations.

There is a significant role for general practitioners in delivering palliative care, particularly in managing non-complex palliative issues. They are the lead physicians in the community and are integral to maximising care at home in conjunction with community palliative care services. Integrating palliative care at all levels of cancer care will therefore require additional funding to enhance the capacity for optimal service delivery. However, there will be a need for diverse practitioners to have the necessary training to facilitate discussions about palliative care and provide non-specialist palliative care services where appropriate.

2. Recognising individual patient values and patient choice

The Communique notes an opportunity for the ACP to "continue to promote value-based healthcare and embed optimal care pathways as the national standard for cancer care". While ANZSPM supports this statement, we note that there is often a tension between what is medically best practice and what the patient and their family might want, based on their own context and values. It is important to ensure patients and families are involved in shared decision-making processes, to facilitate informed consent and minimise overtreatment. Palliative care services can support these conversations across settings and help review decisions considering new information. ANZSPM recognises individualised care as a key strength of palliative medicine that could be further integrated into current care pathways.

For this reason, we recommend that the ACP explicitly recognise individual patient values and patient choice at all levels of cancer planning and integrate palliative care more comprehensively into cancer services.

3. Supporting primary care providers to deliver palliative care

ANZSPM welcomes the goal of supporting primary care providers in the early detection of cancer and timely referral for specialist care. ANZSPM also recommends extending this goal to support primary care providers to deliver non-specialist palliative care for cancer patients, and to work concurrently with specialist palliative care services where appropriate.

Palliative medicine specialists are currently delivering palliative services across all healthcare settings and the specialist workforce is not able to meet the growing demands alone. It is therefore important that the non-specialist palliative care workforce is urgently upskilled in a coordinated manner to meet future demands.

These primary care providers should be enabled, trained, and reimbursed to provide non-specialist palliative care with the support of specialist services as required. This will require a flexible model which is responsive to changes in the current and future demands for palliative care services, including in-home service provision by primary care providers.

4. Supporting seamless care transitions

ANZSPM welcomes the goal to support patients to navigate the system and coordinate their care. In particular, ANZSPM wishes to emphasise the importance of seamless collaborative care within and between hospitals (public and private), palliative care units, hospices, community care, and home care settings. A population-based approach to cancer and palliative care service delivery models should work towards providing optimal care to cancer patients and their families, as they move between care settings in their community.

5. Increasing palliative care experience for medical oncology trainees

ANZSPM strongly advocates for timely engagement with palliative care as an essential part of comprehensive cancer care planning. Effective collaboration between palliative care and cancer care services requires medical and radiation oncologists to fully understand the scope of palliative care, and the benefits of early engagement with palliative care services. For this reason, ANZPSM supports mandated palliative care training and clinical experience for trainees in medical and radiation oncology.

6. Strengthening the evidence base for palliative care

ANZSPM supports the focus on priority-driven national research funding and equitable access to clinical cancer trials, as outlined in the Communique. ANZSPM would further argue that palliative care be recognised as a specific priority area for cancer research. Where relevant and feasible, ANZSPM also recommends the inclusion of verified quality of life indicators in clinical cancer research.

ANZSPM welcomes the focus on accelerating the implementation of evidence-based, best practice care by setting care standards and establishing processes to translate evidence and clinical guidance into practice. One approach that ANZSPM strongly recommends is increasing integration of patient-reported experience and outcomes measures into routine cancer care. Management of patient reported symptoms should be guided by evidence-based recommendations. Funding should be available for evidence-based palliative medicine guidelines to support clinical management.

Furthermore, we recommend that cancer registry data include information about the involvement of palliative care services to monitor quality improvement and recognise research opportunities. For example, recording the referrals to palliative care services, classification of metastatic disease, involvement of interventional pain management, the use of radiotherapy, and internationally recognised markers of oncological overtreatment at the end-of-life. We welcome the work of the National Cancer Control Indicators team to develop measures of cancer palliative care.

Concluding remarks

ANZSPM recognises this opportunity to better coordinate and optimise our cancer services in a changing population. We thank you for inviting feedback at this stage, and we hope to contribute further as the Australian Cancer Plan development process continues. Please contact ANZSPM CEO Janice Besch if you have any questions about this submission.

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We would also like to acknowledge the work and expertise of Palliative Care Australia and support their response to this consultation.

Yours sincerely,

Dr Christine Mott

President

Australian and New Zealand Society of Palliative Medicine