



Canadian Hospice Palliative Care Association

Association canadienne de soins palliatifs

MEDIA RELEASE

Quality End-of-Life Care Shouldn't Depend on Where you Live

(October 30, 2010 – Ottawa, ON) A policy brief discussing a systems approach to hospice palliative care was presented today at the 2010 Canadian Hospice Palliative Care Conference in Ottawa. *Quality End-of-Life Care? It Depends on Where you Live...and Where You Die* is intended to encourage discussion and debate on issues relating to access to care. It is also a call to action. “We must work together to find innovative ways to provide high quality end-of-life care wherever Canadians live and die,” explains Wendy Wainwright, President, Canadian Hospice Palliative Care Association (CHPCA).

Canadians are living longer. People who are now 65 can expect to live another 18 to 21 years.¹ Most Canadians die in old age and when they do die, most are suffering from two or more chronic diseases.² Because their end-of-life needs vary, the “right” setting for people to die also varies.

“The CHPCA believes that every Canadian should be able to face death surrounded by those they love, feeling safe, comfortable and cared for, in a setting of their choice,” says Sharon Baxter, Executive Director, CHPCA.

“We now know a great deal about how to provide care and ease suffering at the end of life, yet too few Canadians are able to benefit from that knowledge,” continues Wainwright. Recently, the Economist’s Intelligence Unit ranked Canada as ninth in an international ‘Quality of Death’ index released on July 14th, 2010. Although Canada scored within the top ten countries examined, we are still unable to provide valuable hospice palliative care services to over 70% of those dying within Canada.

Each year, more than 259,000 Canadians die. But only 2 or 3 out of 10 are lucky enough to receive hospice palliative end-of-life care. Even fewer receive support to help them and their families cope with grief and bereavement.

Canadians die in many settings: in hospitals, in long-term care facilities, in residential hospices, at home, in shelters and on the streets – and they should not have to be “lucky” to get the care they need, when and where they need it.

All providers and all settings should have the knowledge, skills and attitudes to care for people at end of life. The settings must work effectively as a system so people can move easily from one setting to another to meet their end-of-life needs. Currently many systems like acute care hospitals, home care programs and long-term care facilities seem to operate separately. A better coordinated, more comprehensive and integrated health care system would benefit us all.

Over the past five years, Canada has made some progress. More Canadians dying at home are receiving better end-of-life care – although there’s still a shortage of skilled people and resources in most provinces. Some hospitals have created programs that take palliative care to wherever people are in the hospital. Several communities have established hospices for the homeless.

¹ Statistics Canada. (2010). Daily Report. February 23, 2010. Accessed March 24, 2010 from: www.statcan.gc.ca/daily-quotidien/100223/dq100223a-eng.htm

² Population Projections for Canada, Provinces and Territories – 2000-2026, Statistics Canada, Catalogue #91-520.

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But much more remains to be done – and time is running out. We have an aging population. By 2026, the number of Canadians dying each year will increase by 40% to 330,000. By 2036, the number will have increased by 65% to 425,000. Ninety percent of Canadians who die can benefit from palliative care.³ The need is urgent and our capacity to respond is limited. How can we ensure that all Canadians have access to high quality end-of-life care? What strategy must we pursue to make a difference in living and dying for Canadians?

The CHPCA urges the federal government to take action on this emerging issue. The CHPCA is committed to working with government and all parts of the health care system -- to develop a systems approach that will ensure all Canadians have access to compassionate, evidence-based care at end of life.

The 2010 Canadian Hospice Palliative Care Conference: *Changing the National Perspective on Hospice Palliative Care* taking place from October 28 – 31, 2010, at The Westin Ottawa Hotel, in Ottawa, Ontario features presentations on providing high quality end-of-life care in many settings, and on the challenges and successes in helping Canadians move between settings and get the care they need at end of life.

The 2010 Canadian Hospice Palliative Care Conference would not be possible without the assistance of its sponsors, including: Government of Canada; Bayshore Home Health; Canadian Partnership Against Cancer; Pfizer; Purdue Pharma; RX&D - Canada's Research-Based Pharmaceutical Companies; The GlaxoSmithKline Foundation; and Valeant Canada Limited.

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³ Costs associated with resource utilization during the palliative phase of care: a Canadian perspective, *Palliative Medicine*, Dec. 2009.