GP Symposium Day
Palliative Care

Darling Downs Health

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- Sarah Northfield BN, Grad Cert (Cancer Care), MAppSci

Queensland Government

What (is palliative care?)

Palliative care is specialised, person- and family-centred care for people living with an active, progressive, life-limiting illness, aiming to optimise quality of life rather than cure the disease.

It can be provided alongside curative or life-prolonging treatments at any stage of a serious illness, not just at end-of-life.

It addresses physical symptoms (like pain and breathlessness), as well as emotional, social, cultural and spiritual needs for both patients and their families.

Care is delivered by a multidisciplinary team (doctors, nurses, allied health, spiritual care) and can occur in various settings — including home, hospital, residential aged care, or hospice.

Early referral is encouraged and can lead to better symptom management, improved quality of life, and support for decision-making and coping for patients and families

Time...

- GPs don't have it.
- Patient is running out of it.
- Patient and their family need more of it.
- (and GPs aren't paid adequately for it)

Advance Care Planning

- **Prompts for End of Life Planning (PELP) Framework**

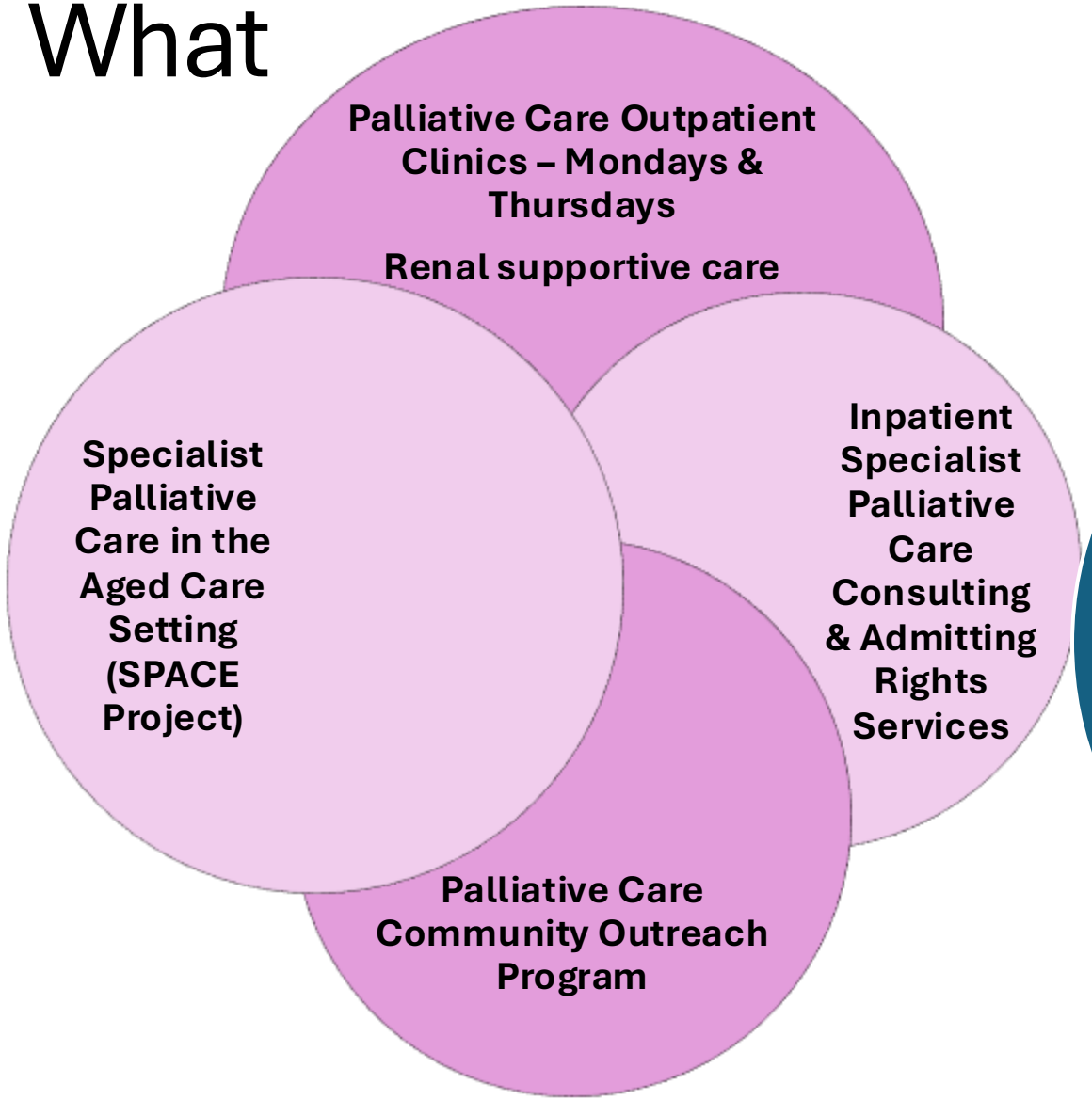
- **Great ACP conversation starter video – "Love is Not Enough", ACP Australia:**

https://youtu.be/hsZ287okI8c?si=5TrPLAHcoNH48s8F

- **PALLCONSULT End of Life Care GP Packs**

- The **Queensland Health electronic hospital record (The Viewer)** provides quick access for all healthcare professionals (including QAS) to ACP documents, ARPs and discussions.
    - Can access via **Health Provider Portal**

What



Areas outside our catchment area are covered by **Gold Coast SPaRTa service, soon to be Gold Coast Toowoomba SPaRTa amalgamation**

SPaRTa provides specialist pall care advice via telehealth or phone

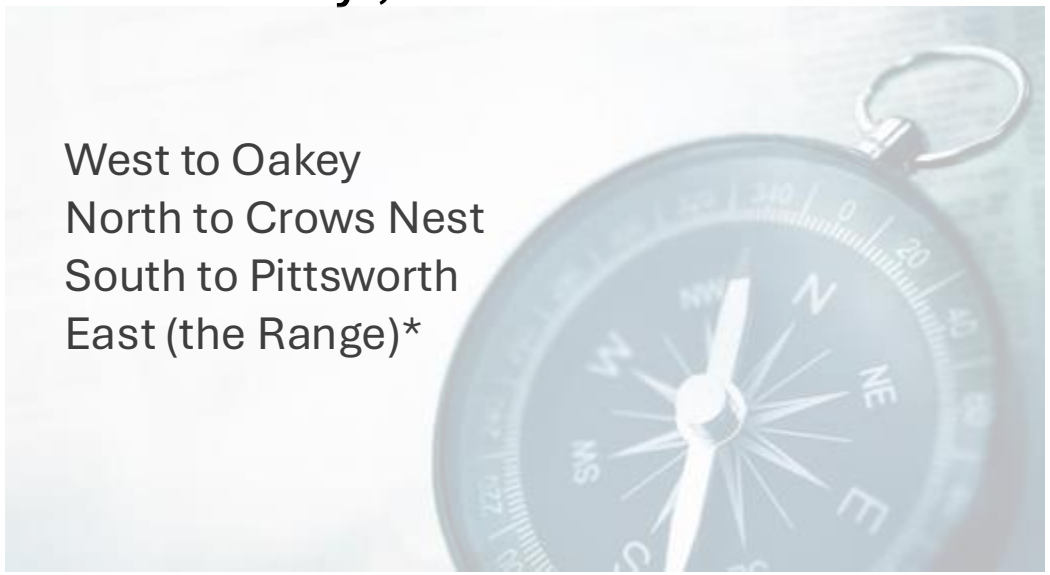
Operating hours: Monday – Friday, 8am – 4:30pm

SPaRTa Weekend Service

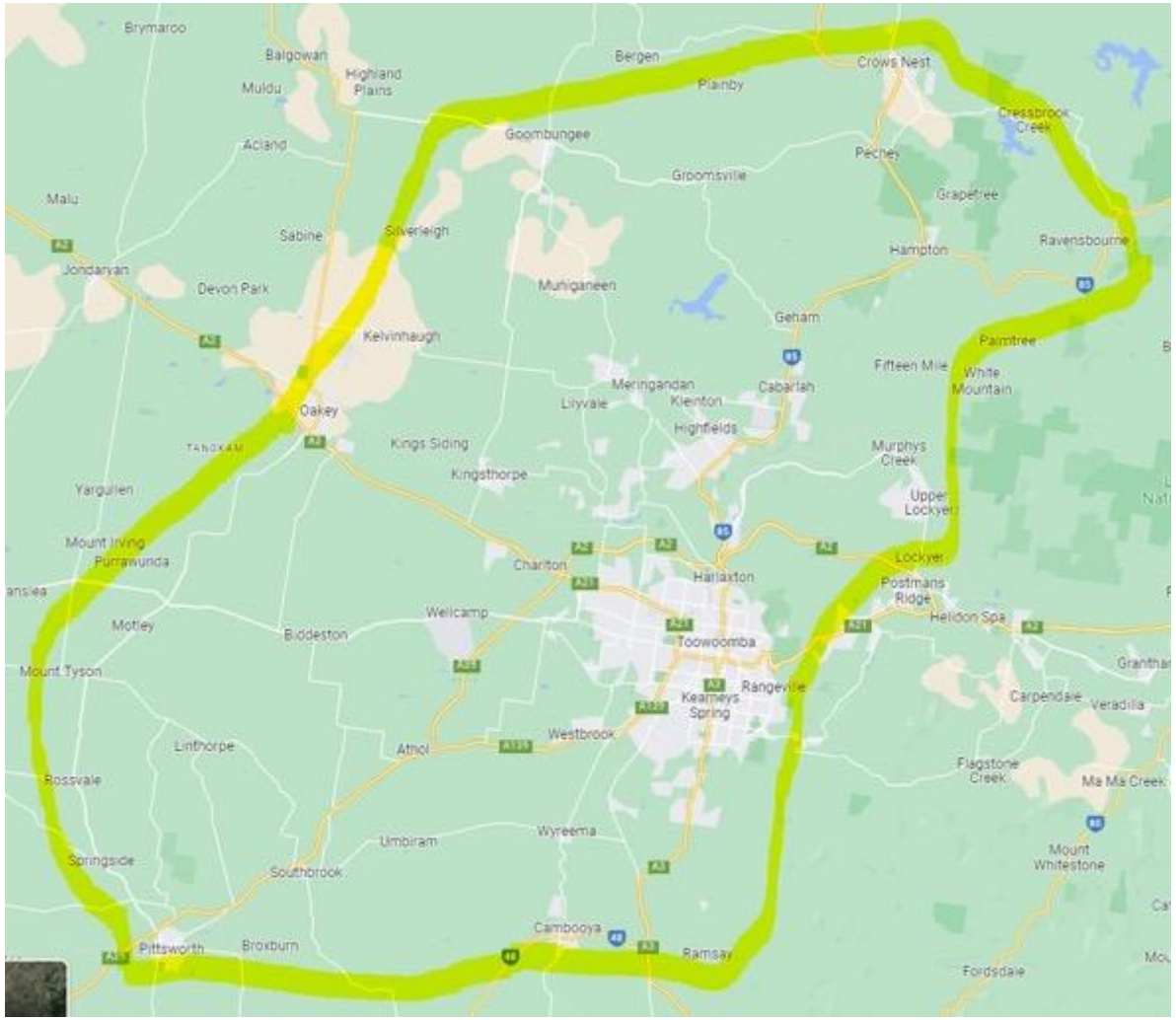
Moving to Toowoomba on August 4th 2025

Where?

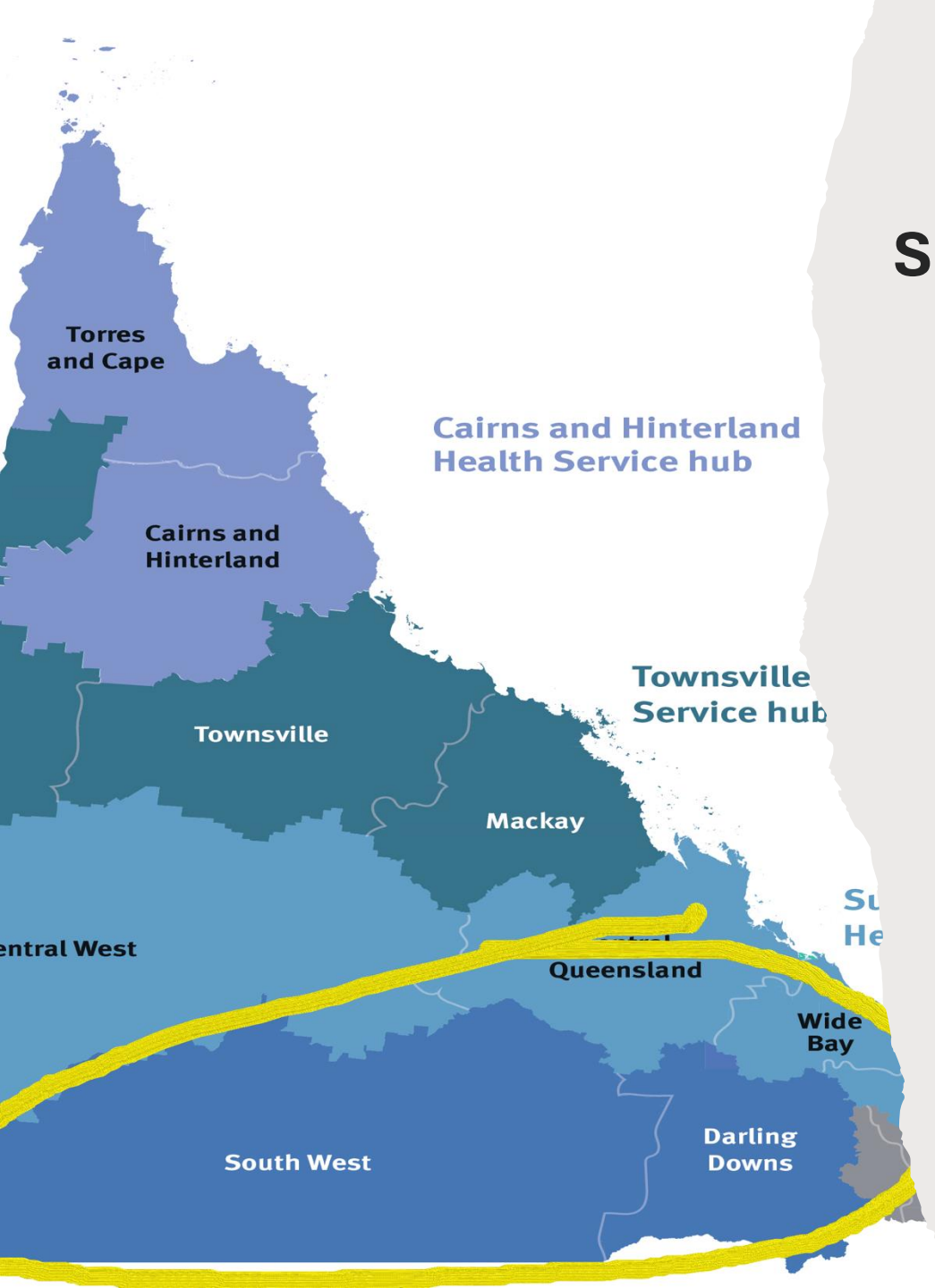
Catchment area for referrals to Toowoomba Palliative Care Community , SPACE and OPD



West to Oakey
North to Crows Nest
South to Pittsworth
East (the Range)*



Where?
SPARTA catchment area



Who? – staffing

- Clinical Nurse Consultants x 3 FTE
- Clinical Nurses x 5 FTE – Community Outreach Program + SPACE
- Palliative Care Consultants x 4.2 FTE
- Palliative Care Registrars x 3 FTE & Resident
- Psychologist 0.5FTE
- Social Worker 0.6FTE
- Occupational Therapist 1.0FTE
- Pharmacist 0.5FTE
- ATSI HW 1.0FTE (rotational)
- AO 1.0FTE

Referral Criteria

- Any adult patient with an active, progressing life limiting diagnosis (malignant or non-malignant)

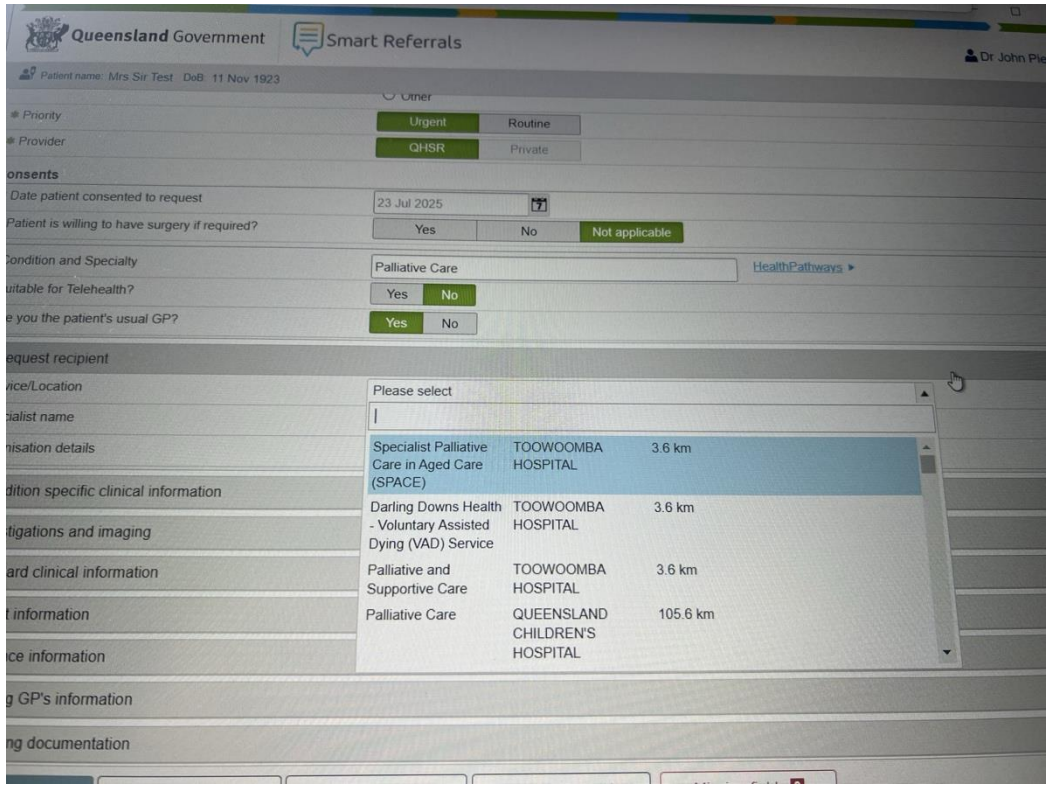
+

- Unmet or anticipated challenging symptom burden

- Psychosocial needs require specialist assessment – consider earlier referral

How and when (to refer)

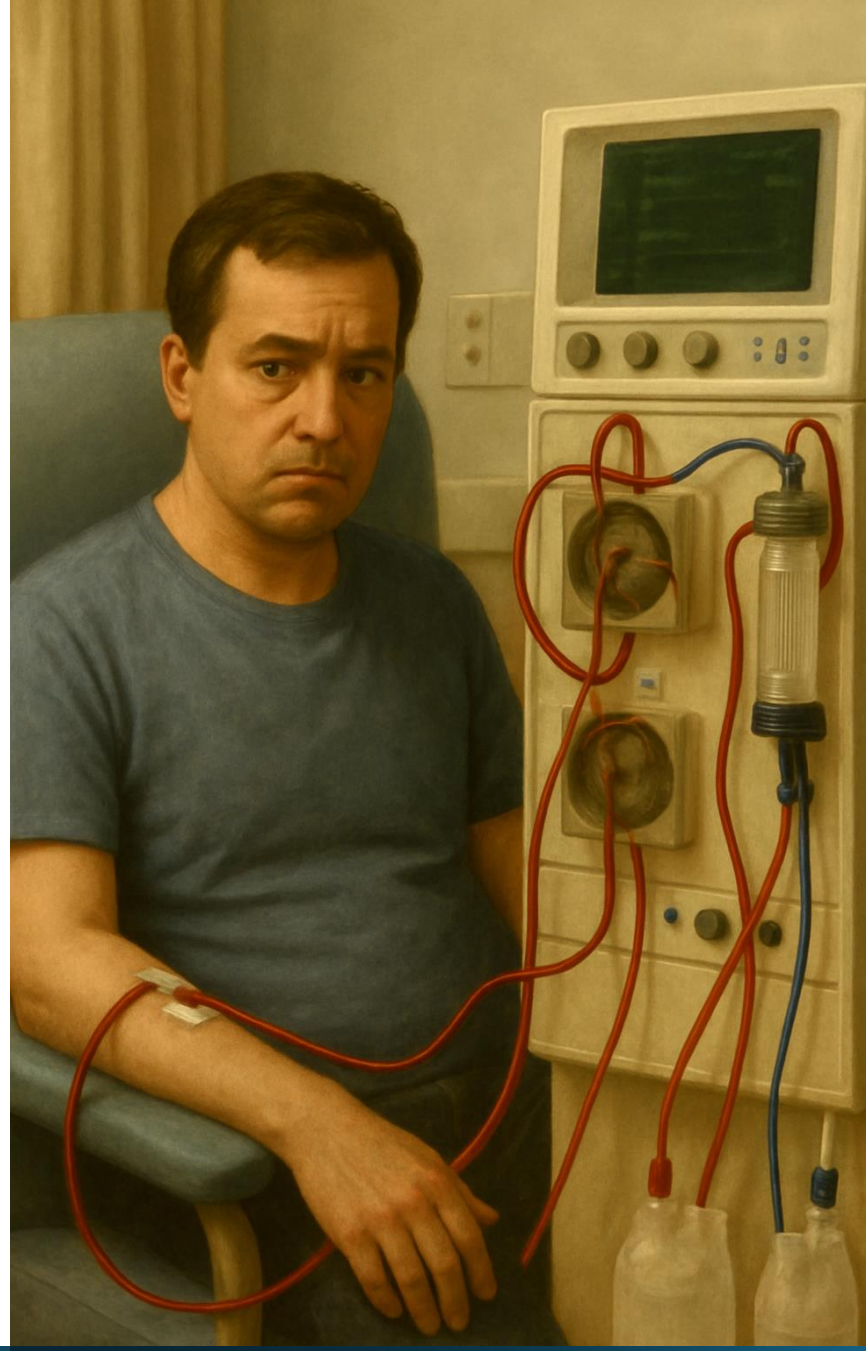
- SMART Referrals (or Medical Objects) – triaged to OPD/Community or SPACE (soon also SPARTA)
- SPACE referrals often can be initiated and completed by RACF with GP permission
- *Urgent referrals – call Pall Care CNC (clinical) on 0428 957 963 & fax referral to 4616 5704*
- Can use SPCS referral form
- *Refer early as planning and anticipation of problems can make all the difference*



Example
Renal Supportive Care

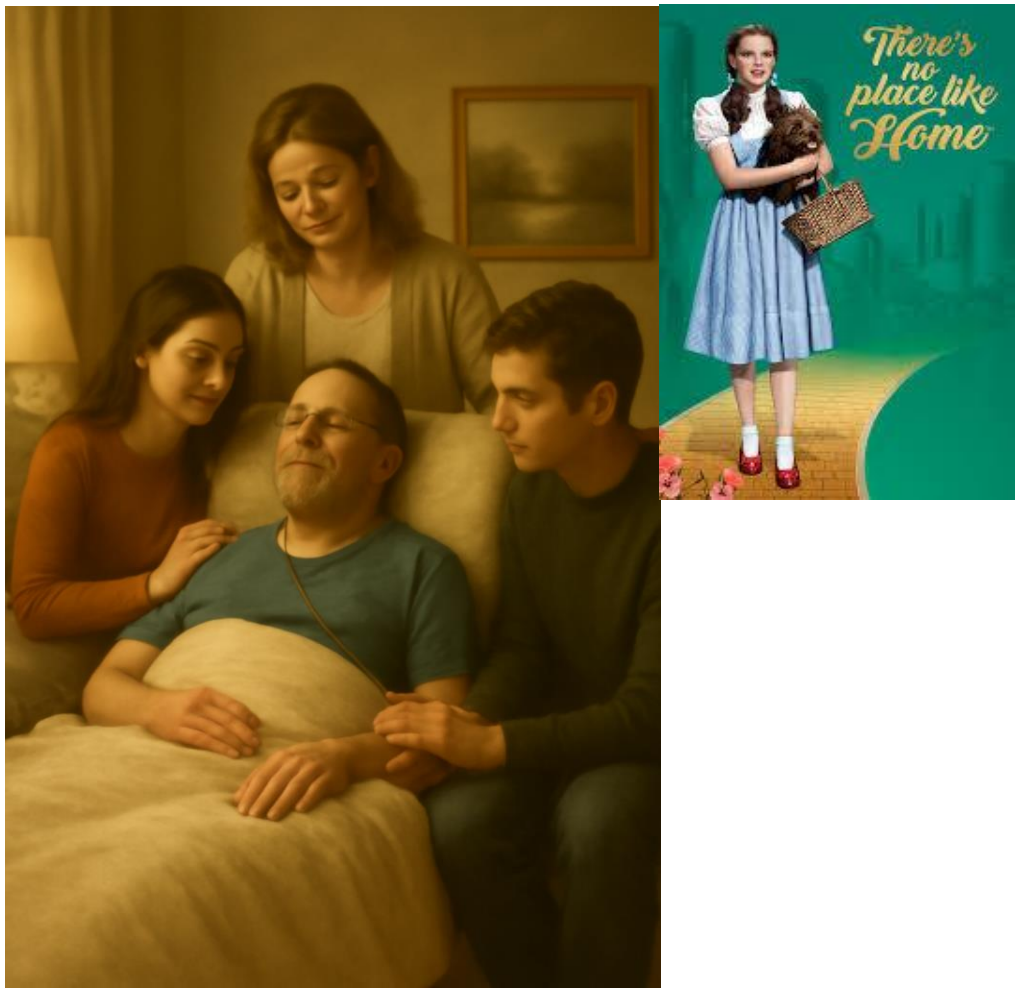
- 84 yr old
- CKD V – GFR 7
- Opting against dialysis after discussion with renal team and family (or deciding to come off dialysis)
- Wishes for comfort cares approach going forward

- Referral often initiated internally via Renal OPD. Referrals from external source via Smart Referrals – Palliative Care OPD



Example Community patient

- 63 yr old in Pittsworth
- End stage Idiopathic Pulmonary Fibrosis
- Supportive spouse and family wish to pursue end of life at home
- Seen at home by Pall Care Dr, regular follow up by phone/in person between Dr visits by CNC/RNs
- OT - navigate needs and funding for hospital bed, shower chair, rails
- Psychologist – support for patient and family
- SW – navigate NDIS/My Aged Care application *



MASS PCEP

Eligibility criteria:

- Permanent Qld resident
- Have Medicare Card
- Prognosis of < 6 months, as per palliative care staff specialist

- Supports palliative patients to stay at home.
- Provides access to range of equipment loans - daily living and mobility aids, home oxygen, & continence aids, depending on assessment of palliative care needs. Loans up to 6 months.
- No cost to pt

Darling Downs Health

SPACE

Specialist Palliative Care in Aged Care

SPACE Project Goals are to:

- Improve access to palliative care for residents with complex end- of-life needs
- Increased opportunity to enable people to die in their place of choice, supported by improved capacity in aged care services and care coordination
- Support and enhance the care already being given through direct and indirect support of the clinicians already providing this care
- Streamlined care for residents who require treatment in acute hospital facilities, including admission and discharge processes
- *The governance of the resident's care will remain with the current providers – the residents GP and the RACF nursing staff*

Referral Criteria

- Patient and family/carer agree with palliative goals of care and consent to referral
- Life limiting diagnosis not receiving curative treatment
- Has a current or anticipated complex symptom burden unresolved by generalist care
- May be stable but clinically assessed as likely to deteriorate soon / rapidly
- Resident and their family require end of life support and terminal care
- Complex bereavement risk of family/carer

Example SPACE patient

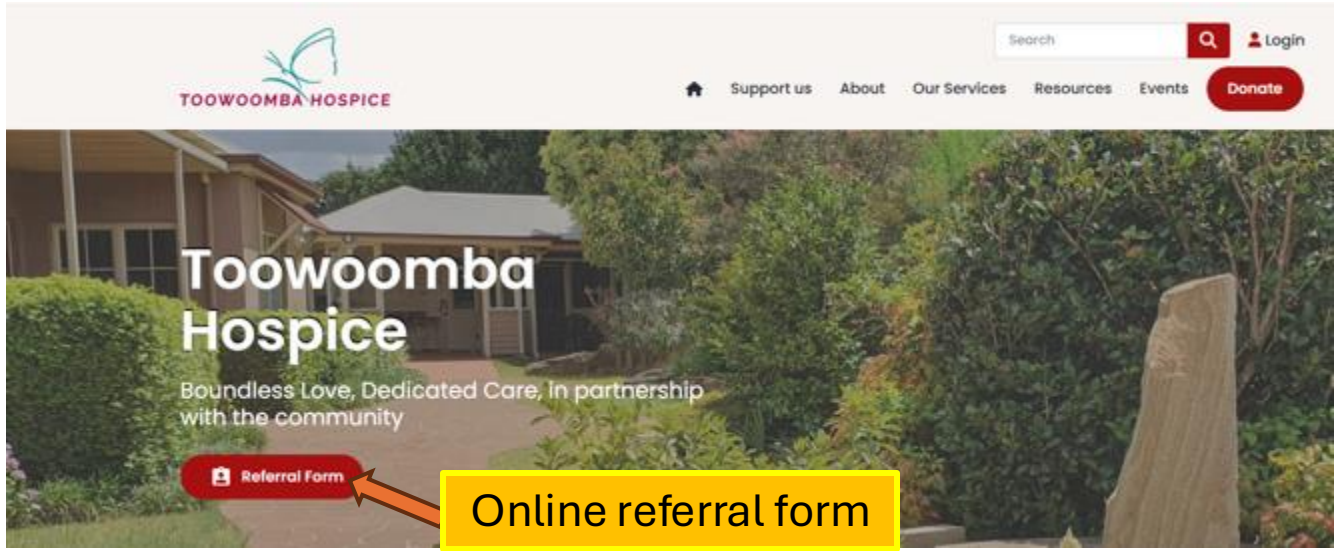
- 95 yr old
- RACF resident
- Advanced Dementia with BPSD otherwise well
- Large PR bleed in middle of night, sent to ED via QAS, Hb 72, markedly deranged LFTs. Unable to tolerate CT
- NOK/EPOA opt for comfort approach at RACF
- AGES referral to SPACE following brief ED admission

Example (recurrent) inpatient/OPD

- 38 yr old metastatic pancreatic cancer with young children
- Remains on palliative chemotherapy prognosis 12-24 months
- Previous IVDU, significant PTSD from prison, long standing substance abuse, epilepsy
- Recurrent pain crises triggered by partial bowel obstructions affecting absorption
- Requires 2x syringe drivers with hydromorphone, methadone, clonazepam, haloperidol , dexamethasone, keppra and ketamine to get symptoms under control before transition to oral/transdermal for discharge as obstruction is resolved conservatively
- Liaise with metro pain service to facilitate coeliac plexus block

TOOWOOMBA HOSPICE

Boundless Love, Dedicated Care



Specialist 6 bed palliative care facility aimed at providing quality end of life care for terminally ill clients

- Bereavement up to 12 months post death
- Not-for-profit
- Private licenced hospital
- 24/7 365-day facility
- Free service
- Adults 18+
- Accredited with ACHS, QLD PRU

Director of Nursing: Mrs Eugenie Corbett
Website: https://www.toowoombahospice.org.au/

BlueCare
Live life your way

Community Based Palliative Care

Proudly part of
UnitingCare

BlueCare
Live life your way

Blue Care Service offerings.

- Clinical
- Allied Health-All disciplines
- Numerous funding options
- Rural and remote palliative care contract, Supported by Queensland health – contact Palliative Care CNC, BlueCare, Kimberley Wilson: 0417 828 559

Email referrals to: palliativecare@bluecare.org.au

Refer with confidence

To discuss a patient or arrange a referral contact Brodribb At Home

Phone: 4602 0290

BRODRIBB
EST. 1898

In-Home Palliative & End of Life Care

Compassionate, clinically grounded support for your patients and their families.

Brodribb delivers specialised, person-centred palliative care directly into the homes of patients across Toowoomba, ensuring comfort, dignity, and support through every stage of the journey.

St Andrew's Specialist Palliative Care

- Team – NP Olivia O'Dempsey and Dr Etleva Harizaj
- Expert, compassionate care for patients navigating complex medical journeys — whether they are receiving treatment, living with advanced cancer, or approaching end-of-life care.
- Pain and other symptom control
- Emotional and psychological support for patients and carers.
- Guidance and support with organizing home services, allied health assessment and management and equipment.
- Direct links and collaboration with Toowoomba Hospice and Brodribb at Home.

Toowoomba Haematology and Oncology Clinic

Specialists in rural and regional haematology and oncology

Symptoms approaching End of Life

- Pain
- Nausea and vomiting
- Agitation
- *Distressing Breathlessness*
- *Respiratory secretions*
- *Seizures*
- *Constipation*
- *Mood disturbance*
- *Fatigue*
- *Anorexia*

Analgesics

TABLE 1

Recommendations on equianalgesic dose ratios*[1] (guidelines and aggregated evidence)

Active substances	Relative analgesic ratios	Evidence level
Morphine p.o. – oxycodone p.o.	1.5 : 1	Strong
Oxycodone p.o. – hydromorphone p.o.	4 : 1	Strong
Morphine p.o. – hydromorphone p.o.	5 : 1	Weak
Morphine p.o. – methadone p.o.	5 : 1 – 12 : 1*[2]	None*[2]
Morphine p.o. – buprenorphine t.d.	75 : 1	Weak
Morphine p.o. – fentanyl t.d.	100 : 1	Strong

Adjuvants

- Neuropathic agents
- Pregabalin, gabapentin, duloxetine, amitriptyline
- NSAIDS*
- Corticosteroids*

CURRENT OPIOID	CONVERSION FACTOR	PROPRIETARY NAMES
ORAL (SWALLOWED) PREPARATIONS *Note: Modified release formulations are marked MR*		
Morphine	mg/day	1	Anamorph, Kapanol (MR), MS Contin (MR), MS Mono (MR), Ordine, Sevredol
Oxycodone	mg/day	1.5	Endone, OxyContin (MR), OxyNorm, Targin (MR)
Hydromorphone	mg/day	5	Dilaudid, Jurnista (MR)
Codeine	mg/day	0.13	Aspalgin, Codalgin, Panadeine, Panadeine Forte, Mersyndol, Nurofen Plus, others
Dextropropoxyphene	mg/day	0.1	Di-Gesic, Doloxene
Tramadol	mg/day	0.2	Durotram-XR (MR) , Tramal, Tramadol SR (MR), Zydol, Zydol SR (MR), others
Tapentadol	mg/day	0.3	Palexia-SR (MR), Palexia-IR
SUBLINGUAL PREPARATIONS			
Buprenorphine	mg/day	40	Suboxone, Subutex, Temgesic
RECTAL PREPARATION *Note: Absorption from rectal administration is highly variable*			
Oxycodone	mg/day	1.5	Proladone
TRANSDERMAL PREPARATIONS			
Buprenorphine	mcg/hr	2	Norspan
Fentanyl	mcg/hr	3	Denpax, Durogesic, Dutran, Fenpatch, Fentanyl Sandoz
PARENTERAL PREPARATIONS			
Morphine	mg/day	3	DBL morphine sulphate injection, DBL morphine tartrate injection
Oxycodone	mg/day	3	OxyNorm FI
Hydromorphone	mg/day	15	Dilaudid FI, Dilaudid-HP FI
Codeine	mg/day	0.25	Codeine phosphate injection USP
Pethidine	mg/day	0.4	Pethidine injection BP
Fentanyl	mcg/day	0.2	DBL fentanyl injection, Sublimaze
Sufentanil	mcg/day	2	
Faculty of Pain Medicine, ANZCA – June 2021			

PS01(PM)-(Appendix)_-Opioid-Dose-Equivalence-Calculation-Table.PDF (anzca.edu.au)

Antiemetics

- Metoclopromide (occasionally domperidone) - gastric stasis/ early satiety
- Haloperidol (+ olanzapine off label) - toxic/metabolic
- Dexamethasone – increased IOP
- Cyclizine/Prochlorperazine – vestibular, Parkinsonism

- Rarely long-term use of ondansetron (highly constipating)

Anxiolytics

- Clonazepam – drops, subcutaneous
- Midazolam – s/c
- Lorazepam, diazepam, etc

- Don't overlook antidepressants in patients with a longer-term prognosis - (i.e. anxiety caused by breathlessness)

Breathlessness

- Don't overlook non-pharmacological approaches
- Handheld fan
- Relaxation and positioning techniques

- PRN Liquid morphine/oxycodone/hydromorphone *
- PRN Benzodiazepines – e.g. clonazepam drops
- Long-acting opioid – e.g. Kapanol, MS Contin

End of Life prescribing

- Anticipatory medications +/- syringe driver infusion

- Analgesic (Opioid)
- Antiemetic
- Anxiolytic (Benzo)
- Antisecretory/anticholinergic (Buscopan)
- +/- Antipsychotic (Haloperidol)

Syringe Driver Infusion example

Opioid naïve 75 yr old

Syringe driver infusion over 24 hours:

- Morphine 10mg
- Midazolam 5mg
- Metoclopramide 30mg

PRNs:

- Morphine – 2.5-5mg q1h (pain/SOB)
- Midazolam 2.5-5mg q1h (agitation)
- Haloperidol 1mg q1h (max 5mg 24 hours) (nausea/agitation)
- Buscopan 20mg q3h (max 120mg/24 hours) (respiratory secretions)