

## LETTERS

### Not another consultation process: a critique of the implementation of Bill C-277 Framework on Palliative Care in Canada

In Lauren Vogel's news article on Nov. 6, 2017, experts questioned the necessity of Bill C-277, Framework on Palliative Care in Canada, in light of the federal government's previous funding of the Canadian Hospice Palliative Care Association in 2013 to develop a national framework on palliative care — a framework endorsed by all provinces and territories.<sup>1</sup> Many senators questioned the need to redefine palliative care when there was consensus among health professionals on the current definition.

We wish to take this news article one step further to call into question the implementation of this bill, which passed on Dec. 12, 2017. The law required that the government start a consultation process by June 12, 2018. Health Canada launched this process on Apr. 16, 2018, with representation from the Canadian Partnership Against Cancer, Canadian Hospice Palliative Care Association, Canadian Virtual Hospice, Pallium Canada, BC Centre for Palliative Care and Palliative Care Matters. We question the necessity of undertaking this process when consultation has been done at the provincial, territorial and federal levels. This is a duplication of past efforts, and a questionable use of public funds.

Our stance on additional consultations stems from past work. In January 2017, Veterans Affairs Canada contracted us to prepare a report on emerging trends in palliative care.<sup>2</sup> We reviewed more than 130 Canadian and international peer-reviewed articles on palliative care, grey literature and websites. The national and provincial

reports from Canada that we found in our literature search involved extensive consultation processes to identify priorities in palliative care practice, research and policy. These documents provide similar and overlapping recommendations.

As the Canadian population continues to age, their palliative care needs and those of their informal caregivers will become more apparent and of a higher intensity. Given the guidelines and recommendations already available, Health Canada does not need to do another national consultation process but should begin implementation to improve access to palliative care.

#### **Sarina R. Isenberg MA PhD**

Scientist, Temmy Latner Centre for Palliative Care, Sinai Health System; assistant professor, Department of Family and Community Medicine, University of Toronto, Toronto, Ont.

#### **Sandy Buchman MD**

Family physician, Temmy Latner Centre for Palliative Care, Sinai Health System; associate professor, Department of Family and Community Medicine, University of Toronto, Toronto, Ont.

■ Cite as: *CMAJ* 2018 September 24;190:E1145. doi: 10.1503/cmaj.70064

#### **References**

1. Vogel L. Just get on with improving palliative care, plead experts. *CMAJ* 2017;189:E1376.
2. Buchman S, Isenberg SR. *The evolution of palliative care in Canada: trends and veterans' specific needs*. Report prepared for Veterans Affairs Canada. Toronto; 2017.

**Competing interests:** Sarin Isenberg and Sandy Buchman were contracted to provide a report on emerging trends in palliative care by Veteran Affairs Canada.