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THE STATE OF PALLIATIVE CARE IN CANADA

The way to achieve a dignified death is through access to quality palliative care, yet few Canadians are even aware of this medical specialty. A new paper explains the 5 Ws of palliative care as a healthy alternative to legalizing assisted suicide and euthanasia.

December 5, 2011 (Ottawa) - Today the Institute of Marriage and Family Canada is pleased to release a new report, [*Achieving Quality Palliative Care in Canada*](#).

Through the voices of palliative care heavyweights, Senator Sharon Carstairs (retired) and Dr. Balfour Mount, a Montreal-area oncologist, this paper tells the story of palliative care in Canada—what it is, how it started and why we have a great deal of progress to make in order to improve it.

Palliative care began as cancer care. Today, it needs to be more responsive and available to patients suffering from Parkinson's disease, Huntington's disease, Amyotrophic Lateral Sclerosis (ALS) and COPD (Chronic Obstructive Pulmonary Disease), among others.

Recommendations in the paper include:

- Increasing palliative care training in medical schools for general practitioners,
- Expanding the ability of a GP to consult a palliative care specialist— in person, over the phone or via an internet-based video conversation – so that every GP in every community has such access,
- Officially recognizing palliative care as a necessary aspect of Canadian health care in every province, resulting in consistent and strong funding, and
- Increasing government resources for local palliative care efforts.

With an aging population, if palliative care remains at current levels, this will naturally mean fewer Canadians have access. Statistics Canada estimates that within 10 years we will have more people over the age of 65 than under the age of 14. An aging population is more likely to be in need of quality medical care including palliative care as death approaches.

Asking for increased funding at a time when health care budgets are already strained may appear difficult, but it is worth noting that palliative care beds cost a fraction of acute care beds in hospitals. The recent Parliamentary Committee on Palliative and Compassionate Care found that “it costs \$600-\$800 per day to have a palliative care bed in the hospital...\$200 a day to have a palliative care bed at home. ...In many provinces people are dying in acute care beds at \$1200 per day or more.”

Pressure exists in Canada to legalize assisted suicide and euthanasia in order to decrease pain and suffering at the time of death. However, in many cases, the cry for euthanasia can be seen as a cry for a truly good death, which can be achieved through palliative care. Senator Carstairs responds to the pressure to legalize assisted suicide this way: “When 100% of people have access to palliative care then maybe, but not until then, because this is about choices. And if you don’t have palliative care as a choice, then you have no choice.”

Palliative care is an important element of good health care, a discipline that speaks to fears associated with a painful, protracted death. Here, researcher Derek Miedema has personal experience. “I come to this topic as a researcher, but also from difficult personal circumstances,” says Miedema. He goes on: “I watched my own father pass away from ALS, the very same disease as Gloria Taylor and Sue Rodriguez. The circumstances were heart wrenching in every sense of the word, and yet I am personally convicted to look at the research which shows that palliative care brings ‘the good death’ all of us hope to have.”

The report can be downloaded in full, [here](#).

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