



How to improve palliative care in Canada

**Call to action for federal, provincial, territorial, regional
and local decision-makers**

From the Canadian Society of Palliative Care Physicians

November 2016

SUMMARY

For the full report, click [here](#)

or contact: office@cspcp.ca

This document highlights important, practical recommendations from the Canadian Society of Palliative Care Physicians (CSPCP) to the federal, provincial and territorial (FPT) governments on how to improve, monitor and evaluate the quality of and access to palliative care across Canada.

Healthcare costs are escalating as a consequence of failure to adapt to changing demographics of Canadians and advances in chronic disease management, including cancer. Change is now long overdue. Continued failure to invest in palliative care will be a lost opportunity to achieve better efficiencies, improve outcomes and reallocate budget to other priorities. The status quo neither meets Canadians' needs nor is financially sustainable.

The CSPCP has special expertise and can provide leadership in modifying the healthcare system to achieve the most cost-efficient and effective improvements necessary to care for an increasingly elderly and chronically unwell population.

Areas of strategic investment that will have immediate and long-term, cost-effective benefits have already been identified and need to be addressed on an urgent basis.

The current discussion about a new FPT health accord presents an immediate opportunity for change that should be seized.

Palliative care is an area of medicine that has been identified as a priority because of the aging of our population.

The federal government has committed funds for home care and palliative care without an implementation plan or commitment to universal access. Canadians now have the right to access medical assistance in dying. We need a similar right to access to palliative care.

A coordinated public health approach throughout multiple parts of our healthcare system and other public services requires a pan-Canadian approach, most effectively achievable through support of Bill C-277 and reinstatement of the Canadian Palliative Care Secretariat.

The Canadian Society of Palliative Care Physicians is collaborating with a number of other institutions providing similar guidance to governments. This document focuses on aspects of the issue specifically related to physicians, as this is our expertise. This is not meant to diminish the importance of the roles of other members of the multidisciplinary team, but to allow the report to be sufficiently focused to maximize its usefulness, considering the Society's unique role within the multidisciplinary care environment.

Recommendations from the Canadian Society of Palliative Care Physicians

Steps to ensure that all Canadians have access to high-quality palliative care

1. Implement a palliative approach to care, as outlined in the national framework document [The Way Forward](#). This approach is a high-quality, cost-effective service delivery model that will help Canadians with life-threatening illnesses live as fully as possible.
2. Make new investments to transition to the palliative approach to care, building on past investments wherever possible. Specifically:
 - a. Identify targeted funding to address the immediate shortfall in physician resources, in order to provide an acceptable standard of care for those who are nearing end of life.
 - b. Provide targeted funding to universities to ensure core competencies in palliative care are achieved by every medical school graduate.
 - c. Provide targeted funding to universities to at minimum double the number of residency training positions for palliative care across Canada for at least the next 5 years. Further requirements can then be assessed by the reinstated Secretariat.
 - d. Make a stable long-term funding commitment to Pallium Canada to enable them to continue to develop high-quality educational programs for all medical disciplines and primary palliative care providers.
 - e. Make a stable long-term funding commitment to Canadian Virtual Hospice to enable ongoing provision of high-quality online support for patients, families and professionals.
 - f. Consider strategic targeted funding for the appropriate human resources and infrastructure to meet the palliative needs of vulnerable and marginalized populations (e.g. First Nations, Inuit, Metis, rural and remote populations, and the homeless, disabled or incarcerated).
3. Set, monitor and enforce national standards for palliative care in Canada. Make accreditation of healthcare services (hospitals, long-term care homes, home care services, etc.) contingent on palliative care service provision to nationally accepted standards.
4. Promote recruitment and retention of palliative care providers, including expectations of wage equity as compared with similar work.
5. Standardize provincial drug plans and health supplies coverage to include all patients who require palliative care and the medicines and supplies needed to adequately care for them.
6. Promote technological innovation such as telemedicine and minimally invasive palliative procedures, which enable delivery of effective care to remote populations and those with the most extreme suffering.

Mechanisms for implementation

1. Establish a new national health accord that includes dedicated funding for palliative care, makes funding contingent on governments meeting national standards for palliative care and measures progress through strict reporting requirements.
2. Reinstatement of a Canadian Palliative Care Secretariat to provide standards to guide the provinces and territories in service development.
3. Support Private Member's [Bill C-277](#): providing for the development of a framework on palliative care in Canada, sponsored by MP Marilyn Gladu.

For the full report, click [here](#)