

Reimagining death care for our ageing population

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WHY? Overwhelmingly people are not achieving the end of life they desire.

As many as 70% of Australians want to die at home and yet few achieve that.

Australians would benefit from community-centred and family-focused approaches to both the care of the dying and the dead, and the integration of these with existing healthcare structures.

BACKGROUND

What are the policy considerations for integrating medical and social care to transform the way we care for older Australians at the end of life? The Churchill Trust provided fellows an opportunity to present new policy ideas to the Australian parliament. My 2022 policy paper was launched at Parliament House. It proposes that the Australian Government, at all levels, collaborate to begin addressing this problem which is only going to worsen over time. It has gone on to receive bi-partisan support at a State level.

RATIONALE

By 2066, it is estimated there will be more than 430,000 deaths per year, compared to about 163,300 deaths registered in 2020. Not only is Australia's population ageing, but so is its workforce. There are many frameworks, palliative care principles, reports and findings and **all** of them acknowledge the need for informal and social services and supports to be accessible alongside medical supports in end of life care.

BUT... There is **no** public policy in Australia for the integration of formal & informal service in aged care or end of life.



I PROPOSE: bringing together both medical and non-medical stakeholders to co-design a holistic client-centred policy approach which includes:

- . investigating the infrastructure needs to adequately support people to die at home;
- . developing the resources/education required to support families and communities who choose community and family led home funeral and after death care;
- . formulating strategies to promote the inclusion of end of life doula services as part of aged care and Care packages; and
- . expanding the scope of existing death literacy and advance care planning programs and services to include the non-medical supports for end of life care.