



**BRIEF TO THE STANDING COMMITTEE ON HEALTH
RE: DRAFT BILL C-277**

**Dr. David Henderson, President
Canadian Society of Palliative Care Physicians**

March 2, 2017

ENDORSEMENT

The Canadian Society of Palliative Care Physicians (CSPCP) recommends ACCEPTANCE of the draft bill, with one amendment and one caution.

RECOMMENDED AMENDMENT

Delete the words “develop and...” from 2(1) as shown:

“The Minister of Health must, in consultation with the representatives of the provincial and territorial governments responsible for health, as well as with palliative care providers to ~~develop and~~ implement a framework designed to give Canadians access to palliative care ... “

Rationale

We do not need to **develop** a framework for palliative care in Canada because this work has already been completed.

The national framework, entitled The Way Forward¹, was developed through an extensive multi-year, federally-funded project conducted by the Quality End of Life Care Coalition of Canada (QELCCC). The principles in the framework have not changed and they have been repeatedly endorsed by many organizations including our own. What we need now is a nimble, effective structure to **implement** the existing national framework.

The CSPCP has provided concrete steps for implementing The Way Forward in a November 2016 report: How to Improve Palliative Care in Canada: Call to Action for Federal, Provincial, Territorial, Regional, and Local Decision Makers². The “Palliative Care Matters” national consensus report from December 2016

¹ The Way Forward National Framework; a roadmap for an integrated palliative approach to care, Quality End of Life Care Coalition and CHPCA March 2015 <http://www.hpcintegration.ca/media/60044/TWF-framework-doc-Eng-2015-final-April1.pdf>

² How to Improve Palliative Care in Canada: Call to Action for Federal, Provincial, Territorial, Regional and Local Decision Makers <http://www.cspcp.ca/wp-content/uploads/2016/11/Full-Report-How-to-Improve-Palliative-Care-in-Canada-FINAL-Nov-2016.pdf>

outlines similar recommendations.³ All of these align with the QELCCC's Blueprint for Action 2010 to 2020.⁴ Other major reports call for similar changes, including a June 2005 report from the Senate of Canada⁵, The Canadian Medical Association's Call to Action from 2015⁶, and the Canadian Cancer Society's 2016 report Right to Care: Palliative Care for all Canadians⁷.

What we need now is to establish an effective framework for implementing what experts have already agreed to nationally. The need is great, it is growing, and it is urgent. We should put our time and resources into changing care and evaluation, not to further study. We strongly encourage establishment of a small, nimble, independent working group with representatives from key palliative care organizations who could work in partnership with a well funded secretariat on implementation.

RATIONALE FOR ACCEPTING BILL C-277

1. Bill C-277 would fulfill the commitment stated in the preamble of Bill C-14: "...the Government of Canada has committed to develop non-legislative measures that would support the improvement of a full range of options for end-of-life care."
2. Bill C-277 would fulfill recommendations #18 and #19 from the Report of the Special Joint Committee on Physician-Assisted Dying⁸. # 19 calls to "re-establish a Secretariat on Palliative and End-of-Life Care; and that Health Canada work with the provinces and territories and civil society to develop a flexible, integrated model of palliative care by implementing a pan-Canadian palliative and end-of-life strategy with dedicated funding, and developing a public awareness campaign on the topic." #18 says "to ensure that culturally and spiritually appropriate end-of-life care services, including palliative care, are available to Indigenous patients."
3. Bill C-277 would ensure that palliative care provided by the Federal government meets the same national standard as care that is provided by the provinces and territories. Groups under federal jurisdiction are First Nations people living on reserves; Inuit; serving members of the Canadian Forces; eligible veterans; inmates in federal penitentiaries; and some groups of refugee claimants.
4. We do not equitably meet the needs of Canadians who are nearing the end of life and their families. Access to palliative care depends on where you live, how old you are, and what you are dying from⁹. This results in unnecessary and largely preventable suffering. The Canada

³ Palliative Care Matters: Consensus Statement <http://www.palliativecarematters.ca/consensus-statement/>

⁴ http://www.qelccc.ca/media/3749/eng_progress_report_20102012-07-10_2.pdf

⁵ June 2005. Still Not There. Quality End-of-Life Care: A Progress Report senate of Canada. The hon. Sharon Carstairs, P.C. Author: http://www.chpca.net/media/7883/Still_Not_There_June_2005.pdf

⁶ Canadian Medical Association's National Call to Action May 2016: examples of innovative care delivery models, training opportunities and physician leaders in palliative care. <https://www.cma.ca/Assets/assets-library/document/en/advocacy/palliative-care-report-online-e.pdf>

⁷ Canadian Cancer Society, 2016. <http://www.cancer.ca/~media/cancer.ca/CW/get%20involved/take%20action/Palliative-care-report-2016-EN.pdf?la=en>

⁸ Report of the Special Joint Committee on Physician-Assisted Dying, February 2016.

<http://www.parl.gc.ca/content/hoc/Committee/421/PDAM/Reports/RP8120006/pdamrp01/pdamrp01-e.pdf>

⁹ National Palliative Medicine Survey conducted by the Canadian Society of Palliative Care Physicians, the Canadian Medical Association, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and the

Health Act states that all Canadians should have universal, comprehensive access to care. Approval of Bill C-277 would ensure that Canada sets standards for access to quality palliative care for all for all ages (including children), all geographies, and all diagnoses.

5. The need for Palliative Care resources will only become greater as Canada continues to age. Already, for the first time in history, there are already more seniors in Canada than children. By 2024, the aging will be even more pronounced. Canadians aged 65 years and older will account for more than 20 per cent of the population, while children under 15 years old will represent just over 16 per cent of all Canadians.¹⁰ Aging equates to higher demand.
6. Canadians who have a grievous and irremediable medical condition have the right to seek Medical Assistance in Dying, but they do not yet have the right to access palliative care. Approval of Bill C-277 would help to ensure that Canadians have options to reduce suffering at the end of life.
7. There are no national standards for the provision of palliative care in Canada or for the education and credentials for health care providers who provide palliative care. Bill C-277 will ensure that standards and accountabilities are set nationally so Canadians can be assured of receiving quality palliative care from appropriately trained providers.
8. Data regarding access and quality of palliative care services is disjointed. Key indicators need to be collected nationally as we do for other areas of health care, through a national body such as the Canadian Institute for Healthcare Information (CIHI). This will allow us to compare ourselves to other similar countries and to monitor our progress as implementation unfolds.
9. Bill C-277 will create supports for patient and family caregivers including quality information about palliative care services, advance care planning tools, income support and job protection. All Canadians will need these supports on one or more occasions in their lives. Much of the information is applicable to all Canadians and should be shared through national resources that provide high quality, cost-effective, accessible information (such as Virtual Hospice).
10. Strategic investment in palliative care makes economic sense¹¹. Evidence shows that it can
 - a. Reduce the cost of delivering care
 - b. Free up scarce resources in acute care, such as beds in Intensive Care Units (ICUs), for patients who truly need them.
 - c. Improve the quality of life and quality of care of patients with serious illnesses and their families.

Canadian Frailty Network (formerly Technology Evaluation in the Elderly: <http://www.cspcp.ca/wp-content/uploads/2015/04/PM-Survey-Final-Report-EN.pdf> (Survey 2014; report 2015)

¹⁰ Statistics Canada: Canada's population estimates: Age and sex, July 1, 2015 <http://www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm>

¹¹ Palliative care: A vital service with clear economic, health and social benefits. Canadian Society of Palliative Care Physicians, February 2017. <http://www.cspcp.ca/wp-content/uploads/2017/02/Economics-of-Palliative-Care-Final-EN.pdf>

CAUTION RE: 2 (f)

Section 2(f) says to evaluate ... “the advisability of amending the Canada Health Act to include palliative care services provided through home care, long term care facilities and residential hospices.”

We caution that this process, while well-intentioned, would lead to lengthy delays. We recommend abandoning section 2(f) so we can start to close the gaps and reduce suffering right away.

CONCLUSION

It is time to implement what we already know.

There is a solid economic and social case for investing in palliative care services across Canada.

The CSPCP and other organizations have provided specific first steps that are actionable now.

The ability to make this happen lies with you,

through approval of Bill C-277

About the Canadian Society of Palliative Care Physicians

The Vision of the Canadian Society of Palliative Care Physicians is to promote access to palliative care for all Canadians, through advocacy, partnerships, research, and physician education. Our membership consists of approximately 500 palliative care physicians, including regional and local program leaders, educators, residency directors, clinicians, and palliative care residents.

www.cspcp.ca office@cspcp.ca @CSPCP_SCMS