

John's journey

Burdekin LGA – Stage 3 Lung Cancer

John is a 70-year-old widowed man who lives on a sugar cane farm outside of Ayr. John has been a sugar cane farmer his whole life. His family migrated from Italy when he was 2 years old. John has been diagnosed with stage 3 lung cancer and since his diagnosis and deterioration of his health he has had to employ a caretaker of his farm. The cancer has spread to his lymph nodes and John has been told with continued chemotherapy and radiation that his life expectancy will be 18 months – 2 years.

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CELC Townsville
CONNECTING END OF LIFE CARE

The CELC Townsville project is administered by Palliative Care Queensland and supported by funding from Northern Queensland Primary Health Network (NQPHN) through the Australian Government's PHN program.



DIAGNOSIS

One of John's brothers drives him to the respiratory specialist in Townsville who his General Practitioner referred him to. They weren't expecting such bad news.

TREATMENT +/- SURGERY

The Townsville Cancer Centre works with the Ayr Hospital Nurse Navigator to coordinate admissions, day unit appointments and other outpatient care at Townsville University Hospital, as well as a My Aged Care referral for services at home.



SUPPORT SERVICES

John receives funded support through one of the few local service providers. They can take him to appointments in Townsville but it takes up most of his funded support.

TRANSPORT DIFFICULTIES

John misses some appointments in Townsville. His brother has trouble getting time off work when the day or time changes. John tried the community bus but missed getting home once because his appointments ran late.



GLUYAS ROTARY LODGE

John regularly stays here when receiving treatment in Townsville. The Cancer Council Qld coordinator and hospital social worker talk with John about his deteriorating health, his wishes and the services available to him. After many of these discussions, John employs a caretaker for his farm.

TRANSITION TO COMFORT CARE

During an admission at Ayr Hospital, John decides he doesn't want to continue with treatment due to the side effects and the travel.

SPECIALIST PALLIATIVE CARE

The Ayr Hospital team refer John to the Specialist Palliative Care Rural Telehealth Service (SPaRTa) for advice on his breathlessness and pain. SPaRTa organise contracted community nursing for palliative care in the home.

BEREAVEMENT

John has no children of his own. Some of John's siblings and their children disagree with John's choices at the end of his life and contest his will. All family members decline bereavement support offered by the hospital and funeral home.



JOHN'S CONDITION DETERIORATES

John's siblings, family and service providers attempt to fulfill John's wish to die at home. John's care needs exceed the family's capacity. After a number of hospital admissions, John dies at the Ayr Hospital.

Key Themes:

- Cultural considerations
- Limited family support
- Advance care planning & estate planning
- SPaRTa has improved timely access to specialist palliative care via telehealth
- Very flexible and use all resources available to support families at end of life e.g. MASS, hospital equipment, partnering with Community Home Care providers

Potential issues/barriers:

- Transport to/from Townsville is always difficult
- QAS Patient transport & family are the main options
- A number of experienced nurses transitioning to retirement
- Junior nursing workforce with generalist allocations
- Many junior nurses haven't lost their grandparents or experienced palliative care
- Medical officer shortages at times