

What is the challenge we face?

The way we die — and how we care for people who are dying — creates enormous social and economic challenges. Violet’s 30 years of experience in this critical time of life gives us deep insight into why this is so.

<p>UNSPOKEN We don’t talk about dying It’s a taboo subject. When we do talk about dying we use euphemisms such ‘passed away’, and ‘no longer with us’. This lack of openness leads to denial of the event itself. It’s not just families that can’t talk about dying, it’s doctors, aged care staff - everyone.</p>	<p>UNPREPARED We’re not prepared to deal with dying Our inability to talk about dying means we don’t plan for it properly, despite its inevitability. This means we’re often not clear about the wishes of the person dying and we’re not ready when an unexpected crisis hit. As a result, bereavement may hit very hard.</p>	<p>UNSUPPORTED Support systems are limited and fragmented There is no ‘What to Expect...’ when someone is dying. Navigating the end of life services that are available can be very difficult. Who can you talk to about your deepest fears? And how can the medical industry overcome its instinct to preserve life at all costs?</p>	<p>DISUNITED Families are not often aligned around care The family is the critical unit of care. But often people are unclear about how to work together and sometimes there are disagreements about what to do. Almost three-quarters of non beneficial medical treatment for the dying is at the families request.</p>
<p>UNRECOGNISED The job with no name is the hardest work ever People don’t tend to self-identify with the label of ‘carer’. They stay in their role of husband, wife, child, sibling, or friend. Caring for someone who is dying is very hard work, both physically and emotionally, though it can also be highly rewarding the end.</p>	<p>UNDEFINED We have no mental models for dying There is no central bank of wisdom around caring for the dying. It is an intensely personal experience, often unshared. Without pathways to understand our choices, it is difficult to know what ‘better’ looks like for a person at the completion of their life.</p>	<p>UNSUSTAINABLE We cannot afford to keep going as we are There are major social and economic harms arising from our inability to become ‘better’ at life completion. This will be unsustainable if the bulge of Boomers fills our hospitals with the need for non-beneficial treatment as they reach the ends of their lives.</p>	<p>UNABLE Health and care industries face skills gaps Despite hard work and good intentions, many working within the health and aged care industries and allied services do not receive the training, guidance and support needed to contribute effectively to a better completion of life for those in their care.</p>
<p>UNCERTAIN Organisations who could help don’t know how Outside of family and health professionals, there are many businesses whose work intersects with life completion, such as life insurers, health insurers, banks and funeral directors. How can these organisations connect and contribute around life completion?</p>	<p>UNNATURAL Medical progress doesn’t always take us forward The capabilities of medical science are growing rapidly. We can keep people alive for longer - but at what cost to their quality of life? We are still learning when and how best to treat disease and illness while allowing nature to run its course.</p>	<p>UNQUANTIFIED Informal care carries huge hidden costs In 2016 informal carers - families and friends - provided 1.3 billion hours of home care for people dying. If paid carers were to do this work it would cost an estimated \$41 billion. As well as these financial costs, those caring carry emotional and health costs.</p>	<p>UNFULFILLED It can never be easy but it can always be better While people may not have a clear idea of what they want to happen at the end of a life - that’s difficult to think about - they certainly know when things don’t work out well. The fact this happens more often than not is what creates the scale of our opportunity.</p>