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The **Canadian Society of Palliative Care Physicians (CSPCP)** is a membership organization representing over 300 physicians. Clinicians, academics, and researchers, we are dedicated to the promotion of the highest quality palliative/end-of-life care, through the advancement and improvement of palliative medicine and education.

To complement increasing attention to end-of-life care in Canada, we offer the following background:

1. **The Society is opposed to the legalization of Euthanasia or Physician-Assisted Suicide:**

- a. Our November, 2011 survey found the overwhelming majority (88%) of CSPCP respondents were opposed to the legalization of euthanasia, and 80% to the legalization of physician-assisted-suicide. In the event of legalization, 90% of our members reported that they would refuse to participate in euthanasia, and 83% would not take part in physician-assisted suicide. We urge Canadians to become more informed about the many options available by means of which to minimize suffering at end-of-life, and to thereby address their fears about the dying process.
- b. Euthanasia and/or assisted suicide have never been part of the practice of palliative care, and we strongly support efforts in Quebec to unambiguously separate them. A clear demarcation is necessary to preserve the trust at the heart of the physician-patient relationship. Patients and their families need to trust that their physicians will attempt to treat their suffering, not by killing, but by providing care and support.

2. We endorse the World Health Organization (WHO) **definition of Palliative care as an approach that improves the quality of life of patients and their families** facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

- **Palliative care affirms life and regards dying as a normal process and intends neither to hasten nor postpone death.** Using a team approach, Palliative Care helps patients live as actively as possible until death, and offers support to families, both during patients' lives, and in bereavement. Palliative Care aims to enhance quality of life, and is increasingly being shown to positively influence the course of illness.
3. We are members of the Canadian Medical Association (CMA), the Quality End of Life Coalition of Canada (QELCCC), and we are partnering with the Canadian Hospice Palliative Care Association (CHPCA) to advocate for policy changes that will ensure:
- a. **Improved access to affordable, equitable Palliative Care**, which remains a challenge across Canada, especially in rural and remote areas. In 2010 the Economist's Intelligence Unit, which measures the quality and availability of end-of-life care, ranked Canada ninth out of 40 countries in an international "Quality of Death" index. We are currently unable to provide valuable hospice palliative care services to over 70% of dying Canadians, and Canadian families shoulder up to 25% of costs associated with home-based services, such as nursing and personal care.
 - b. **Education & training of all health care professionals in the principles and practice of Palliative Care.** A recent survey indicated that 10 of the 17 medical schools in Canada offer 10 hours or less of palliative care education in their undergraduate programs. There are no Canadian standards for palliative care education for physicians, nurses or social workers. This is an urgent priority given our aging population.
 - c. More accessible **Advance Care Planning (ACP)** to empower Canadians to be active participants in health care decision-making. Abundant literature demonstrates that people who discuss advance care planning with their families and care providers receive fewer aggressive medical interventions at the end of life, in keeping with their expressed wishes. Their families feel less burdened by decision-making, take more advantage of palliative/hospice resources, and have reduced suffering/distress in bereavement with better long term health outcomes.

*For further information please contact the
Canadian Society of Palliative Care Physicians
Dr. Doris Barwich (President) or Kim Taylor (Executive Director)
office@cspcp.ca*