

Back in 1999 I was at a Premiers meeting (Council of Australian Governments or COAG) where Premiers and Chief Ministers fight with the Prime Minister and Treasurer about allocation of money.

How the COAG meeting worked – premiers fly in, have dinner at the Prime Minister’s Lodge and talk about cricket or American history (Bob Carr’s favourite topic), meet the next day with no agreement, then walk out, after which officials later negotiate with better offers and reach agreement.

Other business was then discussed prior to going to the airport, and at this point Victorian premier Jeff Kennett strongly raised the issue of mental health following an earlier discussion with his daughter about suicides of some of her friends, and he said that action needed to be taken to address this. At this time mental health was a taboo topic not talked about, but following this, funds started to be allocated toward addressing mental health issues.

Mental health statistics today are significant:

- One in four Australians suffer some mental health issues in their lifetime;
- One in ten suffer from clinical anxiety; and
- One in twenty suffer from depression.

Early intervention is important in combating mental health issues, but people did not know the symptoms or how to have a discussion. This has changed but there is still much more to do.

Now we need to focus on the other major taboo topic in our society – DEATH. With this topic, it is not one in four who are affected – we all die, yet we don’t talk about it or plan for it. Not planning for death does not make it less likely, but it does deliver bad outcomes.

For example, my parents’ story:

- They did not die the way they wanted to. They wanted to live independently at home, but my mother did not want home help. Then she broke her hip in a fall, had following hospital treatment and they both moved into a care home which was attractive, but they were unhappy there and they both passed away after a short time.

It is sad and disheartening that in a country like ours, so many people are denied the dignity of dying in the place they would choose. Other stages of life, like childbirth, have appropriate and accepted norms and services to deliver what people want, but a solid preparation plan for the final stage of life is taboo.

When people near the end of their life suffer a serious episode, we ring the ambulance, they go to hospital for clinical interventions which are often counterproductive, causing further issues. People in their last year of life spend an average of 35 days in hospital. Many aged people do not wish to be hospitalised, preferring to spend their final days at home or in a home-like setting.

Palliative care is important but mostly used in the last weeks or days of a person’s life. If used earlier it has better outcomes.

Voluntary assisted dying (VAD) is now legal in all states with the Northern Territory the only jurisdiction not having it approved, after being the first in the world to allow it briefly in 1995.

Families should have supportive discussion on end of life plans for certainty.

Australia is now seeing the baby boomer population reaching old age with the number of deaths more than doubling from now to an expected 402,800 in 2040.

Key insights and statistics for aged people:

- 180,000 people die each year, the majority in hospitals that are focused on clinical interventions, not managing the needs of the person,
- 70 percent want to die at home – 14 percent actually do,
- 14 percent have a plan for end of life,
- up to 38 percent of people in their last year of life undergo treatment that does not benefit them,
- In the last 12 months, \$4B was spent on people in the last year of life - that is 11 percent of the health budget on 1 percent of the people,
- 25 percent of hospital beds are filled with people in their last year of life, contributing to elective surgery delays, Emergency Department overcrowding and ambulance ramping,
- Those that come to the hospital in an ambulance often end up on life support in an Intensive Care Unit (ICU),
- Those that die in Residential Aged Care incur half the costs of hospital treatment, and
- 83 percent of people caring for an elderly frail loved one find it challenging to talk about.

Data and technology permeate most of life, yet in later stages of life it is often lagging. Harnessing data can assist in personalising care plans and predicting health risks. User friendly technology can improve medication management, access to support services and improve communications and information flow.

There are two underfunded organisations that address some of the issues raised above but are not well known.

I am the chair of *Violet*, a national not-for profit organization set up to help people navigate the final stage of life whether planning for themselves or a loved one. The technology platform of *Violet Guides* provides training and education programs and care that aligns with patient preferences and alleviates the burden on the health system. This can be accessed at <https://www.violet.org.au/>

*Mable* is free online facility that can connect people looking for aged care support with local independent support workers. This allows the aged person to choose a verified local support worker for the best match, within a Home Care Package and assists the person to retain their independence of living at home. This can be accessed at <https://mable.com.au/>