

Palliative Care

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The World Health Organization has defined palliative care as 'the active total care of patients whose disease is not responsive to curative treatment' and described the goal of that care as 'achievement of the best quality of life for patients and their families'.

Palliative management may be complex and needs to be individualised; therapeutic doses of many palliative medications can be very variable.¹ Palliative medicine is undergoing rapid changes, including developing new understandings of the causes and treatments of symptoms, and establishing new uses for old medicines.² Therapy is guided by standard texts³, shorter guides to treatment^{1,4}, and a rapidly evolving literature in journals and via the Internet.⁵ Existing treatment guidelines probably cannot be condensed further into the CARPA standard format, however it is possible to summarise the principles and desirable care standards of palliative care^{1,6}, which can then be supplemented by specialist advice. This protocol is informed by policy developed by the Northern Territory Government⁷ with its emphasis on providing care appropriate to and accessible by all sectors of the population.

The holistic nature of palliative practice requires attention to the physical as well as the psychological, emotional, spiritual and cultural aspects of care.⁶ The literature on Indigenous palliative care, and on specific palliative care issues for Australian Aboriginal clients, is sparse.⁸ Indigenous peoples of Canada and North America have described differences in world views, ethics and decision making processes, and difficulties in communicating with mainstream health care providers, that significantly impact on end-of-life care.^{9,10} This is also true for Australian Aboriginal peoples.¹¹ Non-Aboriginal health care workers need guidance on how to deal with Aboriginal clients at this time, both practically¹² and in terms of their care relationships.¹³ They need to understand how to work with and take guidance from Aboriginal colleagues and families.¹⁴ Some features of the palliative care of Aboriginal Australians may differ from that provided to the general population.^{15,16,17} Many Australian Aboriginal people are uncomfortable within, or in fact distrust, mainstream health care institutions, and prefer to remain on their traditional country and to be cared for by their kin.¹⁸⁻²¹ The wish to remain on country has been repeatedly documented, not only for sick people, but also for the elderly.²² This raises practical issues for care including the training and support of community care workers, and availability of medications, care equipment, suitable accommodation and transportation.⁸ With appropriate resources and adequate support of both lay carers and primary health care providers, most people should be able to be cared for

in the manner they wish, in accordance with contemporary standards of palliative practice.

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