



Palliative Care
Coalition of Canada
Coalition canadienne
pour les soins palliatifs

Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget

By: Palliative Care Coalition of Canada (PCCC)



RECOMMENDATIONS

1. Renew and expand the federal government's commitment to the [Framework on Palliative Care in Canada](#) through an investment of \$29.8 million over four years to implement the identified next steps in the Framework.
2. Continue to improve access to high-quality, culturally safe, and affordable palliative care across Canada through federal-provincial-territorial bilateral agreements with measurable outcomes, similar to the [Aging with Dignity agreements](#).

INTRODUCTION

The [Palliative Care Coalition of Canada \(PCCC\)](#) is a group of more than 30 national stakeholder organizations dedicated to improving palliative care for everyone in Canada. PCCC believes that all people in Canada have the right to equitable access to quality palliative care, including grief and bereavement support. The PCCC is pleased to submit this brief to the Standing Committee on Finance in support of its pre-budget consultations for Budget 2026.

Palliative care plays a principal role in improving both patient outcomes and health system performance. A [palliative approach to care](#) supports individuals and their caregivers through a serious illness by addressing physical, psychological, social, spiritual, and practical needs, while providing comfort and dignity, supporting families and caregivers, and promoting more coordinated, person-centered care. It is delivered by interdisciplinary teams that can include primary, specialist, and allied health care providers, social workers, and spiritual care providers that aim to support people with practical realities as well as the existential distress, grief, and bereavement associated with a serious illness.

Canada stands at a pivotal moment in the evolution of its health care system. With an aging population and the rising prevalence of complex interrelated chronic illnesses, nearly 9 in 10 people in Canada who die each year could benefit from a palliative approach to care that improves their quality of life, supports caregivers, and reduces unnecessary strain on acute care systems. Despite meaningful federal leadership and investments over the last decade, access remains uneven, late, and too often limited to hospital settings. Only an estimated 58% of Canadians who could benefit from palliative care receive it, and half of those are identified as needing it just 22 days or less before death, rather than earlier in the care journey when it can have the greatest impact ([CIHI, 2023](#)).

As highlighted in the Government of Canada's [2023 progress report on the state of palliative care](#), while progress has been made since the release of the Framework, significant gaps remain, including late access to care, inequities across populations, and challenges in consistent data collection and measurement. Access to palliative care remains inconsistent and fragmented. Much of this care continues to be delivered in acute care settings, despite most Canadians' preference for home or community-based care. While many jurisdictions identify community-based care as a priority, 61% of recipients still receive care in hospital, where patients experience longer stays, averaging more than two weeks, contributing to avoidable pressure on already strained systems ([CIHI, 2023](#)).

Evidence demonstrates earlier integration of palliative care improves patient and caregiver outcomes while enhancing system performance. Research indicates early palliative care reduces hospital admissions, shortens lengths of stay, decreases readmissions, limits the use of intensive care units and unnecessary interventions, and lowers overall costs ([WHO, 2020](#)) ([CIHI, 2023](#)). Complementing this, international evidence shows investment in community-based and primary care models

generates measurable cost savings, with interdisciplinary training reducing hospital costs by 9-25% per inpatient stay and community-based care yielding savings of approximately \$2,000-\$4,000 per patient per month in the final months of life ([PCLC, n.d.](#)). These outcomes are important given growing demand on Canada's health system and the need to reduce unnecessary costs, positioning palliative care as both a compassionate approach to care and a fiscally responsible investment in system sustainability.

Workforce capacity remains a serious constraint. Delivering a palliative approach requires providers across multiple care settings and cannot be met by specialists alone. Primary care plays a central role in enabling earlier access to a palliative approach. As the first point of contact for many individuals, and the cornerstone of a high-functioning health system, primary care providers are well positioned to identify palliative care needs early and initiate care that supports continuity and patient-centered decision-making ([Starfield et al., 2005](#)). Evidence shows primary care teams can deliver a palliative approach and improve patient and family outcomes ([Shaw et al., 2010](#)). However, many providers [report](#) lacking the training, tools, and practical supports needed to integrate this approach into practice – if people even have a primary care provider.

Addressing this gap requires building primary-level palliative care capacity by expanding access to comprehensive palliative care education, including grief and bereavement training. As interprofessional teams continue to grow, there is an opportunity for the Government to prioritize palliative care within primary care by investing in research, data, and education to strengthen the evidence base, accelerate the spread and scale-up of proven models, ensuring access to quality palliative care across the continuum.

Additionally, caregivers are essential partners in caring for individuals with serious illnesses, and a necessary component of system capacity. Strengthening supports, aligned with the [National Caregiving Strategy](#), will improve patient outcomes and reduce system strain.

At the system level, structural challenges continue to limit coordinated palliative care. Canada [continues to face challenges](#) with consistent measurement and data standardization, limiting the ability to track access, quality, and outcomes, making it difficult to measure progress, identify gaps, or scale effective models. Addressing this requires shared national data and increased investment in research capacity to strengthen the evidence base, support the development of outcome indicators and economic models, and enable the identification and scale-up of best practices ([Antonacci et al., 2020](#)). This includes advancing the integration of palliative care into home and long-term care settings across jurisdictions.

Persistent inequities further limit access to palliative care. Individuals in rural and remote communities, Indigenous Peoples, and underserved populations continue to face barriers to timely, culturally safe care. Evidence also shows age, geographic location, and disease diagnosis [remain significant determinants of access](#), and many individuals continue to receive palliative care late in the

disease trajectory or die in hospital despite having community supports in place. Addressing these disparities requires targeted investment and the expansion of flexible, community-based models that reflect diverse needs and lived experiences. This includes ensuring access to pediatric palliative care, which is often underrepresented in policy, planning, and service delivery despite the unique and complex needs of children and their families. We need continued collective action to ensure that high-quality, affordable, and culturally safe palliative care is accessible to all people in Canada.

Despite Canada's founding role in creating the discipline of palliative care, international comparisons also underscore the need to accelerate progress. In 2025, Canada [ranked 40th in the world](#) and 5th in the Americas in palliative care development due to our persistent, national-level gaps in policy and system integration, specific to the absence of national reporting on key performance metrics, equitable access, and consistent delivery across jurisdictions. The current health landscape in Canada and internationally, calls for a renewed federal commitment to a modern, sustainable, and equitable palliative care system. Addressing persistent gaps in early integration and consistent delivery across jurisdictions requires targeted, scalable investments aligned with national priorities and delivered through collaborative federal-provincial-territorial agreements.

Building on the Government of Canada's initial \$29.8 million investment in Budget 2021, the PCCC recommends a strategic expansion and extension of funding to accelerate implementation, scale proven models, and close persistent gaps. This investment should focus on four interconnected priorities: an engaged and informed public, workforce capacity, data and accountability, and equitable service delivery outlined in our [Blueprint for Action](#). Together, these are a pragmatic and fiscally responsible pathway to improving outcomes for patients and families while enhancing system sustainability.

RECOMMENDATIONS

The PCCC recommends that the Government of Canada:

- Renew and expand its investment in palliative care through an additional \$29.8 million over four years to accelerate implementation of the Framework and by implementing a strategy to address persistent system gaps; and
- Improve access to high-quality, culturally safe, and affordable palliative care through federal-provincial-territorial bilateral agreements with measurable outcomes, similar to the Aging with Dignity agreements.

Building on these recommendations, federal investment should support coordinated actions aligned with the PCCC's Blueprint for Action 2025-2030, across four priorities:

Engaged and Informed Public

To support Canadians and caregivers in understanding, planning for, and accessing palliative care, including advance care planning and grief supports:

Actions for the Government of Canada:

- Continue and expand Health Canada's national [public awareness campaign](#) on palliative care
- Implement recommendations of the [National Grief Action Plan](#) to strengthen grief and bereavement supports
- Increase investment in [advance care planning](#)

Measures of Success:

- Increased awareness, understanding, and uptake of palliative care, advance care planning, and grief supports as measured by public opinion research and usage data
- Development of metrics to evaluate grief support and scale best practices

Workforce Capacity

To strengthen the knowledge, skills, and supports of health care providers, caregivers, and volunteers to deliver quality palliative care across all settings:

Actions:

- Continue to expand and adopt the Canadian Partnership Against Cancer's [Palliative Care Interdisciplinary Competency Framework](#)
- Invest in education and training in a palliative approach across all care settings, including primary care
- Align workforce planning with the [Pan-Canadian Health Workforce Data Strategy](#)
- Strengthen supports for caregivers, including training, tools, and resources

Measures:

- Increased number of professionals trained in a palliative approach to care
- Improved understanding of scope of palliative care workforce, aligned with the Pan-Canadian Health Workforce Data Strategy
- Enhanced support and preparedness for caregivers

Data and Accountability

To strengthen research, data collection, and the use of best practices to inform and support policy decisions and provision and quality of palliative care:

Actions:

- Develop national indicators, metrics, and reporting systems for palliative care, including person – and family – reported, outcome measures, aligned with the new Health Standards Organization’s national palliative care standard and the potential adoption of the [Connected Care for Canadians Act](#)
- Complete the [Canadian Atlas of Palliative Care](#) in the remaining provincial and territorial atlases used to assess service gaps
- Invest in the development of the Turtle Island Indigenous Palliative Care Atlas
- Dedicate \$8.75 million over three years for palliative care research, including \$750,000 over multiple years for seed funding to support innovative ideas and proof-of-concept projects.
- Strengthen the use of data to assess access, outcomes, and cost-effectiveness of palliative care

Measures:

- Availability of meaningful, standardized indicators to inform system planning and identify gaps in care and make recommendations in CIHI’s [Access to Palliative Care in Canada report](#) and [previous reports on MAID in Canada](#).
- Improved ability to measure outcomes and cost-effectiveness of palliative care investments and interventions
- Continued leadership in innovation in palliative care, to scale best practices nationally

Equitable Service Delivery

To support the care goals of people with serious illness and their caregivers and ensure access to high-quality, culturally safe palliative approach to care:

Actions:

- Implement distinctions-based First Nations, Inuit, and Métis palliative care frameworks and support community-led initiatives
- Invest in innovative, community-based, and home-based models of care
- Improve access for underserved populations, including rural and remote communities and individuals with non-cancer diagnoses

- Ensure access to [pediatric palliative care](#), recognizing the unique needs of children and their families
- Ensure access for marginalized populations, including people experiencing homelessness, and those in correctional settings
- Support care models that improve quality and cost-effectiveness across settings

Measures:

- Improved access to culturally safe, community-based palliative care
- Demonstrated progress on commitments to First Nations, Inuit, and Métis communities
- Improved quality and cost-effectiveness of care, including for underserved and pediatric populations

With renewed federal leadership, targeted investments, and strong intergovernmental collaboration, Canada can ensure everyone, regardless of who they are, their condition, or their location, has access to high quality palliative care throughout their journey. This includes ensuring palliative care is available across all care settings, enabling individuals to receive care in the setting of their choice.

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