



**Canadian Hospice Palliative Care Association**

**Association canadienne de soins palliatifs**

## **MEDIA RELEASE**

### ***Let's Talk about the Right to Hospice Palliative Care Instead***

**Embargo until November 12, 2009**

(November 12, 2009) After a five year battle with cancer, Robert was told he had three months to live. He and his wife were unsure what to expect, and their 23 year-old child had not yet accepted his father's impending death. They asked for advice from a neighbour who worked in hospice palliative care. Her first question was "What do you want your last month of life to look like?" No one had ever asked Robert that question so he found it hard to answer.

What would he want or need at the end of life? Would he suffer pain and need medication to manage his symptoms? Would he and his wife need help at home? What did he want to do with those days? What decisions would he have to make?

Like Robert, many Canadians are unsure what to expect at the end-of-life. This uncertainty often leads people to question how they want to die, and whether they should have more control over their dying. In our society, it can lead to a focus on controversial issues, such as euthanasia and physician assisted suicide.

The Canadian Hospice Palliative Care Association (CHPCA), the Canadian Society of Palliative Care Physicians and the Alzheimer Society of Canada believe it's time to refocus the debate on the right to have high quality hospice palliative care for all Canadians at the end of life.

What is high quality hospice palliative care? It is care that aims to relieve suffering and improve the quality of living and dying.<sup>1</sup> It strives to help patients and families meet all their physical, psychological, social, spiritual and practical needs at the end of life, and cope with loss and grief. High quality hospice palliative care includes treatment for conditions that can be treated, care to prevent people from developing other health problems, and opportunities for meaning and spiritual growth.

High quality hospice palliative care can give people a greater sense of meaning and control over their lives. It helps people plan for end of life, and gives them choices about when and for how long they want treatment, medications, food or ventilator support. It recognizes that people have the right to refuse treatment and that loss of appetite is a normal stage in dying. Hospice palliative care also offers many ways to control and manage pain and other symptoms. It provides psychological and spiritual support to address the suffering of patients and their families

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<sup>1</sup> Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. *A Model to Guide Hospice Palliative Care*. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.

The Quality End-of-Life Care Coalition of Canada (QELCCC) believes that all Canadians have a right to die with dignity, free of pain, surrounded by their loved ones, in the setting of their choice.

We also believe that every health care provider should have basic competency in providing end-of-life care and that every health care institution should ensure quality at the end of life for all of those who will die in institutions. We believe that the option of staying at home as long as is possible, and perhaps dying at home as most Canadians wish, needs to be supported with increased resources and specialized hospice palliative care resources.

Each year, more than 259,000 Canadians die<sup>2</sup> and, with our aging population, that number will grow. By 2026, 330,000 will die each year. By 2036, more than 425,000 will die.<sup>3</sup>

Will all those Canadians receive high quality hospice palliative care? Right now, only 16% of Canadians who die have access to or receive hospice palliative, and quality end-of-life care services.<sup>4</sup> Too many Canadians die with suffering that could be addressed in a more effective manner.

The CHPCA believes it is time to shift the focus to the right to high quality hospice palliative care at the end of life before we enter into the debate around the contentious issue of euthanasia and assisted suicide. Let's talk about hospice palliative care instead.

Please refer to the attached list of definitions should you wish clarification on various terms.

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For further information, **please contact:**

Jennifer Kavanagh  
Communications Officer  
Canadian Hospice Palliative Care Association  
E-mail: [jkavanagh@bruyere.org](mailto:jkavanagh@bruyere.org)  
Phone: 613-241-3663 ext: 229

*The CHPCA -- the national voice for hospice palliative care in Canada – is dedicated to the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened. The CHPCA operates in close partnership with other national organizations and continues to work to ensure that all Canadians, regardless of where they may live, have equal access to quality hospice palliative care services for themselves and their family.*

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<sup>2</sup> Population Projections for Canada, Provinces and Territories – 2000-2026, Statistics Canada, Catalogue #91-520, p.110

<sup>3</sup> Population Projections for Canada, Provinces and Territories – 2000-2026, Statistics Canada, Catalogue #91-520, p.124

<sup>4</sup> Canadian Institute for Health Information. (2007). *Health Care use at the End of Life in Western Canada*. Ottawa: CIHI.