

Translated from French

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Title: Does the Minister want to kill palliative care?

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No one can accuse the current Minister of Health and Social Services of not doing anything to try to solve the problems that have long plagued our health system.

After his project of Bill 10, he has proposed Bill 20 which aims to increase access to family health services and specialized medicine.

The issue of access to family physicians has become political. While it is commendable that all Quebecers may one day have a family doctor, we must admit that some need them more than others simply because they are sick or vulnerable. Placing all Quebecers on equal ground in terms to access to healthcare is unjust, as some need it more than others.

People living with terminal illnesses are those that need appropriate medical care access the most. Those near end of life deserve the quality of care. In the current state of the Bill, they think medical palliative care is at risk. The vast majority of this type of care is made in hospitals and in palliative care homes, by general practitioners.

The essential involvement of general practitioners can only continue if they are forced to take care of 1,500 patients or if we limit their work in palliative care a few hours a week. It is completely unrealistic to believe that a medical examination by a patient in palliative phase can be completed in ten minutes and that only one doctor can simultaneously track 70, 80 or 100 patients at end of life.

The patient at end of life has the right to receive care - whose complexity justifies the time required - and his family and friends have the right to receive explanations necessary to adequately support the loved one. Although other health professionals have an undoubted role to play with people in later life, the question of a skilled and properly trained doctor, who will spend the time at the bedside of the patient, is not debatable.

If the law is passed, many of the hundreds of doctors who are currently engaged in palliative care and who have built, over the years, recognized expertise, will have to leave the practice. It is necessary that the laws governing medical activities in Quebec recognize the presence, on the basis of several hours per week and full-time for some of these physicians in palliative care settings.

Moreover, the presence of doctors specializing in palliative care is integral in the act of transmitting knowledge important for the well-being of current and future population of Quebec. So if tomorrow's doctors are not adequately trained in palliative care, people may rightly fear not having access to compassionate care required at end of life. In fact, the bill as it is now creates a lack of access to palliative care instead of solving a problem of accessibility.

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