

## **An Interfaith Call for a Palliative Care Strategy for Canada**

Canada is overdue for a well-funded, national initiative to improve palliative care access and quality. An important first step is for parliamentarians to vote for Bill C-277, introduced by MP Marilyn Gladu, which calls for the development of a pan-Canadian palliative care strategy.

How a country cares for its most vulnerable reflects our national values and priorities. Those approaching the final stage of life are, unquestionably, among our most vulnerable. While much of the conversation around end-of-life issues in Canada has focused on what is often referred to as “Medical Assistance in Dying”, far too little attention has been paid to palliative care.

As a comprehensive approach to end-of-life challenges, palliative care combines pain management with efforts to attend to a patient’s psychological, emotional, social and spiritual needs, as well as caregiver support. There is a broad consensus across the political spectrum that palliative care is an indispensable part of our health care system and should be available to every patient who desires it.

We affirm the World Health Organization’s definition of palliative care, as well as the official positions of the Canadian Society of Palliative Care Physicians, the Canadian Hospice Palliative Care Association, and the Canadian Medical Association that the practice of palliative care does not include interventions which intentionally cause the death of the patient. This has been central to the philosophy of palliative care and is a fundamental distinction that must be maintained.

Indeed, the proportion of Canadians likely to seek palliative care far exceeds those who would request “Medical Assistance in Dying”. Unfortunately, the Canadian Hospice Palliative Care Association (CHPCA) has estimated that a mere 15% to 30% of patients nearing end of life have access to palliative care. For those who have access to palliative care, the CHPCA observes that patients currently pay around one-quarter of associated costs.

According to the CHPCA, “compared to usual acute care, hospital-based hospice palliative care may save the health care system approximately \$7,000 to \$8,000 per patient.” They further cite a 2013 Ontario study that estimated expanding in-home palliative care could save \$191 million to \$385 million in health care costs annually. It notes that residential hospices are far more cost-effective than acute care settings, with daily costs of approximately \$400 versus \$1,000, respectively.

While economic figures reveal the significant cost-savings associated with palliative care, our interest in this issue is rooted not in dollars and cents, but in the incalculable worth of every person.

This is why we and other faith community leaders came together in June of last year to call on the Government of Canada to develop a pan-Canadian palliative and end of-life care strategy. Our faith traditions instruct that there is meaning in supporting people at the end of life. Visiting those who are sick, and caring for those who are dying, are core tenets of our respective faiths and reflect our shared values as Canadians. Compassion is a foundational element of Canadian

identity, and it is therefore incumbent on elected officials at all levels of government to support a robust, well-resourced, national palliative care strategy.

This requires increasing the availability of hospice and palliative care in all settings and improving the quality and consistency of services provided. The government should also explore ways to expand support for family caregivers, such as through flexible financial and tax benefits. A comprehensive approach to palliative care must include measures to empower those at the centre of supporting loved ones reaching life's end, and who in turn play an indispensable role in the system.

It is encouraging that the 2017 federal budget allocates \$6 billion over a decade for home care, from which – the government notes – Canadians can expect improved access to home, community and palliative care. It is vital that Ottawa coordinate with the provinces to deliver these funds efficiently, with particular attention to ensuring that all Canadians, regardless of their place of residence, can access palliative care.

As Health Minister Jane Philpott observed: “As a physician, I’ve witnessed the vital role palliative care plays in our health care system, providing much needed support to patients and their families at one of the most difficult times of their lives. Whether it is provided at home, in a hospice or medical institution, palliative care is critical to an effective health care system.”

We couldn't agree more. We hope that all Members of Parliament will vote for Bill C-277 when it comes before the House, as a critical first step toward addressing the need for palliative care for all Canadians.

*Bruce Clemenger, President, Evangelical Fellowship of Canada*

*Shimon Koffler Fogel, CEO, The Centre for Israel and Jewish Affairs*

*(Most Rev.) Douglas Crosby, OMI, Bishop of Hamilton and President of the Canadian Conference of Catholic Bishops*

*Imam Sikander Hashmi, Canadian Council of Imams*