

section 4.1: initial planning considerations

the facts about care at home

Evidence shows:

- the majority of people with an advanced, progressive incurable disease wish to spend their final days in their own home, cared for by those who are closest to them and in the place that they feel most comfortable¹
- 90% of the care of patients in their last 12 months of life occurs at home, with the support of their local doctor and community based nursing staff²
- providing care at home can be a complex task requiring significant planning, and provision of education and support for caregivers
- the number of terminally ill patients seen by General Practitioners per year is small in comparison with the remainder of their practice³ (see Section 4.4 – *Communicating with General Practitioners*).

Asking the patient the question “where would you like your care to be provided?” early in an inpatient admission will provide direction for discharge planning and prompt referral to appropriate allied health staff. Providing an honest approach to planning discharge and acknowledging difficulties that are likely to arise is crucial.

Challenges include those patients without a nominated primary caregiver who struggle to manage at home as their care needs increase, and the time that is required to plan and deliver necessary equipment and community nursing input. A willingness to accept help may be pivotal in making home care viable and involving family and caregivers in the practical aspects of providing care during admission may give confidence and valuable opportunities to learn necessary skills and personal care techniques.

references

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- ¹ Tierna E, O'Connor M, O'Siorain L, Kearney M (2002) A prospective study of preferred versus actual death among patients referred to a palliative care home-care service *Ir Med J* 95:232-235.
- ² Hinton J (1994). Can home care maintain an acceptable quality of life for patients with terminal cancer and their relatives? *Palliative Medicine* 8:183-196.
- ³ Yuen K, Behrndt M, Jacklyn C, Mitchell G (2003) Palliative Care at home; general practitioners working with palliative care team *MJA* 179 (6 Suppl) S38-S40.