



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

Federal Election 2021 Priorities

Briefing Note



Introduction

The Quality End-of-Life Care Coalition of Canada (QELCCC) is a group of more than 30 national stakeholder organizations dedicated to improving end-of-life care for all Canadians. The Coalition believes that all Canadians have the right to quality palliative care, including grief and bereavement supports. To achieve this, there must be a well-funded, sustainable national strategy for palliative care. It is the mission of the QELCCC to work together in partnership to achieve this goal.

The COVID-19 pandemic has revealed an unfortunate truth – suffering and loss are universal experiences, but palliative care is not. It is critical that whoever forms the next government ensures all Canadians have access to the palliative care they deserve.

To that end, the QELCCC recommends the adoption of the following three initiatives:

1. Fully fund and implement the Framework on Palliative Care in Canada

The QELCCC believes to fully implement the government's Framework and Action Plan on Palliative Care, the government needs to implement three key initiatives.

Firstly, it must establish a **centralized and national coordination office**, such as the Office of Palliative Care (OPC), to serve as a single focal point and knowledge centre for palliative care at the federal level. This office would play a leadership role connecting governments and stakeholders across jurisdictions to promote better access to high-quality care and work with stakeholders to set a common definition of palliative care and consistent standards for the delivery of palliative care, thus coordinating the implementation of the federal government's Framework and Action Plan on Palliative Care in Canada

Secondly, it must **earmark funding for a Canadian Palliative Care Implementation Collaborative** to help advance the state of palliative care for all Canadians. A Canadian Palliative Care Implementation Collaborative would be comprised of federal, provincial, and territorial government representatives, key health stakeholders, and patient groups. The priorities would include measures to facilitate equitable access to palliative care for Canadians of all ages across Canada with attention to underserved populations, measures to support palliative care providers, data collection, reporting, benchmarking and research, and palliative care education and training for health care providers, volunteers, communities, and caregivers.

Lastly, it must **allocate \$8.75 million of new funding over three years specifically earmarked for palliative and end-of-life care research and knowledge translation**, including grief and bereavement care. Of this, the government should dedicate \$750,000 over the three years to seed/proof-of-concept projects, without matching funds.

2. Embed palliative care in national long-term care standards

Challenges in the long-term care (LTC) sector have been ignored for decades. Those living in LTC homes deserve quality inclusive care. Canadians demand this.

The annual mortality rate in LTC ranges from about 27% to 52%, with a median life expectancy of about two years.¹ As Canada moves forward on improving LTC, the next government must embed early integrated palliative care within the LTC sector. We have known for years of the exponentially rising rate of Canadians over the age of 65 and with the COVID experiences, the gaps in care for our seniors have become glaring. Canadians demand change.

Only 6% of residents in LTC have a record of receiving palliative care in the last year of life². LTC home residents need a palliative approach to ensure pain and symptom management, their wishes heard, family included, and their physical, emotional, and spiritual needs met. Additionally, as Canada's population ages and life expectancy increases, there will be more older adults and those with dementia within Canada who will require LTC.^{3 4} Human resources and knowledge gaps must be recognized and remedied. The federal government has already invested in sound Palliative Care Education for LTC staff. Competencies have been identified. Its time to ensure standards are met in staffing appropriately trained personnel in all of Canada's LTC facilities.

Implementing palliative care within the LTC sector brings numerous benefits, one being an economic benefit. PC intervention can reduce the frequency, intensity, and cost of medical interventions. These monetary benefits may be meaningful in reducing the total cost per patient on the order of thousands of dollars, creating savings that can be redirected into improvements elsewhere in the healthcare continuum.⁵

QELCCC recommends the government:

1. Embed a palliative approach to care into national LTC standards and acknowledge the importance of early integrated PC, rather than misinterpreting palliative care as only for the end of life.
2. Ensure consistent education standards and training are implemented widely and purposefully in all LTC facilities and develop standardized performance measures with regards to palliative care for LTC residents.

¹ Canadian Institute for Health Information (CIHI). (2020). Pandemic experience in the long-term care sector. How does Canada compare to other countries? [PDF File]. <https://www.cihi.ca/sites/default/files/document/covid-19-rapid-response-long-term-care-snapshot-en.pdf>

² Canadian Institute for Health Information (CIHI). (2018). Access to palliative care in Canada. [PDF File]. https://secure.cihi.ca/free_products/access-palliative-care-2018-en-web.pdf

³ Arya, A. (2020). Palliative care has been lacking for decades in long-term care. Policy Options. <https://policyoptions.irpp.org/magazines/july-2020/palliative-care-has-been-lacking-for-decades-in-long-term-care/>

⁴ Arya, A. (2020). Palliative care has been lacking for decades in long-term care. Policy Options. <https://policyoptions.irpp.org/magazines/july-2020/palliative-care-has-been-lacking-for-decades-in-long-term-care/>

⁵ Morrison, S., Penrod, J., & Cassel, B. (2008). Cost savings associated with US hospital palliative care consultation programs. JAMA Internal Medicine. doi:10.1001/archinte.168.16.1783

3. Ensure foundational PC competencies for all care providers in LTC and promote virtual care or other strategies for shared care and support between LTC teams and PC specialist teams as part of national LTC standards
4. Implement advance care planning and goals of care discussions (i.e., serious illness conversations for all residents at annual reviews or at times of transition, such as changes in functional status, acute medical event, hospital transfer, or approaching the end of life; bereavement supports for caregivers)

Embedding PC approaches in LTC will address significant gaps persisting in the sector. Additionally, it will put the needs of residents and their families first while simultaneously benefitting the invaluable staff who provide this important care.

3. Implement Bill C-220, *An Act to amend the Canada Labour Code (bereavement leave)*.

Bill C-220 received Royal Assent on June 29, 2021. The Bill extends the period of bereavement leave to which an employee is entitled by five unpaid days. It also expands eligibility for the leave to include employees who, at the time a family member passes, are on compassionate care leave to help care for someone who is sick. Employees will be entitled to two weeks of unpaid leave following a loved one's death, allowing them to grieve and make the needed arrangements to honour their loved one without worrying about job security or possible economic hardship.

Bill C-220 passed with unanimous support. While the changes to the law have been enacted, there are additional implementation pieces the government must focus on to ensure a smooth transition as these new legal obligations come into force. This includes, but is not limited to, educating employers and employees on these new leave entitlements as part of a commitment to support all Canadians during the challenging time following a loved one's passing.

Conclusion

The Framework and Action Plan were published in 2018 and 2019 respectively in response to MPP Gladu's 2017 Private Members' Bill, which passed with the support from all parties. We challenge all parties to follow through on their support for the Framework to ensure all Canadians have the access they deserve to palliative care.