



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

2011 Federal Election Kit

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Canadian Hospice Palliative Care Association

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About the CHPCA

The Canadian Hospice Palliative Care Association (CHPCA) is the national voice for hospice palliative care in Canada. It is a national charitable non-profit association whose mission is to provide leadership in hospice palliative care in Canada. The CHPCA works in close partnership with other national organizations and will continue to move forward with the goal of ensuring that all Canadians, regardless of where they may live, have equal access to quality hospice palliative care for themselves and their family.

Mission

The Canadian Hospice Palliative Care Association (CHPCA) is the national association which provides leadership in hospice palliative care in Canada.

CHPCA offers leadership in the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened.

CHPCA will strive to achieve its mission through:

- collaboration and representation;
- increased awareness, knowledge and skills related to hospice palliative care of the public, health care providers and volunteers;
- development of national standards of practice for hospice palliative care in Canada;
- support of research on hospice palliative care;
- advocacy for improved hospice palliative care policy, resource allocation and supports for caregivers.

Vision

That all Canadians have access to quality end-of-life care.

About this Kit

Why an Election Kit?

Canadians, especially those in the hospice palliative care community, must speak with one voice to ensure that politicians understand the importance of improving access to hospice palliative care throughout Canada. This kit serves as a guide to delivering similar messages, to allow key messages to be amplified. The louder the voice, the greater the chance that positive policy changes will be made.

With an upcoming federal election, the CHPCA and its supporters must deliver a clear and unified message – *all Canadians must be able to die with dignity, free of pain, surrounded by loved ones, in a setting of their choice.*

The hospice palliative care movement has gained momentum over the past years, and is becoming an increasingly urgent issue, due to Canada's changing demographics (see the Fact Sheet for more details). However, in the past few years, federal political will seems to be showing signs of diminishing, just when it should be increasing. As a major example, Health Canada cut funding to the National Strategy on Hospice and Palliative Care (established in 2001), before ultimately discontinuing its working groups in March 2007 – before their work was finished.

An election provides excellent opportunities to raise issues with politicians and raise awareness of issues with fellow Canadians and gain their support. The following section contains the key messages that the CHPCA will be promoting during this election campaign – we encourage you to do the same.

How to Use this Election Kit

This kit has been prepared to make it as easy as possible for both organizations and individuals to raise awareness of hospice palliative care programs and services during the federal election campaign. The main goal is to educate candidates and secure commitments of support. The secondary aim is to educate the public and involve them in this campaign.

This kit contains “ready to use” materials including:

- Key messages and suggested questions to ask candidates
- Suggested activities
- Sample letters to candidates
- Tips on speaking to candidates
- Leave-behind briefing notes, including a fact sheet on hospice palliative care
- A list of useful websites

Use one, some or all of these materials, as you see them here, or adapt them to your local situation – we invite you to *pick out the elements that are most useful to you*, considering your available resources, both human and financial.

Whether you organize a letter-writing campaign, arrange an all-candidates meeting, or simply pose a question to your local candidates when they knock on your door, you will find tools and resources to help you communicate to your candidates and your neighbours the urgent need for improved hospice palliative care services for all Canadians.

Remember – you don't have to do everything. If we all do what we can, it CAN make a difference!

What Do You Think?

This kit was developed to focus on the federal election campaign. However, most of the materials, tools and suggestions that it contains also have broader applications. This kit is a 'work in progress'. We would appreciate hearing from you about what worked and what didn't.

During or after the federal election, we would appreciate your comments and suggestions. We want to make this kit even more useful for future advocacy campaigns. Please send us your comments either by e-mail: info@chpca.net or phone: 613-241-3663 or 1-800-668-2785.



Message from the President of the Canadian Hospice Palliative Care Association

Dear Hospice Palliative Care Supporter/Advocate:

Every election offers opportunities to focus public attention on important issues and to educate political candidates about these issues. Hospice palliative care is an issue that has already affected or will affect every Canadian at some point in their life. While it is true that growing numbers of Canadians are living longer lives, the majority of them also live with more chronic or life-limiting illnesses, making end-of-life care a crucial issue in our health and social policy.

The Canadian Hospice Palliative Care Association election strategy is non-partisan and has two main goals:

- To raise public awareness about hospice palliative care issues among the voting public; and
- To build connections and partnerships with politicians, to realize our mission of ensuring that every Canadian has access to quality end-of-life care

This kit was developed by the Canadian Hospice Palliative Care Association to help you raise awareness of hospice palliative and end-of-life care issues in your area during the upcoming federal election. We encourage you to use and share any information provided in this kit that you find useful. What is most important is that we all convey the same message and ask the same questions of the candidates. A common vision and unified voices will have the greatest impact.

Working together, we can make a difference.

Sincerely,

Wendy Wainwright
President, Canadian Hospice Palliative Care Association



Ensure all Canadians have access to high quality hospice palliative end-of-life care

Key Message

High quality hospice palliative and end-of-life care must be an integral part of health care, and available in all settings of care, including hospital, long-term/continuing care, residential hospices, shelters and Canadians' homes. When someone is diagnosed with a life-limiting illness, involving palliative care providers early can improve quality of life and reduce suffering.

What We're Asking For

- Develop a national hospice palliative and end-of-life care strategy and encourage other national health strategies – including the cancer, heart health, diabetes, lung, HIV/AIDS, chronic disease management, mental health, Aboriginal health and seniors strategies – to show leadership in end-of-life care.
- Fulfill the provincial/territorial governments commitment to provide first dollar coverage for palliative home care services
- Provide essential hospice palliative care services in all settings, based on the person's and the family's needs, including:
 - access to hospice palliative care professionals, including volunteers, 24 hours a day/7 days a week
 - all necessary medical equipment
 - prescription medications
 - non-prescribed therapies
 - support provided by consistent care providers
 - access to respite care for family caregivers.
- Establish a multi-sectoral task force or working group that crosses health and social services (e.g., health, education, finance, human resources, First Nations, veterans, and non-governmental organizations, such as unions and insurance associations), whose role is to consult with communities and make recommendations to advance hospice palliative end-of-life care.

Questions for Candidates

- Do you support the integration of hospice palliative and end-of-life care into all settings of health care?
- How would you work to ensure that the federal government successfully achieves its palliative home care goals for the groups for which it is responsible (First Nations, veterans, prisoners and refugees)?
- Do you support the creation of, and federal funding for, a multi-sectoral working group to help provide solutions to the problem of inadequate access to hospice palliative care?



Photo by Roger Lemoyne

Vision: That all Canadians have access to quality end-of-life care



Provide more support for family caregivers

Key Message

Family caregivers often provide care for a family member who is dying at great cost to themselves personally, financially and in terms of their health and well-being. The health and social system and our communities must provide more support for family caregivers. Although more people are dying at home, there is not enough information about the impact on family members.

The CHPCA will work with governments to implement the recommendations in the 2009 Senate Report on Aging, the Canadian Caregiver Coalition – Canadian Caregiving Strategy and other recommendations to provide more support for family caregivers. One of our goals is to minimize the excessive financial burden for family caregivers. Another is to ensure they have other supports to help them maintain their own health.

What We're Asking For

Create a comprehensive set of caregiver programs that bundles a variety of financial and other supports for caregivers, that they can access, according to their needs (that better reflect the variety of realities for caregivers). The bundled program should include:

A revised Compassionate Care Benefit that would:

- Eliminate the two-week waiting period to receive the benefit
- Increase the benefit to 75% of workers' earnings
- Increase the benefit period to a maximum of 52 weeks within the last year of life (as currently exists for maternity leave). One year is given for the beginning of life – why not for the end of life as well?
- Build more flexibility into the program, such as allowing partial weeks over a longer period, rather than blocks of weeks at a time

Create a companion program to the Compassionate Care Benefits that is not based on employment (e.g., a program like CPP) that people can pay into, whether they are self-employed, part-time employed, unemployed or retired, and draw on when they need income to sustain them through a period of caregiving for a loved one.

Create a Caregiver Benefit, similar to the Child Tax Benefit

that caregivers can apply for when a patient with life-limiting or life-threatening illness is under their care in their home. This would make it easier for them to cover expenses throughout the year, such as hiring nursing or housekeeping help.

Ensure Canadians are aware of the benefits available to them when caring for someone at end-of-life.

Ensure family caregivers have access to information and education, and services such as respite care that help safeguard their health.

Support a Family Caregiver Tax Credit.

Removal of the \$10,000 limit on the amount of eligible medical expenses that caregivers can claim for a tax credit.

Questions for Candidates

- Do you agree that informal caregivers need more support?
- How would you ensure that informal caregivers are well-supported?

*Informal caregivers are not members of an organization. They have no formal training, and are not accountable to standards of conduct or practice. They may be family members or friends.

¹“In a 2006 Pollara survey, one-quarter (26%) of Canadians said they had cared for a family member or close friend with a serious health problem in the last 12 months, with 22% of these people missing one or more months of work and 41% using personal savings.” Health Council of Canada. (2008). *Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada*, p. 8. Toronto: Health Council. www.healthcouncilcanada.ca.

Vision: That all Canadians have access to quality end-of-life care



Improve the quality and consistency of hospice palliative end-of-life care in Canada

Key Message

Canadians should expect to receive high quality care in all parts of the country. All organizations involved in end-of-life care must promote standards and best practices as well as education for health care providers, home support workers, volunteers and family caregivers.

In 2004, in the 10-Year Plan to Strengthen Health Care, governments recognized the need for hospice palliative care services in the home. In that plan, the federal, provincial and territorial First Ministers made a commitment to “provide first dollar coverage by 2006 for certain home care services... [including] case management, nursing, palliative-specific pharmaceuticals and personal care at the end of life.” Most provinces have not yet achieved these goals.

What We’re Asking For

Wide-spread adoption of the gold standard in palliative home care developed by the Canadian Hospice Palliative Care Association and the Canadian Home Care Association

A partnership among the federal government, provinces, territories and community organizations to develop and promote standards and best practices for hospice palliative end-of-life care

Education and support for all health care providers, home support workers, volunteers and family caregivers.

Funding to continue to support research in hospice palliative and end-of-life care, and to integrate findings into policy and practice

Funding to help communities and providers develop the capacity to meet the unprecedented increase in demand for end-of-life care.

Questions for Candidates

- Do you support the integration of hospice palliative and end-of-life care into all settings of health care?
- Do you support increased education initiatives for health care providers, home support workers, volunteers, and family caregivers?
- Do you support an increase in federal funding for hospice palliative and end-of-life care research initiatives?
- How would you work to ensure that the federal government successfully achieves its palliative home care goals for the groups for which it is responsible (First Nations, veterans, prisoners and refugees)?

Vision: That all Canadians have access to quality end-of-life care



Encourage Canadians to discuss and plan for end-of-life

Key Message

Hospice palliative end-of-life care will not be a priority in our health care system until it is a priority for Canadians. With the aging of the population, more attention will be focused on this issue.

The type and quality of care that people receive at end of life depends in large part on their ability and willingness to talk about and plan for death while still enjoying life.

Advance Care Planning starts with a conversation. April 12, 2011 is the official launch of the Speak Up: Start the conversation about end of life care campaign.

What We're Asking For

Educate Canadians and raise awareness about the importance of advance care planning.

Encourage patients to talk about end-of-life care, and go through the process of advance care planning

Encourage more public discussion about death and dying, and the importance of high quality end-of-life care.

Questions for Candidates

- Do you support funding for an integrated, national campaign on advance care planning?



Photo by Roger Lemoyne

Vision: That all Canadians have access to quality end-of-life care

Ready-to-Use Materials



Backgrounder: Hospice Palliative Care in Canada

What is Hospice Palliative Care?

Hospice palliative care aims to relieve suffering and improve the quality of living and dying.

Hospice palliative care strives to help patients and families:

- address physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears
- prepare for and manage self-determined life closure and the dying process
- cope with loss and grief during the illness and bereavement.

Hospice palliative care aims to:

- treat all active issues
- prevent new issues from occurring
- promote opportunities for meaningful and valuable experiences, personal and spiritual growth, and self-actualization.

Hospice palliative care is appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.

Hospice palliative care may complement and enhance disease-modifying therapy or it may become the total focus of care.

Hospice palliative care is most effectively delivered by an interdisciplinary team of healthcare providers who are both knowledgeable and skilled in all aspects of the caring process related to their discipline of practice. These providers are typically trained by schools or organizations that are governed by educational standards. Once licensed, providers are accountable to standards of professional conduct that are set by licensing bodies and/or professional associations.

Why is Hospice Palliative Care Important?

The CHPCA estimates that each death in Canada affects the immediate well being of an average of five other people, or more than 1.25M Canadians each year. These effects may include disruptions to living arrangements, loss of income, grief and other psychological issues, including depression and anxiety or increased rates of physical illness in elderly spouses. Because quality hospice palliative care addresses the physical, psychological, social, spiritual and practical issues of both patient and family, providing a solid support for those affected by a loved one's approaching or recent death, it can reduce the incidence of further health problems. An investment in hospice palliative care for one patient pays dividends in protecting the health of those in their circle of family and close friends.



Fact Sheet: Hospice Palliative Care in Canada

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At some time, in some way, we must all face the end of life. And most of us share a common hope – that when death comes to us or to a loved one, it will be peaceful and free of pain. We hope to face death surrounded by those we love, feeling safe, comfortable and cared for.ⁱ

The Demand for Hospice Palliative Care in Canada

- Canada's population is aging. As a result, the Canadian Hospice Palliative Care Association (CHPCA) estimates that over the next 40 years demand for hospice palliative care services will continue to increase.
- Ninety percent of Canadians who die can benefit from palliative care.ⁱⁱ
- Seniors make up the fastest-growing age group. In 2003, an estimated 4.6 million Canadians were 65 years of age or older, a number that is expected to double in the next 25 years. By 2041, about one in four Canadians is expected to be 65 or over.ⁱⁱⁱ
- In 2009, Canada had 4.7 million persons aged 65 years or over, twice the number recorded in 1981. According to all the projection scenarios, the growth of this group would accelerate in the coming years.^{iv}
- By 2031, the number of older seniors (persons aged 80 years and over) will then account for between 6.1 % and 6.5 % of the total Canadian population.^v
- Each year more than 259,000 Canadians die.^{vi}
- In 2004, Statistics Canada projected that the rate of deaths in Canada will increase by 33% by the year 2020 to more than 330,000 deaths per year.^{vii}
- The leading causes of death in Canada are: diseases of the circulatory system (about 35%), neoplasms (tumours or cancers) (about 28%) and diseases of the respiratory system (about 10%).^{viii} Hospice palliative care programs and services are beneficial for all of these groups, which total 73% of all Canadian deaths.
- In 2007, 37% of Canadians reported that they have been diagnosed by a physician as having a chronic condition or illness.^{ix}
- 1 in 3 Ontarians lives with one or more chronic diseases. Of those, almost 4 of 5 over the age of 65 have one chronic disease, and of those, about 70% suffer from two or more.^x

- Chronic diseases account for 70% of all deaths.^{xi}
- The CHPCA estimates that each death in Canada affects the immediate well being of an average of five other people, or more than 1.25 million Canadians each year.
- Hospice palliative care programs allow patients to gain more control over their lives, manage pain and symptoms more effectively, and provides support to family and informal caregivers.^{xii}

Access to Hospice Palliative Care in Canada

- Only 16% to 30% of Canadians who die currently have access to or receive hospice palliative and end-of-life care services – depending on where they live in Canada.^{xiii} Even fewer receive grief and bereavement services.
- Canadian families frequently shoulder 25% of the total cost of palliative care due to costs associated with home based services^{xiv} such as nursing and personal care services.
- The Economist’s Intelligence Unit ranks Canada as ninth in an international ‘Quality of Death’ index released July 14th, 2010. Commissioned by Singapore based The Lien Foundation, the ‘Quality of Death’ index measures current hospice and palliative care environments across 40 countries in terms of the quality and availability of end-of-life care. Although Canada scored within the top ten countries examined, we are still unable to provide valuable hospice palliative care services to over 70% of those dying within Canada.^{xv}
- When asked, most people have indicated that they would prefer to die at home in the presence of loved ones^{xvi}, yet almost 70% of Canadian deaths occur in a hospital. Note: In Quebec, deaths in residential and long-term care centres are included in the “hospital” category.^{xvii}
- According to an Ontario study, 84% of people who died of cancer between 2002 and 2005 visited the emergency department in the last six months of life and 40% visited emergency in the last two weeks.^{xviii}
- According to a Manitoba study, 41% of long-term care/nursing home residents were hospitalized at least once in the six months before their deaths.^{xix}
- The Canadian Cancer Society’s *Canadian Cancer Statistics 2010 – Special Topic: End-of-Life Care*, released in May 2010 reported that Canada has a patchwork approach to providing care at the end of life.^{xx}
- The 2000 Senate Report *Quality End-of-Life Care: The Right of Every Canadian* reported that approximately 15% of Canadians who require hospice palliative care services have access to these specialized services.^{xxi}
- The 2005 Senate Report *Still Not There: Quality End-of-Life Care: A Progress Report*, reported that despite a number of significant advancements at the federal level in palliative and end-of-life care since 2000, significant disparities across Canada remained with respect to access to end-of-life care, quality of care and out-of-pocket costs to the patient.
- The Senate Special Committee on Aging’s final report *Canada’s Aging Population: Seizing the Opportunity*, released in April 2009, made a total of 32 recommendations to the federal government. Among the 32 recommendations, the following related directly to hospice palliative care for seniors:
 - That the federal government apply the gold standard in palliative care developed by the Canadian Hospice Palliative Care Association and the Canadian Home Care Association to veterans, First Nations and Inuit, and federal inmates.
 - That Canadian Institutes of Health Research funding for palliative care be extended beyond 2009.
 - That the federal government create a supplementary transfer program to assist provinces and territories which have an older population in meeting the increased needs of their seniors.
 - That the federal government establish a specific time-limited fund to enable provincial, territorial and federal governmental drug benefit plans to develop a common list of drugs used by seniors; that this list form the basis of a common national formulary to be

implemented by all jurisdictions as a benefit list for all Canadian seniors; and that this initial focus on seniors form the basis for a national pharmacare program.

- Canadians living in remote and rural areas, or those living with disabilities, have severely limited access to formal hospice palliative care services.
- Inadequate government support and health care system approach in all its forms for hospice palliative care programs results in a significant additional burden on family and informal caregivers.
- A 2004 Ipsos-Reid survey reported that on average, Canadians estimate that 54 hours per week would be needed to take care of a dying loved one in their homes.^{xxii}
- Based on the estimate of 54 hours per week required to care for a dying loved one, 64% of those polled indicated that they could not devote the estimated number of hours per week given their current schedule.^{xxiii}
- 75% of all deaths occur in people over 65 years of age.^{xxiv}
- 75% of deaths today still take place in hospitals and long-term care facilities.^{xxv}
- Billing schedules under provincial health plans focus on clinical procedures and discourage physicians from practicing palliative care in the community.
- In December 2006, the Canadian Hospice Palliative Care Association (CHPCA) and the Canadian Home Care Association published *The Pan-Canadian Gold Standards for Palliative Home Care: Toward Equitable Access to High Quality Palliative and End-of-Life Care at Home*. This document identifies the gold standard level of care and a consistent approach across the country for hospice palliative care services at home in the following areas: Case Management, Personal Care, Nursing Care and Palliative-Specific Pharmaceuticals.^{xxvi}
- In 2004, the federal, provincial and territorial First Ministers made a commitment to provide funding for certain palliative home care services and the CHPCA made a commitment to report on the progress of the jurisdictions.
- Only six of 13 jurisdictions have policies on providing nursing and personal care services 24 hours a day, seven days a week.^{xxvii}
- Among jurisdictions that have appropriate policies and procedures in place to ensure access to services, there is still a cited lack of resources, lack of training and geography (rural areas) that limits their ability to provide adequate palliative home care services to all palliation home care patients.^{xxviii}
- Most jurisdictions indicated that they do not track the proportion of people dying at home who have access to nursing care, personal care and respite services – all essential services.^{xxix}

Funding for Hospice Palliative Care Programs

- From 2001 to 2006 the federal government funded the Secretariat on Palliative End-of-Life Care (Health Canada) with an annual budget between \$1M and \$1.5 M dollars; however, in 2007 the federal government disbanded the End-of-Life Care Secretariat and stopped work on the national palliative and end-of-life care strategy.
- Generally hospice palliative care programs rely disproportionately on charitable giving; a majority of the cost of programs is provided by private donors, restricting the size, scope and access to programs.
- Hospice palliative care programs are still at least 50% funded by charitable donations, and families must bear part of the cost of dying at home, in longer-term care – almost anywhere outside a hospital.^{xxx}
- Currently only a small number of provinces have designated hospice palliative care as a core service under their provincial health plans. In the remaining provinces, hospice palliative care may be included in provincial home care budgets or other health service budgets, leaving the funding vulnerable to budget reductions.^{xxxi}

- The final report of the Commission on the Future of Health Care in Canada (2002 Romanow Report) recommends the commitment of \$89.3 million annually to the Canadian health care system to address hospice palliative care needs.^{xxxii}
- The cost of doing nothing: If we extrapolate from current Canadian Institute for Health Research (CIHR) funding, we might expect CIHR to keep funding about \$4 million of palliative end-of-life care research per year through open operating grants. However, there is a high risk that a significant portion of the capacity created through this initiative will be lost if no further action is taken.^{xxxiii}

Training and Education

- Canada currently has over 200 palliative care physicians who work either full-time or part-time.^{xxxiv}
- The Quality End-of-Life Care Coalition of Canada reports that over the next 10 years, professional education will be even more important in a systems-wide approach to hospice palliative and end-of-life care – where Canadians will receive quality care in all care settings where they die.^{xxxv}
- Canada’s schools of nursing are moving forward with plans to offer formal hospice palliative care training and education as part of their curriculum.
- In April 2004, the Canadian Nurses Association began to offer Hospice Palliative Care Nursing Certification to Canadian nurses.^{xxxvi}
- Much of Canada’s end-of-life care is provided by family physicians, many of whom could benefit from training in pain management and other related skills.
- Hospice palliative care training and education is equally under-funded for other disciplines engaged in hospice palliative care, including nurses, social workers, psychologists, and spiritual counselors
- The CHPCA, in partnership with the Association of Faculties of Medicine of Canada co-hosted a project, entitled Educating Future Physicians in Palliative and End-of-Life Care, which worked with all 17 medical schools in Canada. Its purpose was to integrate hospice palliative care education into the core medical curriculum by its completion in March 2008.^{xxxvii}
- In 2010, the CHPCA, in partnership with the Social Work Competencies on Palliative Education Executive Committee, embarked on a project to integrate competencies for social work practice in hospice palliative care into social work undergraduate and graduate education curricula and continuing education programs. The ultimate goal is to increase the capacity of all social workers delivering psychosocial end-of-life care to patients and families to provide consistent, good quality care at the end-of-life, regardless of location and context of practice.
- The CHPCA offers six learning and resource commons. Available for health professional education, caregiving, advance care planning, pediatrics, aboriginal issues and international issues, the commons were created as repositories for resources relating to palliative and end-of-life care. This allows Canadians to search and share resources related to hospice palliative end-of-life care.^{xxxviii}
- In 2009, the CHPCA’s Nurses Interest Group reviewed and approved the Canadian Hospice Palliative Care Nursing Standards of Practice. Best read in conjunction with the 2008 Canadian Nurses Association’s hospice palliative care nursing competencies, both documents provide a framework for building professional hospice palliative care nursing practice and will guide discussion and policy development.^{xxxix}
- The Difficult Pain BET (CIHR NET Grant) developed the world’s first on-line palliative care research methods course; most palliative medicine residency programs across Canada made the 12-week course mandatory or strongly recommended. The program is being adapted for students.^{xl}
- CARENET (CIHR NET Grant) discovered medical trainees have significant exposure to dying patients, and are often responsible for determining their level of care. As a result, they are

suffering significant sadness and fear, or complex emotions such as distress, grief, and guilt. The NET is exploring training and healing tools, working with key leaders in medical curriculum development.^{xii}

- Physician communication in end-of-life care is an essential clinical skill, yet many health care professionals struggle with the important discussions that take place at the end of life. Internal medicine residents at five universities across Canada recently participated in surveys designed to assess their knowledge of end-of-life care, particularly their perceived strengths and weaknesses, learning priorities and attitudes towards caring for dying patients. The results of this research could guide curriculum development at medical schools and help improve communication between doctors, patients and families.^{xiii}
- To help family caregivers provide care and advocate for their loved ones, the CHPCA, in collaboration with The GlaxoSmithKline Foundation, developed the *Living Lessons*[®] *Influencing Change: A Patient and Caregiver Advocacy Guide*, a handbook, as well as other training materials for family caregivers.^{xiii}

Raising Awareness

“Unfortunately, in end-of-life care, we do not have a vocal constituency: The dead are no longer here to speak, the dying often cannot speak, and the bereaved are often too overcome by their loss to speak.”^{xiv} Harvey Chochinov

- Public awareness programs are critically important in helping Canadians face end-of-life issues and raising the awareness of the current gaps in service.
- The Canadian Hospice Palliative Care Association (CHPCA) is working to raise awareness of the importance of advance care planning. From 2006 to 2008, the theme for National Hospice Palliative Care Week focused on advance care planning.^{xlv}
- The GlaxoSmithKline Foundation, in partnership with the CHPCA, have created the *Living Lessons*[®] initiative, a public awareness and social marketing campaign designed to provide tools and resources to patients, family members, caregivers, volunteers and health care providers.^{xlvi}

Advance Care Planning

- Advance care planning or ACP is a process whereby a capable (mentally competent) adult engages in a plan for making personal health care decisions in the event that this person becomes incapable (legally incompetent to personally direct) his or her own health care.^{xlvii}
- The Canadian Hospice Palliative Care Association has assumed a position of leadership in ACP in Canada and has initiated a five-year project to develop a national framework for ACP in Canada. The key objective of the national framework is to provide a model that can be used to guide all related activity, program development and standards of practice.
- Effective, ongoing communication among the patient, family and health care team is essential to effective ACP.^{xlviii}
- Successful ACP often begins well in advance of serious illness.^{xlix}
- In 2003, Ipsos-Reid conducted a poll on behalf of The GlaxoSmithKline Foundation and the Canadian Hospice Palliative Care Association, which indicated that 44% of Canadians have spoken to their families regarding their end-of-life care and only 9% of Canadians have spoken to their physicians regarding their end-of-life care.¹
- *Challenges and Issues in 2010: The Quality End-of-Life Care Coalition of Canada* states that one of the key challenges over the next ten years will be persuading Canadians that end-of-life care planning is important for everyone, not just those diagnosed with a life-limiting illness, such as cancer.^{li}

The Role of Informal and Family Caregivers

“There are only four kinds of people in this world: those who have been caregivers; those who currently are caregivers; those who will be caregivers and those who will need caregivers.”

Rosalynn Carter, former First Lady

- In 2007, 23% of Canadians said that they had cared for a family member or close friend with a serious health problem in the last 12 months. Adverse effects on this group of people included: using personal savings to survive (41%) and missing one or more month of work (22%).^{lii} In 2006, of the 26% of Canadians who said that they had cared for a family member or close friend with a serious health problem in the previous 12 months, other adverse effects reported were: negative effect on mental health (41%) and negative effect on physical health (38%).^{liii}
- With the devolution of care to the community and the home, families are facing an increased burden to care for loved ones with little formal support.^{liv}
- Since January 2004, Human Resources and Skills Development Canada has offered the Compassionate Care Benefit through the Employment Insurance program. The benefit provides 8 weeks leave (6 weeks paid) to eligible Canadians to care for a dying loved one.^{lv}
- In June 2006, the Government implemented changes to the Compassionate Care Benefit through the Employment Insurance (EI) program to increase the number of people who can access the benefit. The expanded definition means that EI-eligible workers can claim the Benefit while they are absent from work to provide care to a sibling, grandparent, grandchild, in-law, aunt, uncle, niece, nephew, foster parent, ward, guardian, or a gravely ill person who considers the claimant to be like a family member. The Benefit remains available to those caring for parents, children and spouses. Common-law partners are also eligible to receive the Benefit. This refers to people who have been living in a conjugal relationship for at least a year, and includes same-sex couples.^{lvi}
- A 2009 evaluation of the Compassionate Care Benefit from the perspective of family caregivers confirmed that there are a number of critical barriers to the successful uptake of the benefit, including:
 1. the general lack of awareness regarding the Compassionate Care Benefit existence;
 2. various issues with the application process;
 3. the requirement of a two week unpaid waiting period;
 4. the inadequate amount of time the leave provides; and
 5. the inadequate financial compensation the Compassionate Care Benefit offers.^{lvii}
- As a leading-edge global company, GlaxoSmithKline includes in their employee benefit package the option of up to 13 weeks paid leave to employees who require time away from work to care for a dying family member.^{lviii}
- 70% of family and informal caregivers acknowledge that providing care to a loved one is stressful.^{lix}
- 70% of family and informal caregivers indicate that they require time away from the responsibility of caring for a loved one.^{lx}
- Whether or not the family or informal caregiver has a choice in taking on the role of caregiver is a significant factor in the degree of stress and disruption they experience.^{lxi}
- Formal support is important, but does not seem to reduce stress.^{lxii}
- Family and informal caregivers providing hospice palliative care at home are undertaking a wider range of tasks in an environment where they typically have less support from professional caregivers. Tasks assigned to family and informal caregivers may include: psychological, social and spiritual care; personal care; medical care, including administration of medications and injections; homemaking services; and advocacy and care-coordination.^{lxiii}
- Current estimates for replacement costs for unpaid care-giving in Canada indicates a significant economic contribution by caregivers; estimates for care provided in 2009 range between 25 to 26 billion dollars.^{lxiv}

- In a qualitative study inclusive of caregivers 75 years and older, it was concluded that the higher risk of health issues amongst this older cohort produced more complex care-giving issues. However, it was also found that the caregivers tended to downplay their care-giving situation in an effort to make it more manageable, and consequently were reluctant to access formal services for assistance.^{lxv}
- A meta-analysis of 23 studies comparing the health indicators of caregivers for people with dementia with non-caregivers matched for age and gender found that stress hormones in caregivers were 23% higher, and that their antibody responses were 15% lower than those of non-caregiver. These findings suggest the care-giving may influence the physical health of caregivers.^{lxvi}
- The increasing reliance on de-institutionalized care has had a great impact on Canada's 1.5 to 2 million family caregivers, a group that provides hands-on care, spiritual and emotional care, and care coordination worth \$25-26 billion annually, while incurring \$80 million dollars annually in out-of-pocket costs.^{lxvii}
- Family caregivers of patients in the advanced stages of cancer experience a high level of psychological distress, which increases significantly as the patient loses autonomy. Health care policies and programs need to be revisited in order to take the reality of these patients and their families into account.^{lxviii}
- The Senate's Special Committee on Aging's final report *Canada's Aging Population: Seizing the Opportunity* released in April 2009 made the following strong recommendations in support of assistance for caregivers:
 - That the Employment Insurance Act be amended to:
 - eliminate the two-week waiting period before receipt of the compassionate care benefit;
 - increase the compassionate care benefit to 75 (seventy-five) percent of the earnings of workers;
 - increase the length of the benefit from 6 to 13 weeks; and
 - provide access to the benefit during times of medical crisis, and not only during the palliative stages of illness.
- That the federal government work collaboratively with the provinces and territories, policy-makers, stakeholders and family caregivers to establish a National Caregiving Strategy. The Strategy should form part of a larger federal integrated care initiative.

Research

- There is an acute need for research into more effective pain and symptom management, psychosocial aspects of hospice palliative care, and effective methods of delivering hospice palliative care services and programs within the health care system.
- Traditionally, hospice palliative care research has been poorly funded. A sustained hospice palliative care research strategy is required to ensure a coordinated approach to this issue.^{lxix}
- On September 21st 2004, the Canadian Institutes for Health Research (CIHR) announced 16.5 million dollars to fund research in hospice palliative care; the funding ended in 2009.^{lxx} The CIHR funding allowed for a rich diversity of research topics in hospice palliative care including:
 - Palliative and End-of-Life Transitions
 - Family Caregiving
 - Tackling Difficult Pain
 - Cancer-Associated Cachexia and Anorexia
 - Vulnerable Populations
 - Improving Communication and Decision-Making
- Following the completion of the above CIHR funding initiative, a report was prepared detailing the initiative's accomplishments, what was learned and where they need to go from here.^{lxxi}

- Since the launch of the Institute for Cancer Research, Canada has almost doubled its world share of palliative end-of-life care publications between 2004 and 2009: at 8% it is almost twice Canada's overall world share of health research publications.^{lxxii}
- Findings published in *The New England Journal of Medicine* sheds a new light on the effects of end-of-life care. Doctors have found that patients with terminal lung cancer who began receiving palliative care immediately upon diagnosis not only were happier, more mobile and in less pain as the end neared – but they also lived nearly three months longer.^{lxxiii}
- A recent study suggests that patients with life-limiting advanced chronic disease identify that receiving honest information about their condition and having time to prepare for life's end are key aspects of quality end-of-life care. Of the 440 patients studied, only 18% stated that they had discussed their prognosis with a physician. Overall satisfaction with end-of-life care, however, was significantly higher among those patients who had held that discussion. These patients were more willing to discuss preferences regarding cardiopulmonary resuscitation and were also more likely to prefer a home death.^{lxxiv}
- The CANHELP questionnaire was designed to help researchers, healthcare providers and their patients better understand the satisfaction with end-of-life care and to identify opportunities for improvement. A recent survey of 363 patients and 193 family members from six centers across Canada suggests that improved psychological and spiritual support, better advance care planning, and improved relationships with physicians, including better communication and decision-making, may efficiently improve end-of-life care in Canada. Initially used by researchers to measure end-of-life care satisfaction, the questionnaire is now also available for patients and families as a catalyst for discussions with their doctors and other medical professionals (see www.thecarenet.ca for more information).^{lxxv} (CIHR NET Grant)

The Role of Home Care

- The delivery of formal home care generally relies on public funding. Unfortunately, there has been an increase in the demand for home care services without an increase in funding of these programs.
- A lack of funding of home care programs affects the need for trained volunteers and family and informal caregivers.
- There is a shortage of home care workers in urban, rural and remote areas.
- In 2003, the Home Care Sector Study Corporation published a report entitled *Canadian Home Care Human Resources Study* that has projected that if all variables remain the same, in 2046, Canada can expect to have more than 750,000 Canadians receiving home care. When factoring in changes in the age distribution of the population, by 2046, Canada may have an additional 700,000 people using home care. This means that, by 2046, we may need home care for twice as many people proportionally, as we do today.^{lxxvi}
- The *Canadian Home Care Human Resources Study* indicates that 65% of family and informal caregivers are under 50 years of age, with 64% of them working full time or part-time, or being self-employed.^{lxxvii}
- Emerging pan-Canadian health trends indicate that effective home care can contribute to lower long-term costs for the health care system, therefore these costs should fall under the parameters of the *Canada Health Act*.^{lxxviii}
- Current end-of-life care research increasingly suggests that Canadians prefer to die at home or in their home communities (e.g. in long-term care facilities) instead of in hospital settings.^{lxxix}
- Given that Canada has a rapidly ageing population with the need for palliative home care for people diagnosed with advanced illnesses, provinces must establish standards to assess and decrease wait times for this type of care. If all variables remain the same, in 2046 Canada can expect to have more than 750,000 people receiving home care.^{lxxx}

Quality End-of-Life Care Coalition of Canada (QELCCC)

- The Canadian Hospice Palliative Care Association is the Secretariat of the Quality End-of-Life Care Coalition of Canada (QELCCC), a group of 33 national associations and organizations with an interest in end-of-life care issues.^{lxxxix}
- The QELCCC supports the full implementation of the recommendations identified in the June 2000 Senate report entitled *Quality End-of-Life Care: the Right of Every Canadian*.^{lxxxii}
- In June of 2005, the QELCCC developed the “Framework for a National Strategy for Palliative and End-of-Life Care” for hospice palliative care needs in Canada.^{lxxxiii}
- The QELCCC Framework includes three distinct models or working groups:^{lxxxiv}
 - Intra-Governmental Consultation & Engagement Working Group
 - Inter Governmental & Stakeholder Consultation and Engagement Working Group
 - Community-Based Working Group
- In May 2008, the QELCCC released *Hospice Palliative Home Care in Canada: A Progress Report*, a report card to provide an overview of the palliative home care services in Canada to determine if jurisdictions are meeting the urgent needs required by these patients.^{lxxxv}
- The progress report revealed that jurisdictions across Canada have made significant progress in giving more people access to a range of palliative home care services (case management, nursing, personal care, pharmaceuticals), but there is still room for improvement.^{lxxxvi}
- In January 2010, the QELCCC released *Blueprint for Action 2010 to 2020*, which summarizes the QELCCC’s priorities for the next 10 years:
 1. Ensure all Canadians have access to high quality hospice palliative end-of-life care;
 2. Provide more support for family caregivers;
 3. Improve the quality and consistency of hospice palliative end-of-life care in Canada; and
 4. Encourage Canadians to discuss and plan for end-of-life.^{lxxxvii}

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All Canadians have the right to die with dignity, free of pain, surrounded by their loved ones, in the setting of their choice.

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Suggested Activities

If you can do only two things, please...

1. Send letters to each candidate in your region.
2. Attend at least one public forum in your riding and question the candidates. (Please use the Feedback form to send all questions you pose and responses you receive from candidates).

While the message should remain clear, it should be delivered in a variety of ways. Following are some suggestions for activities that can help to deliver the key messages:

Contacting Your Candidates

- **Ask at the door, on the phone, on the streets, at community events:** When candidates knock on your door or call, ask them if they support improved access to hospice palliative care. Ask them if they will support any of the items in the key messages. Each of the three Key Issues Summaries included in this kit includes suggested questions – tape them by the door and by the phone so that anyone in your house who answers the door will have the questions at hand. Whenever and wherever you see candidates or their canvassers, ask them. Keep the Key Issues Summaries in your bag or coat pocket so that they are handy anytime you might meet a candidate.
- **Write letters to each of your candidates:** Be sure to write as early as possible after an election is called, to allow for response time before the election. A sample letter is included in this kit. You can send your letter by traditional post or by e-mail.

TIP – Visit www.elections.ca to find contact information for all the candidates running in the federal election. Type in your postal code to find the name of your riding, your MP, and the names and party affiliations of all election candidates.

- **Visit campaign offices:** Stop by campaign offices and ask candidates one or more of the Suggested Questions, and if they'll work towards our goals if elected. Bring friends and/or invite your local media along.
- **Attend candidate rallies or all-candidates' meetings:** Bring along the key messages, suggested questions, briefing notes and Fact Sheet.
- **Organize an all candidates' meeting on hospice palliative care issues:** If there is no all-candidates meeting planned for your riding, why not hold one? Get together with some friends or groups, book a room, invite the candidates, invite the public, and invite the media! See more tips on organizing an all-candidates' meeting in the Reference Materials section of this kit.

Contacting Federal Parties

- **Send an e-mail to the political parties:** You can send them a copy of letters to your candidates, or copy and paste your letter in the e-mail body (many spam filters don't allow e-mails with attachments). You may also want to shorten the e-mail, and simply include the Suggested Questions.
- **Get visible with party leaders:** If party leaders come to your town, show up at their events, and ask them if their party will support improved access to hospice palliative care.

Publicizing Your Views

- **Write a letter to the editor:** A letter to the editor of a newspaper or magazine is short and in response to a specific comment or story printed recently. Chances of publication are directly related to the size of the readership of the newspaper. Getting a letter to the editor of the Globe and Mail is very difficult since your letter will likely be up against a thousand other letters. Your chances of being published in community or provincial newspapers are far greater, especially if your letter remains tightly focused on one issue only. Most newspapers state a word limit for letters to the editor – keep your letter within the allotted word count.
- **Submit an opinion editorial (op-eds):** Op-Eds provide an opportunity to make your argument in more detail than in a letter to the editor. An op-ed usually appears on or near the editorial section of a newspaper and is written by experts or invited members from the community, rather than by journalists. An op-ed generally carries more weight than a letter to the editor, because it allows you to develop your argument and present a more detailed case for your opinion. As with a letter to the editor, most newspapers have a word limit – be sure to ask what the word limit is for publication. Op-eds are usually about 750 words. While that may sound like a lot, every word has to count – stay focused on your main point.
- **Radio call-in shows:**
- **Websites:** Most organizations have websites – use yours to feature the key messages and asks.
- **Blogs:** If you write a blog, pick a different key message or ask to focus on over a period of time (for example, once a week). Encourage fellow bloggers to do the same. Provide links to the Canadian Hospice Palliative Care Association website, your provincial hospice palliative care association or a local hospice palliative care organization.

Following Up

Watch the election results, note which candidates win (and remember what they said about support for hospice palliative care, if anything), and follow up with a letter, e-mail or phone call to congratulate them and ask for a meeting as soon as possible. If there was any media coverage of hospice palliative care issues published during the campaign, take copies – your new MP needs to know the issue has public profile. If your new MP made a commitment during the campaign, restate his or her commitment in your letter of congratulations. If your MP did not make any commitments to hospice palliative care, a meeting provides another opportunity for you to present information and ask again for a commitment. After the meeting, let us know what happened.

Still Have Questions?

If you have questions after reading this kit, please contact:

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This kit and all included resources is available on-line at: www.chpca.net

Reference Materials

Sample Letter to Provincial Candidates

Please customize this letter for your own situation.

Candidate's name

Insert Address

Fax Number

Date

Dear *(insert name)*,

All Canadians deserve the right to quality end-of-life care. Yet very few Canadians have access to these kinds of services.

(insert positive personal story here, if you have one you'd like to share)

While my mother's/brother's/etc. dying experience was a positive one, for most Canadians, this is not the case. Currently, only approximately 15% of Canadians have access to hospice palliative care services.

In recent years, some improvements have been made in the availability of hospice palliative care services in Canada but there is still much to be done to ensure that all Canadians have equal access to these services when needed. The 10-Year Plan to Strengthen Health Care signed in 2004 by the provincial/territorial governments and the federal government showed promise that the government is moving in the right direction, but a long-term, sustainable Canadian Strategy for Palliative and End-of-Life Care is needed to achieve equitable access to end-of-life care for all Canadians.

(Insert your name, the name of your program, organization or association here) is asking you to respond to the following questions as a *(insert party name here)* candidate in *(insert riding here)*.

1. What actions would your party take to ensure that every Canadian had access to palliative and end-of-life care services in all settings (acute-care facilities, long-term care facilities, residential and community hospices, home and the street)?
2. What policy, funding and infrastructure steps would you initiate to build awareness of and strengthen quality end-of-life care for all Canadians?
3. Do you have any specific strategies to provide the necessary supports for informal (family and friends) caregivers who care for those in their final days?

(I/We) have enclosed briefing note and a fact sheet prepared by the Canadian Hospice Palliative Care Association, for your information. *(I/we)* look forward to hearing from you on your government's plan to ensure quality end-of-life care for all Canadians.

Yours sincerely,

Name

Title

Organization

Enclosed: Hospice Palliative Care Fact Sheet

Guide to Organizing an All-Candidates Meeting

Inviting your local federal candidates to an all-candidates meeting provides them with an excellent opportunity to discuss how they will address hospice palliative care issues in your area.

Here are some tips for organizing a meeting:

1. Find partners:

- Ask friends, neighbours or other groups concerned about hospice palliative care and related issues to partner with you hosting the event. The more people involved, the more the word out, and the more people you can get to attend the meeting. It will also be harder for the candidates to say no.

2. Pick a date, time and place:

- Contact the candidate's campaign manager shortly after an election is called or send a letter to the candidate directly as schedules fill up very quickly. Weekday evenings or Saturday afternoons usually work best. If you can, pick two-three possible dates to give the candidates a choice and make it harder to turn you down.
- When selecting a location, remember to choose one that's accessible by car or public transit, and by people with disabilities. Some examples: local library, City Hall, a public school or campus, a community centre, seniors' centre or a union hall.
- You can usually find something for \$100 or less, or even for free.
- Remember you can pass the hat at the meeting to get donations to cover the costs of the venue.

3. Contact the candidates:

- Get phone numbers by calling 411 and asking for the candidates' name or campaign office, or look on the party website for the candidate's office or local riding association. The list of useful websites in this kit may help.
- Call the candidates' offices and ask to speak to the campaign manager or scheduling assistant. Tell them you have an invitation to the debate and ask if the candidate is available on the first date of your choice. Failing that, ask about the second or third. Be persistent, but polite – make it hard for them to say no!
- Fax, email (to their direct email) or send the invitation as soon as you hang up. Give them 3-4 days to respond.

4. What if a candidate says no?

- If a candidate will not return your calls or refuses to take part in the debate, tell your local media.
- Consider having an empty chair or name card on display, and ask the moderator to note the absence of a candidate.

5. Get a moderator:

- The moderator introduces the event and candidates, reviews the schedule and guidelines before the debate, and then moderates audience questions.
- Ideally, moderators should be experienced and non-partisan, and is comfortable facilitating debates. This person must be able to speak to large crowds, have the ability to stay neutral,

calm and firm and can manage sometimes tense and difficult discussions. A good sense of humour is also a plus!

- You might want to invite a person well-known and respected in the community – perhaps a religious, education or community leader, or a media personality.

6. Get a timekeeper

- Identify a timekeeper (who is not the moderator) to monitor time limits, and notify the candidates and questioners. Timekeepers can use a stopwatch, gavel, flag or coloured piece of paper (or file folder.) The moderator can introduce them and the methods for keeping time (waving one colour for a warning – usually 1 minute – and another for cut off.)

7. Get a recorder

- Have a recorder take detailed notes of the discussion. This will allow you to document the candidate's position and continue to follow up with them during and after the election.

8. Plan the format:

- Decide length of each candidate's opening remarks, as well as Q&A. For example, each candidate may speak for eight to ten minutes and then take questions from the floor for the last fifteen minutes.
- Moderator introduces the candidate and the guidelines.
- Candidates give opening statement.
- Moderator invites questions from the participants.
- Moderator ends the meeting.

9. Prepare questions for the candidates:

- See the list of Suggested Questions for candidates included in this kit, and encourage friends and colleagues coming to the meeting to ask some of them.
- Draft your own questions

10. Publicize your meeting! Get people to attend!

- Once you've confirmed the details, contact your local media – your newspaper, radio, TV, community weeklies – and urge them to attend. Send out a media advisory indicating the time, location and scope of the meeting, and which candidates will be attending.
- Announce the debate in the “public service announcement” sections of your local media, and put up flyers in community centres, libraries, cafés and other public places.
- Send the information through your organization's usual communication channels.
- Call colleagues, volunteers, family and friends.

11. During the meeting and follow-up:

- Be sure you meet each candidate, get their contact information and send them a thank you letter for attending the meeting. It is important to cultivate these relationships.

Useful Websites

Major Political Parties

Bloc Québécois – www.bloc.org
Conservative Party of Canada – www.conservative.ca
Green Party of Canada – www.greenparty.ca
Liberal – www.liberal.ca
New Democratic Party (NDP) – www.ndp.ca

Federal Sites

www.elections.ca

Type in your postal code to find the name of your riding, your MP, and the names and party affiliations of all election candidates.

Polling Firms

Compas Public Opinion and Customer Research – www.compas.ca
Corporate Research Associates Inc. (CRA) – www.cra.ca
Decima Research – www.decima.ca
Ekos Research Associates – www.ekos.ca
Environics Research Group – erg.environics.net/
Ipsos Canada – www.ipsos.ca
Leger Marketing – www.legermarketing.com
Pollara Public Opinion and Market Research – www.pollara.ca
SES Research – www.sesresearch.com
Strategic Counsel – www.thestrategiccounsel.com

Hospice Palliative Care and Caregiver Resources

Dying for Care video – <http://video.google.ca/videoplay?docid=-8702832632307809133>

Dying for Care Status Report – <http://www.chpca.net/qelccc/resources.htm>

A Pan-Canadian Partnership for Palliative and End-of-Life Care –
<http://www.chpca.net/qelccc/resources.htm>

The Pan-Canadian Gold Standard for Palliative Home Care
<http://www.chpca.net/norms-standards.html>

Hospice Palliative Home Care in Canada: A Progress Report
<http://www.chpca.net/qelccc/resources.htm>

Raising the Bar: A Roadmap for the Future of Palliative Care in Canada
http://sen.parl.gc.ca/scarstairs/PalliativeCare/PalliativeCare_e.asp

Still Not There. Quality End-of-Life Care: A Progress Report –
http://sen.parl.gc.ca/scarstairs/PalliativeCare/PalliativeCare_e.asp

Legal, Moral, Ethical Challenges of Informal Caregiving –
http://www.chpca.net/informal_caregivers/role_of_informal_caregivers.html

Position Matrix

This sample matrix will help you track the responses that you receive when you send letters to candidates and ask for responses on particular issues.

Candidate	National Strategy	Access in four settings	Policy, funding, infrastructure	Family and informal caregivers

Feedback Form

Your Name & Contact Info	
Candidate Contacted (name, party & riding)	
Date Contacted	
Method of Contact - letter - candidates meeting - private meeting - etc.	
Participants (if a meeting)	
Issues Discussed / Questions Asked	
Commitments made by Candidate	
Follow-up Required	

Please send this form to: **Canadian Hospice Palliative Care Association – Election Kit Feedback**

Fax: 613-241-3986 (no cover sheet required)

E-mail: info@chpca.net

Mail: Annex D – Saint-Vincent Hospital

60 Cambridge Street North

Ottawa, ON K1R 7A5