



## DECISIONS



## RESPECT



## QUALITY



## END OF LIFE

## What can you do?

Whether you are an individual wanting to advocate for your personal or familial needs, a professional, or an organization, here are some ways you can get involved!

- **Write a letter** to the editor, your MP, or your MLA.
- **Speak to** your health care professional, your local health authority or your hospital.
- **Print out** some of our downloadable materials and post them in your office.
- **Find out** what services are available in your community.

You can familiarize yourself further with the current situation and key messages by going to [www.chpca.net/hpcfist](http://www.chpca.net/hpcfist). Together we can ensure that all Canadians have access to high quality end-of-life care.

Whether or not you agree with euthanasia and assisted suicide, here are some facts you should consider:



- Why is it that only 16-30% of Canadians who currently die have access to hospice palliative care and end-of-life services?<sup>1</sup>
- The Norms of Practice (2002) define hospice palliative care as care that aims to relieve suffering and improve the quality of living and dying.<sup>2</sup>
- Euthanasia and physician assisted suicide are not part of palliative care practice.<sup>3</sup>

Rather than debate euthanasia and assisted suicide, why not talk about hospice palliative care first?

**For more information visit:**  
[www.chpca.net/hpcfist](http://www.chpca.net/hpcfist)

<sup>1</sup> Canadian Institute for Health Information, *Health Care Use at the End of Life in Western Canada* (Ottawa: CIHI 2007).

<sup>2</sup> Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. *A Model to Guide Hospice Palliative Care*. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.

<sup>3</sup> Canadian Hospice Palliative Care Association, *A Model to Guide Hospice Palliative Care*, Canada: 2002.