

# Plenary Sessions

**P1.1****Putting Our Patient at the Centre****10:45 Convention Hall**

## Delivering End-of-life Care in Non-palliative Care Settings

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Although enormous focus has been brought to the end-of-life disease trajectory of people with cancer, a much greater burden is seen across the community: end-stage organ failure, neurodegenerative diseases, and AIDS and other communicable diseases.

Each of these clusters has a disease trajectory which helps to dictate the needs of patients and their caregivers as people face the end-of-life. For us to focus on the health of whole communities, health services and policy makers must embrace the proactive care of everyone facing an “expected” death.

For end-stage organ failure, this has been described in the literature as a typical “sawtooth” trajectory with acute exacerbations from time to time within the context of an overall deterioration. Each of these exacerbations may, itself, lead to death.

For neurodegenerative diseases, motor neurone disease and multiple sclerosis are well characterised. By far the biggest burden across our community is dementia. The rates of dementia are going to increase dramatically in the decades ahead as the health of the community improves and other reasons for death become less frequent.

Communicable diseases still form a major cause of expected death across much of the community. Acute infections aside, advanced AIDS, viral hepatitis and malaria continue to exact a massive burden on people internationally.

Ultimately, a needs-based approach to end-of-life care dictates that people, irrespective of diagnosis and prognosis, need to be able to access care. Such care includes supporting caregivers who, around the world, continue to provide the bulk of care in the last months of life.

A compassionate and caring community can be judged by the care that it provides to the most marginalised people. Ensuring that we provide care for the voiceless is the most practical demonstration that community cares for the wellbeing of everyone.