Canadian Hospice Palliative Care Association
Association canadienne de soins palliatifs

CSPCP
Canadian Society of Palliative Care Physicians
SCMSP
Société canadienne des médecins de soins palliatifs

Introduction

Palliative care provides medical assistance in living every day to patients and their families, to help them live as fully as possible until their natural death.

In 2015, a cross country comparison of the quality of death and dying ranked Canada 9th, well below many other developed nations. In a more recent ranking in 2021, Canada has fallen even more behind and now ranks 22nd out of 80 countries, behind several middle and low income countries.

The Canadian Hospice and Palliative Care Association (CHPCA) is the national voice for **Hospice Palliative Care in Canada**. Advancing and advocating for quality end-of-life/hospice palliative care in Canada, its work includes public policy, public education and awareness.

The Canadian Society for Palliative Care Physicians (CSPCP) is the national specialty society for palliative care physicians and physicians with a special interest in palliative care and is dedicated to the improvement of palliative care for patients and their families, through the advancement and improvement of palliative medicine and training.

This document will provide recommendations on how palliative care must be improved in Canada and will clarify and define the role of palliative care within the Canadian context of legalized voluntary euthanasia and assisted suicide (these latter practices referred to as “MAiD”).

Palliative Care is separate from MAiD

Palliative care strives to reduce symptoms and suffering while neither hastening nor prolonging the dying process. Everyone in Canada has a right to access affordable, culturally safe, high-quality palliative care in their community, whether they die naturally or by MAiD. No patient should choose MAiD because of a lack of access to timely, quality palliative care.

The Canadian public must be able to trust that the principles of palliative care remain focused on effective symptom management and psychological, social, and spiritual interventions to help people live as well as they can until their natural death.

In order to improve palliative care for Canadians in the context of MAiD, we request the Joint Special Committee on MAiD to recommend specific actions, including:

1. Ensure palliative care is a separate service from MAiD with separate funding and resources in order to ensure it is an effective safeguard.
2. A recommendation that MAiD must be a patient-initiated discussion

3. Canadians who do not want MAiD or are afraid MAiD might be provided without their consent must have the option to receive palliative care in safe spaces free from MAiD. Long term care homes, hospices, and palliative care units must not be forced to provide MAiD and can instead provide access as they do for other specialized procedures not available on site.
4. Robust oversight for MAiD. Adherence to safeguards in the provision of MAiD, and professional disagreements about eligibility must be more thoroughly scrutinized in order to ensure public confidence in the MAiD system.

Improving Palliative Care through coordination, standards, accreditation and accurate data

Improving palliative care will benefit all Canadians living with serious illness, whether they die naturally or by MAiD. We urge the Special Joint Committee on Medical Assistance in Dying , charged with reviewing the state of palliative care in Canada, to:

1. Establish palliative care as a universal healthcare right under the Canada Health Act (as MAiD has been) so that provinces are required to fund it and ensure it is accessible to Canadians, where and when they need it.

2. Earmark new annual funding to create a Palliative Care Collaborative, comprised of federal (including CIHI), provincial, and territorial government representatives, key health stakeholders, and patient groups. This will establish a means to implement the Framework and Action Plan on Palliative Care in Canada. Priorities would include:
    a. Serve as a single focal point and knowledge centre for palliative care at the federal level with representation from CHPCA and CSPCP.
    b. Coordinate implementation of the federal government's Framework and Action Plan on Palliative Care in Canada
    c. Coordinate implementation of the Canadian Interdisciplinary Palliative Care Competency Framework, including embedding competencies into all training programs and setting education and credentialing standards for generalist and specialist palliative care in all workplaces that are linked to Accreditation Canada requirements for palliative care.
    d. Establish and collect a minimum set of standardized patient-reported outcomes and quality improvement measures for palliative care as an accreditation requirement to ensure provinces and programs are improving quality of palliative care and accessibility over time.
    e. Improve public awareness and education on the benefits of early integrated palliative care.

Conclusion

We welcome the federal government investment to date on palliative care research, however investments in all other areas including education, accurate data collection and clinical care is needed and must be connected to standards and accreditation. These are matters that the federal government is well-placed to achieve.

We note the federal government has an obligation to report back on its progress in implementing its framework and action plan on palliative care in December 2023 and recommend swift action on these matters.

Canadians need universal access to quality palliative care accessible where they live and when they need it, regardless of diagnosis, postal code, or income level.