



## Executive Summary

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### Mission and Mandate

The Quality End-of-Life Care Coalition of Canada (QELCCC) believes that all Canadians have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by their loved ones, in the setting of their choice. The QELCCC believes that achieving quality end-of-life care for all Canadians requires a collaborative well-funded and sustainable national strategy for hospice palliative and end-of-life care, and works together in partnership to achieve this goal.

The mandate of the QELCCC is to act as an advocate for quality end-of-life care for all Canadians.

### QELCCC Members

The QELCCC is a network of 30 national organizations. Member organizations represent all Canadians including: professional and family caregivers; volunteers; health care professionals (nurses, pharmacists, social workers, spiritual advisors, etc.); those with terminal illnesses, their families and others with an interest in quality end-of-life care.

### Background

In June 2000, a Senate of Canada report, entitled *Quality End-of-Life Care: The Right of Every Canadian*, made several strong recommendations for ensuring that Canadians have access to high quality end-of-life care. One of those recommendations is that the federal government, in collaboration with the provinces and territories, develop a Canadian strategy for end-of-life care.

In December 2000, a group of 24 national stakeholders met in Toronto to set the groundwork for the development of a strategy, resulting in the creation of the *Quality End-of-Life Care Coalition of Canada (QELCCC)* and a working document, *Blueprint for Action (2000)*.

### How the QELCCC Functions

Within the QELCCC are five working groups, as well as an Executive Committee, composed of the chairs of each of the five working groups (Advocacy, Communications and Public Awareness, Family and Caregiver Support, Professional Education and Research). The Canadian Hospice Palliative Care Association (CHPCA) serves as the secretariat for the QELCCC, providing administrative support for working group tasks.

### QELCCC Accomplishments

Some of its accomplishments include: preparing and submitting a brief for the Romanow Commission on the Future of Health Care in Canada (2002), producing *Dying for Care* – a status report on end-of-life care in Canada (2004), and advocating for changes to the Compassionate Care Benefits, resulting in expanded eligibility (2006).

### What is Hospice Palliative Care?

Hospice palliative care aims to relieve suffering and improve the quality of living and dying. It is the combination of active and compassionate therapies intended to comfort and support individuals and families who are living with or dying from a life-threatening illness. Care is provided by an interdisciplinary team, including volunteers, that supports the patient in their physical, emotional, spiritual, and personal life. Support continues during the illness and throughout bereavement.

### The Need for Quality End-of-Life Care

More than 259,000 Canadians will die in 2007. Statistics Canada has projected that the rate of deaths in Canada will increase by the year 2020 to more than 330,000 deaths per year – a 33% increase from 2004 rates.

Yet, an increasingly mobile population, as well as larger numbers of dual-earner families, means that terminally ill or elderly Canadians may not be able to depend on family members to provide the end-of-life care that they need.

An adequately funded, sustainable Canadian strategy for end-of-life care would address the issues of services, resources, education, research, and support for patients and families, as well as the need for federal-provincial-territorial cooperation to ensure that Canadians have access to a basic level of quality end-of-life care.