Connecting systems for better care





Oceanic Palliative Care Conference Report 2025

On September 9th to 12th I was fortunate to attend the Oceanic Palliative Care Conference in Brisbane https://icebergevents.eventsair.com/25opcc/. This conference is one of the largest palliative care conferences in the Southern Hemisphere with over 1600 attendees from Australia/NZ to Japan and Papua New Guinea.

I work as a specialist palliative care pharmacist as part of the consulting palliative care team at Waitematā Health NZ Te Whatu Ora and attending this conference was a fantastic opportunity to learn from experts and network with other professionals about how to improve palliative care services and connect health systems for better care for people living with terminal illness.

Prior to the official conference, I was invited to attend a 'Meet the Experts' workshop for scholarship recipients, which was hosted by the Australia Department of Health, Disability and Ageing. This workshop brought together diverse perspectives of palliative care from across the sector and featured pharmacists, doctors, nurses and OT palliative care experts.

One of the expert speakers was pharmacist Megan Tremlett, who in conjunction with the Pharmaceutical Society of Australia led the development of the ASPIRE Palliative Care Foundation Training Program. This training program is free and is designed to broadly upskill and equip pharmacists with the foundation knowledge, skills and compassion needed to provide palliative care support to patients through quality use of medicines. In NZ, pharmacists can also access this training program for free by registering on The PSA website and although there is Australia specific information it is still a valuable learning resource for NZ pharmacists.



https://my.psa.org.au/s/training-plan/a11RF000003zzcjYAA/aspire-palliative-care-foundation-training-program

Professor Brian Dolan presented on the power of stories in uncertain times and how patient's time is the most important currency in health and social care. Professor Dolan challenges us to rethink our framing of patients; instead of describing patient's time as days spent in hospital but rather days spent away from home and encourages us as health professionals to help people regain their precious time.

His video Last1000days is an important reminder that you never know when your last 1000 days will start. 'But when it does start, would you want to spend it stuck in a hospital bed, or be spending your valuable time with the people you love?' https://www.youtube.com/watch?v=kbdihN2471c&t=2s https://www.last1000days.com/

Dr Wei Lee delivered an interesting workshop on a practical approach to tackle depression when time is short and he identified that there are many barriers for optimal depression care in the dying. He highlighted to be cautious of feelings of nihilism or futility as major depression may still be treatable, even in the terminally ill. Good care requires multidisciplinary team input and it's important to treat any potentially reversible causes or contributors of depression such as pain, hypercalcaemia, and hypothyroidism. Non-pharmacological interventions should be the foundation of treatment but consider pharmacological interventions and lastly experimental trials.

Two NZ pharmacists presented at the conference.: Selena Chiu presented her PHD research investigating 'Increasing community pharmacy involvement in palliative care

services in Aotearoa New Zealand'. Dr Jo Hikaka spoke eloquently on a panel discussion about how to provide culturally safe palliative care in aged care and her panel received a standing ovation. Cultural safety requires a person-centred approach and it's important to ask people what support they want rather than assume you know what they need.

Overall this conference was an amazing opportunity to learn from world experts and it was inspiring to be surrounded by such a passionate community. A big theme weaving through the conference was how do we approach the challenges of an aging population and address the complexity of multimorbidity, frailty and dementia and this is something New Zealand is facing. The best palliative care for a person is holistic, patient-centred, individualised care, supported by a multidisciplinary team. As pharmacists no matter where we work, we are a vital part of this team providing essential support and care for people with a life limiting illness.

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