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Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
Canberra ACT 2600
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Dear Sir/Madam,

Re: Submission to the Senate Review of Palliative Care

The Haematology Society of Australia and New Zealand (HSANZ) wishes to congratulate the Senate on undertaking a review for Palliative Care Services and philosophies in Australia.

As the peak professional body representing the training and academic development of Haematologists in Australasia we feel that it is important that the Senate understands that substantial differences exist between palliative care as delivered to patients who have solid organ malignancies (breast cancer, colon cancer, prostate cancer, ovarian cancer, etc) to those needs that are required for patients with haematologic malignancies such as leukaemia, lymphoma and multiple myeloma.

Palliative care (defined as amelioration of symptoms) is very often incorporated into the day to day management decisions that Haematologists make for patients with malignant haematologic disorders.

However, when patients are facing end-of-life care, their needs are often not met by current arrangements in part because palliative care physicians often have training in solid organ malignancy rather than specific grounding in haematology.

Very often patients with haematologic malignancies will move rapidly from a curative pathway (such as induction chemotherapy for acute leukaemia) to a palliative pathway (for instance, when induction chemotherapy fails or relapse ensues rapidly). In these instances, the timeframe between a curative pathway and end of life care is very short and the current provision of palliative care services and hospice provision do not move as quickly as the underlying disease (and the associated patient needs) requires them to do.

Furthermore, patients with incurable haematologic malignancies often benefit from ongoing management by their Haematologist with the provision of such therapies as a low dose palliative chemotherapy, supportive care with blood and platelet transfusion and the delivery of systemic antibiotics. Very often these manoeuvres are not actively pursued by palliative care physicians and are in some instances specifically excluded from the palliative therapies utilised in the hospice setting. This unfortunately makes patients wary of pursuing end-of-life care without specific haematology input and therefore restricts patients to an acute care hospital setting, thus potentially lessening the quality of palliative care that these patients receive.

The HSANZ would advocate a greater shared-care arrangement with respective palliative providers for haematology patients such that patients could still receive supportive care from their haematology team and also receive expert input with respect to symptom minimisation from the palliative care team. Very often these two skill sets are seen as mutually exclusive, whilst we believe them to be complementary.

Furthermore, the HSANZ would advocate strongly that palliative care training be incorporated in the curriculum of haematologists and conversely that haematology training modules be incorporated within the training scheme of physicians undertaking palliative care specialties.

We would very much welcome the opportunity to give further detail to our submission during the inquiry and should it be of use to the Senate, please do not hesitate to contact me through the HSANZ Secretariat.

Yours sincerely,

David Ritchie
HSANZ President