Everyone deserves a good death.

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Background

People who use drugs and alcohol experience significant inequities in access to advance care planning (ACP) and palliative and end-of-life care. Many experience stigma, fragmented care, and late engagement with palliative services, resulting in crisis-driven and chaotic care at the end of life. For many, Drug and Alcohol (D&A) Services represent their primary and most trusted point of engagement with the health system. This creates a critical opportunity to ACP planning in a way that is accessible and person-centred. However, staff can have difficulty navigating transference and counter transference with ACP and end of life care.

Description of Model of Care / Intervention

The Advance Care Planning and End-of-Life Drug and Alcohol Project is a collaborative initiative between D&A Services, the Aboriginal Supportive and Palliative Care Team, and the Palliative Care Team within South Eastern Sydney Local Health District (SESLHD). A model was developed which embeds ACP into D&A services, thereby addressing an important gap in an underserved population. The model was developed in close collaboration with the Aboriginal Supportive and Palliative Care Team to ensure the model is culturally safe.

Effectiveness / Acceptability / Implementation

An assessment of workforce capability identified knowledge gaps and training needs related to ACP and end-of-life discussions. While most respondents of the workforce capacity assessment rated ACP as important or very important (84%), nearly half (47%) reported being not confident initiating ACP conversations. A targeted education and training program was developed and delivered, equipping clinicians with the knowledge, confidence and skills to engage in complex conversations. Education for staff on transference and counter transference was facilitated to assist with normalising difficult conversations and emotional responses. This will be embedded into group supervision going forward.

Conclusion, Next Steps and Implications

The model has improved person-centred approaches for people at the end of their lives. It is expected that the improved integration of services will reduce crisis driven care.

Disclosure of Interest Statement: N/A