



Media Release

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New medication list supports GPs managing terminal symptoms in people wishing to die at home

General practitioners (GPs) wishing to achieve optimum symptom control for terminally ill patients who choose to die at home now have access to a consensus-based medication list to assist their decision making.

The list of nine medications was developed by a panel of 12 experts, including GPs, pharmacists, nurse practitioners and palliative medicine specialists, under the direction of The Australian & New Zealand Society of Palliative Medicine (ANZSPM). It represents the latest addition to ANZSPM's resources for GPs under the Federal Government funded initiative, Decision Assist, a program to support GPs and aged care workers to provide palliative care and advance care planning to older Australians.

ANZSPM's Project Director, Professor Liz Reymond, who led the expert committee, said the new evidence-based medication list is appropriate for dying patients who are unable to swallow, and targets symptoms including pain, dyspnoea, nausea and vomiting, agitation and delirium, and respiratory secretions. Selection criteria for the medications to be considered in the list included cost, simplicity of use, ease of storage, safety and efficacy.

"More and more people are dying expected deaths and most people want to die at home," said Dr Reymond, who is a palliative medicine specialist with a GP background.

"So if GPs are going to manage those people at home, they need to become familiar with medications most suitable for use in the terminal phase, to allow their patients and the person's family to get the best outcome."

Dr Reymond said the list complements the ANZSPM-endorsed list of medications in terminal care for residential aged care, but differs slightly in order to address concerns typically held by non-paid carers in the home environment.

"There are other palliative care medication lists available in various guidelines but generally they include a wide range of medications that often aren't suitable for the home environment because of their safety profiles. They can also be difficult to obtain through community pharmacies if you need them in a hurry."

Taree GP, Dr David Healey, was one of the five GPs on the expert panel. He hopes the new medication list will improve community pharmacists' understanding of what medication to stock and encourage more GPs to care for terminally ill people who wish to die at home.

"I'm hoping the list will help to build more GPs' confidence, so they understand palliative care is certainly within their ability," he said.

Please see the new medication list attached, or access it at:

<http://www.caresearch.com.au/Caresearch/Portals/0/Decision-Assist/Medication-List-EoL.pdf>

Media contact: Frith Rayner 0400 45 99 88

For more information on Decision Assist go to www.decisionassist.org.au.

End of Life (Terminal) Symptom Management Medications for Older Australians Living in the Community

A consensus-based list of medications suitable for use in community aged care for the management of terminal symptoms

MEDICATION	CONCENTRATION	PACKAGED as
Clonazepam liquid* (oral drops)	2.5mg/ml	10ml bottle (2.5mg/ml)
Clonazepam injection*	1mg/ml	box of 5 ampoules
Fentanyl citrate injection**	100mcg/2ml	box of 5 ampoules
Haloperidol injection	5mg/ml	box of 10 ampoules
Hydromorphone injection	2mg/ml	box of 5 ampoules
Hyoscine butylbromide (Buscopan) injection***	20mg/ml	box of 5 ampoules
Metoclopramide injection	10mg/2ml	box of 10 ampoules
Midazolam injection**	5mg/ml	box of 10 ampoules
Morphine sulphate injection	10mg/ml AND 30mg/ml	box of 5 ampoules

Notes:

* Non-PBS unless for seizure control

** Not on the PBS

*** Non-PBS unless for colicky pain. Unrestricted via the Repatriation Schedule