

Just get on with improving palliative care, plead experts

■ Cite as: *CMAJ* 2017 November 6;189:E1376. doi: 10.1503/cmaj.109-5519

Posted on cmajnews.com on Oct. 19, 2017.

Canada should follow through on existing plans for improving palliative care instead of wasting time developing new definitions and frameworks, experts told the Standing Senate Committee on Social Affairs, Science and Technology. The Senate is studying Bill C-277, which would see the government develop a framework to promote access to palliative care and consider re-establishing a palliative care secretariat at Health Canada. The bill won unanimous support in the House of Commons.

But according to Dr. José Pereira, scientific officer for the advocacy group Pallium Canada, there's no need to "reinvent frameworks, as they are already in place." Resurrecting Canada's secretariat on end-of-life care, however, would provide "focus, attention and much needed visibility," he said.

The federal government previously funded the development of a 2013 framework by the Canadian Hospice Palliative Care Association (CHPCA). Provinces have endorsed and are already using that plan, CHPCA Executive Director Sharon Baxter told senators. "They just need the initiative funding to get it to actually happen."

Senators also questioned why it's necessary for the federal government to re-define palliative care when there's already consensus among health professionals. The bill's sponsor, Conservative MP Marilyn Gladu, agreed that the government "doesn't need to begin with a blank page," and the bill directs them to reference previous frameworks. The intent of the bill is to set "minimum standards of what will be covered everywhere," she said.

Senators also expressed concern that the House replaced requirements to ensure access and implement the framework with



The federal government doesn't need to reinvent the wheel to improve access to palliative care, witnesses told a senate committee.

more neutered directions to "promote" access and "support" the framework. Gladu explained that the government wanted to avoid jurisdictional issues. "The federal government can play a role in leadership, in setting standards, in providing funding," but it's the provinces and territories' job to deliver health services.

Amending the bill would mean sending it back to the House of Commons, she added. "One would hope it would receive unanimous support again but, politics being what they are, we can never be sure."

Timing is important because the provinces and territories are still deciding how to use \$6 billion in federal funding for home care and palliative care. "If the federal government waits too long, the provinces will all have something different in place, with different standards, and then it becomes difficult," Gladu said.

Coverage for palliative care already varies widely across the country, she said. "In some provinces, 43% of palliative care in hospices is covered — in other provinces, not at all." In places lacking publicly covered palliative care, people end up in emergency departments at exorbitant cost to the health system.

"An acute bed costs \$1200 a day; think of that compared to hospice care, which is about \$300 a day, or home care, which is about \$200 a day," Gladu said.

However, senators and expert witnesses questioned whether this really represents a cost-saving if patients have to pay for hospice and home care out of pocket. "Many people don't understand, if it's at home, that they're paying for it unless they've got private health care," said Senator Jane Cordy.

Lauren Vogel, CMAJ