

M-456 Palliative Care Motion Fact Sheet: *Charlie Angus MP Timmins-James Bay*

Details of M-456:

On October 31, 2013 NDP MP Charlie Angus (Timmins-James Bay) launched his Motion for the establishment of a Pan-Canadian palliative and end-of-life care strategy in conjunction with provinces and territories on a flexible and integrated model of palliative care that:

- (a) takes into account the geographic, regional, and cultural diversity of urban and rural Canada;
- (b) respects the cultural, spiritual and familial needs of Canada's First Nation, Inuit and Métis people
- (c) has the goal of (i) ensuring all Canadians have access to high quality home-based and hospice palliative end-of-life care, (ii) providing more support for family caregivers, (iii) improving the quality and consistency of home and hospice palliative end-of-life care in Canada, (iv) encouraging Canadians to discuss and plan for end-of-life care.

Background

Palliative care is about patient and family centered physical, psychological, and spiritual care. Every one dies. Every family has to deal with the loss of a loved one and these traumatic moments are made more difficult and more expensive when there is no access to quality palliative care. With an aging population it is crucial that the federal government provide leadership in palliative care and end-of-life services.

There is consensus among academics, health professionals, faith communities, and the public, that Canadians deserve better end-of-life and palliative care treatment. The federal government has a role to play in working with the Provinces, Territories as well as First Nation, Inuit and Metis communities on finding strategies that work. This is why the NDP is asking Parliament to establish a national palliative care strategy to help co-ordinate with their provincial and territorial partners on establishing Pan-Canadian norms and objectives for supporting families and people facing death.

Facts

- Hospice palliative care programs allow patients to gain more control over their lives, manage pain and symptoms more effectively, and provides support to caregivers.
- A vast majority of Canadians prefer to die at home in the presence of loved ones. Yet almost 70% of Canadian deaths occur at hospitals and only 16 to 30% of Canadians have access to hospice palliative care and end-of-life services regardless of where they live in Canada.
- In 2007 23% of Canadians said that they had cared for a family member or close friend with a serious health problem in the past year causing them to use personal savings to survive (41%) and missing one or more months of work (22%).
- Quality hospice and palliative care reduces financial stress on the health care system while relieving the emotional stress of people and families facing the loss of loved ones. The use of these programs often saves the medical system as much as \$7,000 to \$8,000 per patient. Hospice based palliative care reduces end-of-life care by 50% or more.

- In 2007 the Conservative government cut the funding of the National Secretariat on Palliative End of Life Care.
- There are currently no minimum or common standards for palliative care services in Canada and only a small number of provinces designate it as a core service. Only a few provinces have identified palliative care as a core program while many areas rely on charitable organizations to provide service.
- Significant disparities across Canada remain with respect to end-of-life care, quality of care, and out-of-pocket costs to the patient. In many rural and First Nation areas there is often little access to services.
- Palliative and end-of-life care impacts all Canadians and with an aging population it is crucial that the federal government provide leadership on this issue. More than 259,000 Canadians die each year and of those Canadians only a small fraction receives high quality hospice palliative end-of-life care.
- It is estimated that by 2036 the number of Canadians dying each year will grow to 425,000 and seniors could account for 25% of the population nearly double the 14% in 2009. By 2046 Canada can expect to have more than 750,000 Canadians receiving home-care, proportionally twice as many people as today.
- All 17 medical schools across the country now educate new physicians in palliative care and health education programs are all at least planning to include training in end-of-life care.
- Many leading companies such as GlaxoSmithKline and Rx&D now include in their employee benefit package the option of paid leave to employees who require time away from work to care for a dying family member.
- The cross-party Parliamentary Committee on Palliative and Compassionate Care has supported this call for a national strategy and I would welcome their continued support. It wrote in its November 2011 report *“Not to be Forgotten”* in Recommendation #1: “We strongly urge that the federal government re-establish a palliative care secretariat...for the sake of: “developing and implementing a National Palliative and End-of-Life Care Strategy” and that “a renewed adequately funded Palliative Care Secretariat and a National Palliative and End-of-Life Care Strategy are the most important aspects of bringing quality end-of-life care to all-Canadians.””