



**Long-Term, Sustainable National Strategy for
Hospice Palliative and End-of-Life Care**

Overarching goal:

It should be the right of every Canadian to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice. Now ... how do we get there!

Key Messages:

National

1. We need a national hospice palliative and end-of-life care strategy that is committed, long-term and adequately funded (A-based) at \$20 million dollars per year. The national palliative and end-of-life care strategy should be socially responsive and work towards quality end-of-life care for all Canadians. This strategy will allow the federal government to show leadership and coordinate a national response to this issue.

Provincial

1. Canadians need hospice palliative care services that are integrated into the health care system, are coordinated with other services and are comprehensive in nature. Quality end-of-life care must be delivered with all the components available otherwise the burden on the family becomes overwhelming. The six main components include: home care; respite care; compassionate leave; pharmacare; access to non-prescribed therapies; and access 24/7 to hospice palliative care professionals including volunteers.
2. The provincial governments need to continue to invest in a palliative home care program, as stated in the 2004 Health Accord that meets the needs of their citizens and includes: nursing care; supportive care; pharmaceutical medications; case management; and other programs and services. Not all Canadians want to or can die at home. Hospice palliative care services and programs in other settings must not be reduced to offset these costs – programs and services in all settings are needed.
3. The provincial and territorial governments, as well as the federal government as a health care provider to Aboriginal people, prisoners and others, must develop strategies within their jurisdictions to meet the Pan-Canadian Gold Standards in Palliative Home Care as produced by the Canadian Hospice Palliative Care Association and other partners. This document will be released in December 2006.

Targets	Tactics/Activity	Who leads	Responsibility	Outcomes	Timelines
Political Level – Federal	Write letters to Prime Minister, Ministers of Health, Public Health, Human Resources	CHPCA QELCCC Coordinating body of Strategy Other key stakeholders (The Canadian Society for Palliative Care Physicians)	CHPCA QELCCC	Make the case for a national strategy and comprehensiveness of response.	November 2006 December 2006
	Face-to-face meetings with Prime Minister, Ministers of Health, Finance and HRDC and key Members of Parliament	Kits and instructions prepared by CHPCA	Same as above	Leverage commitment from political level	January 2007 - March 2007
	Seek out champions on this issue Meetings on Parliament Hill	CHPCA	CHPCA QELCCC	Same as above	November 2006 – March 2007
	Meet with staff at Prime Minister’s Office	CHPCA QELCCC Key Stakeholders	CHPCA		January 2007
Other National Bodies	Canadian Health Council	CHPCA	CHPCA	Update the Council on the Gold Standards project so they can track compliance to 2004 Health Accord commitments	November 2006

	National Public Policy Forum	CHPCA and other partners	CHPCA and Policy Committee	To hold a policy forum on end of life care with key stakeholders from the private, government and health care sectors	February 2007
General Public and Media	Media Campaign	CHPCA, CHCA and QELCCC	CHPCA	To solicit media attention to the need for a national strategy but also to launch the Gold Standards Project	December 2006 and Ongoing
Political Level – Provincial Level of Parliament	Write letters to Premiers and Provincial Ministers of Health and Social Services	Provincial Hospice Palliative Care Associations Other provincial bodies of key stakeholders groups Local Hospice Palliative Care Organizations	Provincial Hospice Palliative Care Associations	Leverage commitment from provincial political level	November 2006 - February 2007
Bureaucratic Level – Federally	Meet with key Health Canada staff regarding our goals and plan including the Secretariat staff and senior bureaucrats, including the Deputy Minister of Health	CHPCA QELCCC Key stakeholders	CHPCA		November 2006 – February 2007
Political Level – Provincially	Letter writing to Provincial Premiers and Ministers of Health	Provincial hospice palliative care associations	All	Provincial associations, their members and networks	November 2006 – January 2007

	Face-to-face meeting with the Premier and Minister of Health	Provincial associations, local groups and other key stakeholders		Same as above	November 2006 – March 2007
	Meet with your Member of Parliament from your Riding	Provincial associations, local groups and other key stakeholders		Same as above	November 2006 – March 2007
Political Level – Municipality	Write Letter to your Regional Health Board - stating the importance of coordinated, comprehensive and integrated end-of-life care services within the health care system	Local groups Canadians		Local networks and board of directors and key supporters including volunteers	Same as above

Short-Term, Sustainable National Strategy for Hospice Palliative and End-of-Life Care

Goal: That the 2006-2007 budget for the Secretariat on Palliative and End-of-Life Care at Health Canada be funded at no less than \$1.7 million dollars.

The budget for the National Strategy on Palliative and End-of-Life Care was funded to approximately \$1.7 million dollars in 2005. This Strategy is not an established program of Health Canada therefore its funding is based on funding levels within Health Canada as a whole on a year-by-year basis. This year (2006) Health Canada's overall budget was reduced due to a number of issues including SARS, resulting in the budget for the National Strategy on Palliative and End-of-Life Care being put in jeopardy since the Strategy is not an established A-based program within Health Canada.

For the 2006-2007 fiscal year the Strategy was substantially reduced to just \$470,000 with \$300,000 pending.

The National Strategy requires full funding to in the amount of \$1.7 million dollars to continue in the short term, while the hospice palliative care community in Canada engages in the political action necessary to achieve an appropriately funded, A-based, sustainable national strategy for the long-term.

Targets	Tactics/Activity	Who leads	Outcomes	Timelines
Bureaucratic Level - Federally	Face-to-face meetings with Minister of Health and Deputy Minister of Health	QELCCC CHPCA Coordinating body of the National Strategy	Leverage commitment from political level	November 2006 – January 2007
	Letter to Senior Bureaucrats at Health Canada regarding the need for additional funding for the Strategy and the opinion of the Coordinating Body regarding continuing this work in the short term	Same as above – all to provide feedback as it is developed	Same as above	November 2006 – January 2007
The Public and Media	Look at responses and plan next steps that could include a press conference and/or op-ed pieces in local and national media	Coordinating Body of Strategy – key stakeholders	Increase public awareness of the need to have a interim strategy	February 2007 – March 2007