



## Fact Sheet: Hospice Palliative Care in Canada

*At some time, in some way, we must all face the end of life. And most of us share a common hope – that when death comes to us or to a loved one, it will be peaceful and free of pain. We hope to face death surrounded by those we love, feeling safe, comfortable and cared for.<sup>1</sup>*

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### Access to Hospice Palliative Care in Canada

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- The topic of end-of-life is on people’s minds. Three-quarters of Canadians (74%) report having thought about end-of-life. <sup>2</sup>
- Support for hospice palliative care is almost unanimous, with the vast majority of Canadians (96%) being supportive, including 66% who are very supportive.<sup>3</sup>
- Almost half of Canadians (47%) say hospice palliative care is available to all those at the end of their life regardless of their illness. Only 19% say it is available to those dying of life threatening illnesses. However, one-third of Canadians (34%) are not sure to whom hospice palliative care services are available.<sup>4</sup>
- The vast majority of Canadians believe that hospice palliative care has a positive impact. The following are statements about hospice palliative care that see a large majority of Canadians either agreeing or strongly agreeing. They feel that it:
  - Greatly reduces the stress and burden placed on the family (93%);
  - Should involve all care providers (94%);
  - Improves quality of life for patients (94%);
  - Should be provided in the patient’s setting of choice (93%);
  - Should be integrated for all people with chronic, life-limiting conditions (90%);

- Helps a patient manage their choices along the way (93%); and
  - Should be available early in the course of a disease (87%).<sup>5</sup>
- Canadian families frequently shoulder 25% of the total cost of palliative care due to costs associated with home based services<sup>6</sup> such as nursing and personal care services.
  - The Economist's Intelligence Unit ranks Canada as eleventh (falling two spots since 2010) in an international 'Quality of Death' index released in 2015. Sponsored by Singapore-based The Lien Foundation, the 'Quality of Death' index measures current hospice and palliative care environments across 80 countries in terms of the quality and availability of end-of-life care.<sup>7</sup>
  - When asked, most people have indicated that they would prefer to die at home in the presence of loved ones<sup>8</sup>, yet almost 70% of Canadian deaths occur in a hospital.<sup>9</sup>
  - Half of Canadians (50%) feel that their family member's death involved some pain, but that it was managed well. The remaining groups feel that the family member's death was either pain or symptom-free (27%) or that there were some issues relating to pain and symptom management (24%).<sup>10</sup>
  - According to an Ontario study, 84% of people who died of cancer between 2002 and 2005 visited the emergency department in the last six months of life and 40% visited emergency in the last two weeks.<sup>11</sup>
  - According to a Manitoba study, 41% of long-term care/nursing home residents were hospitalized at least once in the six months before their deaths.<sup>12</sup>
  - The 2005 Senate Report *Still Not There: Quality End-of-Life Care: A Progress Report* reported that despite a number of significant advancements at the federal level in palliative and end-of-life care since 2000, significant disparities across Canada remained with respect to access to end-of-life care, quality of care and out-of-pocket costs to the patient.
  - Based on the estimate of 54 hours per week required to care for a dying loved one, 64% of those polled indicated that they could not devote the estimated number of hours per week given their current schedule.<sup>13</sup>
  - As of February 2012, all provinces now have some form of palliative drug coverage for home care patients.<sup>14</sup>
  - Only 6 of 13 jurisdictions have policies on providing nursing and personal care services 24 hours a day, seven days a week.<sup>15</sup>
  - Among jurisdictions that have appropriate policies and procedures in place to ensure access to services, there is still a cited lack of resources, lack of training and geography (rural areas) that limits their ability to provide adequate palliative home care services to all palliation home care patients.<sup>16</sup>

### **Demand for Hospice Palliative Care in Canada**

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- Seniors make up the fastest-growing age group. It is estimated that seniors could account for between 23% and 25% of the total population by 2036, nearly double the 13.9% in 2009.<sup>17</sup>
- Over 3 in 10 Canadians (32%) personally suffer from a chronic illness while 4 in 10 (39%) have a sufferer in their immediate family. When taken together, 6 in 10 Canadians

(57%) either personally suffer from a chronic illness or have a sufferer in their immediate family.<sup>18</sup>

- In 2009, Canada had 4.7 million persons aged 65 years or over, twice the number recorded in 1981. According to all the projection scenarios, the growth of this group would accelerate in the coming years. It is projected that by 2061, there will be between 11.9 million and 15.0 million persons aged 65 years or older.<sup>19</sup>
- The first Baby Boomers turned 65 in 2011. In 10 years they will be entering their 80s, with younger Boomers filling out the ranks of those 60 to 70.<sup>20</sup>
- In 2010, more than 252,000 Canadians died.<sup>21</sup> Projections also show Canada will have far more very elderly people. In 2009, there were roughly 1.3 million people aged 80 or over. It is projected to increase to 3.3 million by 2036.<sup>22</sup>
- Chronic diseases account for 70% of all deaths.<sup>23</sup>
- Hospice palliative care programs allow patients to gain more control over their lives, manage pain and symptoms more effectively, and provides support to family caregivers.<sup>24</sup>
- The cost of dying in Canada ranges from as low as \$10,000 for a sudden death to between \$30,000 and \$40,000 for someone with a terminal disease such as cancer or chronic obstructive pulmonary disease. It is estimated that, compared to usual acute care, hospital-based hospice palliative care may save the health care system approximately \$7,000 to \$8,000 per patient.<sup>25</sup>
- In a Saskatchewan study, the average monthly per person cost to the health care system increased from \$1,373 12 months before death to \$7,030 for the last 30 days; when user fees were included, the average costs were \$1,641 and \$7,420 respectively. <sup>26</sup>
- Hospital-based palliative care reduces the cost of end-of-life care by 50% or more, primarily by reducing the number of ICU admissions, diagnostic testing, interventional procedures and overall hospital length of stay.<sup>27</sup>
- The 2011 Census indicates that 92.1% of Canadians 65 years and over lived in private homes: alone, with others, or as part of a couple.<sup>28</sup>
- 74% of seniors (age 65 years and older) and 48% of older adults (age 45 to 64 years) reported having one or more chronic conditions. And 24% of seniors reported having three or more chronic conditions.<sup>29</sup>
- Canadian Institutes of Health Research's Institute of Aging report that Alzheimer's disease and other related dementias affect about 8% of seniors 65 and over, increasing to a third of seniors (or more) among those 85 and over.<sup>30</sup>

### **Funding for Hospice Palliative Care Programs**

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- In 2016, the Federal Government announced it would provide an additional \$3 billion in funding to Home Care, from which funding for palliative care would be drawn, but not until the re-negotiated Health Accord with the provinces is finalized, likely in early 2017. <sup>31</sup>
- Residential Hospice palliative care programs are still at least 50% funded by charitable donations, and families must bear part of the cost of dying at home, in long-term care – almost anywhere outside a hospital.<sup>32</sup>

- The majority of Canadians (73%) feel that the provincial governments place too little priority on this end-of-life care, including over one-third (35%) who feel that it is far too little.<sup>33</sup>
- Currently only a small number of provinces have designated hospice palliative care as a core service under their provincial health plans. In the remaining provinces, hospice palliative care may be included in provincial home care budgets or other health service budgets, leaving the funding vulnerable to budget reductions.<sup>34</sup>
- The Canadian Institute for Health Information notes that per capita healthcare costs rise from \$9,264 for a person younger than one year old to \$12,050 for those aged 75-79 and upwards to \$20,113 for those 80 and older.<sup>35</sup>
- Depending on the estimate, expanding access to quality palliative care would have saved between \$40 million and \$345.5 million between 2003 and 2011 in the province of Ontario alone. Projected savings from 2012 to 2036 range between just under \$247 million to just over \$2.1 billion, again depending on the estimate scenario.<sup>36</sup>
- Just over 3.1 million Canadians were estimated to have provided informal care to home care recipients in 2007, totalling over 1.5 billion hours.<sup>37</sup>
- CIHI reports that 45% of provincial and territorial health expenditures in 2009 were directed to seniors, even though that group accounted for only 14% of the population.<sup>38</sup>
- From 2001 to 2006 the federal government funded the Secretariat on Palliative End-of-Life Care (Health Canada) with an annual budget between \$1 million and \$1.5 million dollars; however, in 2007 the federal government disbanded the End-of-Life Care Secretariat and stopped work on the national palliative and end-of-life care strategy.

### ***The Way Forward: An Integrated Palliative Approach to Care***

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- In 2011, the federal government made a one time commitment of \$3 million to fund the study and framework creation of community-integrative models of hospice palliative care. This initiative was led by the CHPCA under the guidance of the Quality End-of-life Care Coalition of Canada (QELCCC).
- There are six other discussion documents available on *The Way Forward* initiative:
  - *The Palliative Approach: Improving Care for Canadians with Life-Limiting Illnesses* by Jean Bacon
  - *Integrating a Palliative Approach into the Management of Chronic, Life-Threatening Diseases: Who, How and When?* By Jean Bacon
  - *Cost-Effectiveness of Palliative Care: A Review of the Literature* by Corinne Hodgson
  - *Innovative Models of Integrated Hospice Palliative Care* by Janet Dunbrack
  - *Valuing Caregiving and Caregivers: Family Caregivers in the Integrated Approach to Palliative Care* by Marg McAlister
  - *Synthesis of Recommendations from National Reports on Hospice Palliative Care* by Michelle MacDonald
- The initiative has also produced the following three documents:
  - *The Way Forward National Framework: A Roadmap for the Integrated Palliative Approach to Care* by Jean Bacon

- *Palliative Care in the Community: An Environmental Scan of Frameworks and Indicators* by Dale McMurchy and Monica Aggarwal
- *The Way Forward: Impact and Lessons Learned*
- All of these documents are available at [www.hpcintegration.ca](http://www.hpcintegration.ca)
- *The Way Forward* also conducted a poll through Harris/Decima which was released in December 2013. For the full report, please visit [www.hpcintegration.ca](http://www.hpcintegration.ca)

## **Advance Care Planning**

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- Advance care planning (ACP) is a process whereby a capable (mentally competent) adult engages in a plan for making personal health care decisions in the event that this person becomes incapable (legally incompetent to personally direct) his or her own health care.<sup>39</sup>
- Effective, ongoing communication among the patient, family and health care team is essential to effective ACP.<sup>40</sup>
- Successful ACP often begins well in advance of serious illness.<sup>41</sup>
- The 2012 ACCEPT Study was a prospective audit of current practice related to advance care planning (ACP) in hospitalized patients at high-risk for dying, as well as their families. About 60% of patients reported that they had a written advance directive/living will or some other written document. This varied widely from site to site – with a high of 100% at one site and a low of 20% at another.<sup>42</sup>
- A March 2012 Ipsos-Reid poll found that 86% of Canadians have not heard of advance care planning, and that less than half had a discussion with a family member or friend about healthcare treatments if they were ill and unable to communicate. Only 9% had ever spoken to a healthcare provider about their wishes for care.<sup>43</sup>
- When asked about the importance of discussing end-of-life care with different types of individuals, 6 in 10 Canadians surveyed (61%) say that having the discussion is extremely important with at least one individual.<sup>44</sup>
- The majority of Canadians (52%) indicate that the advance care planning process should begin when a person is healthy, yet only 13% have an advance care plan prepared.<sup>45</sup>
- Three-quarters of Canadians would turn to their family physician (73%), for more information on hospice palliative care services.<sup>46</sup>
- *Challenges and Issues in 2010: The Quality End-of-Life Care Coalition of Canada* states that one of the key challenges over the next 10 years will be persuading Canadians that end-of-life care planning is important for everyone, not just those diagnosed with a life-limiting illness, such as cancer.<sup>47</sup>
- The CHPCA has developed the *Speak Up: Start the Conversation About End-of-Life Care* campaign to raise awareness and educate Canadians on Advance Care Planning. More information can be found at [www.advancecareplanning.ca](http://www.advancecareplanning.ca).

## **Raising Awareness**

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*“Unfortunately, in end-of-life care, we do not have a vocal constituency: The dead are*

*no longer here to speak, the dying often cannot speak, and the bereaved are often too overcome by their loss to speak.*"<sup>48</sup> - Harvey Chochinov

- The CHPCA hosts National Hospice Palliative Care Week during the first week of May each year. Traditionally, themes are drawn from the World Hospice Palliative Care Day theme.<sup>49</sup>
- The CHPCA also has an awareness campaign for family and informal caregivers every April 5. This awareness campaign was launched in 2012 in partnership with We Care Home Health Services<sup>50</sup>.
- World Hospice Palliative Care Day is organized by the Worldwide Palliative Care Alliance and aims to share their vision to increase the availability of hospice and palliative care throughout the world by creating opportunities to speak out about the issues, raise awareness and understanding of the needs – medical, social, practical, spiritual – of people living with a life limiting illness and their families, and to raise funds to support and develop hospice and palliative care services around the world. It is the second Saturday of October.<sup>51</sup>
- The GlaxoSmithKline Foundation, in partnership with the CHPCA, have created the **Living Lessons**<sup>®</sup> initiative, a public awareness and social marketing campaign designed to provide tools and resources to patients, family members, caregivers, volunteers and health care providers.<sup>52</sup>

## Research

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- Since the launch of the Canadian Institutes for Health Research (CIHR) Institute for Cancer Research, Canada has almost doubled its world share of palliative end-of-life care publications between 2004 and 2009: at 8% it is almost twice Canada's overall world share of health research publications.<sup>53</sup>
- Findings published in *The New England Journal of Medicine* shed a new light on the effects of end-of-life care. Doctors have found that patients with terminal lung cancer who began receiving palliative care immediately upon diagnosis were not only happier, more mobile and in less pain as the end neared – but they also lived nearly three months longer.<sup>54</sup>
- A recent study suggests that patients with life-limiting advanced chronic disease identify that receiving honest information about their condition and having time to prepare for life's end are key aspects of quality end-of-life care. Of the 440 patients studied, only 18% stated that they had discussed their prognosis with a physician. Overall satisfaction with end-of-life care, however, was significantly higher among those patients who had held that discussion. These patients were more willing to discuss preferences regarding cardiopulmonary resuscitation and were also more likely to prefer a home death.<sup>55</sup>
- The cost of doing nothing: If we extrapolate from current Canadian Institute for Health Research (CIHR) funding, we might expect CIHR to keep funding about \$4 million of palliative end-of-life care research per year through open operating grants. However, there is a high risk that a significant portion of the capacity created through this initiative will be lost if no further action is taken.<sup>56</sup>

## **Role of Family and Informal Caregivers**

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*“There are only four kinds of people in this world: those who have been caregivers; those who currently are caregivers; those who will be caregivers and those who will need caregivers.”*

Rosalynn Carter, former First Lady

- A caregiver is an individual who provides ongoing care and assistance, without pay, for family members and friends in need of support due to physical, cognitive, or mental health conditions. The term is sometimes qualified with family caregiver, informal caregiver, or unpaid caregiver to differentiate from providers and other health care professionals who provide care.<sup>57</sup>
- The average number of hours per week that Canadians expect for caring for a dying family member is 54.4.<sup>58</sup>
- Expectations of commitment have increased. More Canadians in 2013 expected that proper care would require two or more days of commitment each week (73%) compared to 10 years ago (59%).<sup>59</sup>
- When asked whether they feel they could devote that much time to caring for a dying loved one, the majority of Canadians (65%) indicate that they would not be able to.<sup>60</sup>
- Based on a study in Ontario, palliative care clients were cared for primarily by their spouses or partners (57%) or their children or children-in-law (29%).<sup>61</sup>
- In 2007, 23% of Canadians said that they had cared for a family member or close friend with a serious health problem in the last 12 months. Adverse effects on this group of people included: using personal savings to survive (41%) and missing one month or more of work (22%).<sup>62</sup> In 2006, of the 26% of Canadians who said that they had cared for a family member or close friend with a serious health problem in the previous 12 months, other adverse effects reported were: negative effect on mental health (41%) and negative effect on physical health (38%).<sup>63</sup>
- In 2007, 2.7 million Canadian family caregivers over the age of 45 were helping seniors with long-term health conditions.<sup>64</sup>
- Many leading-edge global companies such as GlaxoSmithKline and Innovative Medicines Canada (formerly Rx&D) now include in their employee benefit package the option of paid leave to employees who require time away from work to care for a dying family member.<sup>65</sup>
- Whether or not the family or informal caregiver has a choice in taking on the role of caregiver is a significant factor in the degree of stress and disruption they experience.<sup>66</sup>
- Family and informal caregivers providing hospice palliative care at home are undertaking a wider range of tasks in an environment where they typically have less support from professional caregivers. Tasks assigned to family and informal caregivers may include: psychological, social and spiritual care; personal care; medical care, including administration of medications and injections; homemaking services; and advocacy and care-coordination.<sup>67</sup>

- Current estimates for replacement costs for unpaid caregiving in Canada indicates a significant economic contribution by caregivers; estimates for care provided in 2009 range between \$25 to \$26 billion.<sup>68</sup>
- The increasing reliance on de-institutionalized care has had a great impact on Canada's 1.5 to 2 million caregivers, a group that provides hands-on care, spiritual and emotional care, and care coordination worth \$25 to 26 billion annually, while incurring \$80 million dollars annually in out-of-pocket costs.<sup>69</sup>
- In 2012, the federal government announced that parental caregivers of critically ill children under the age of 18 can claim up to 35 weeks within a year under the Federal Employment Insurance Program (EI). The benefits were made available as of January 2013.<sup>70</sup>
- In 2012, the CHPCA in partnership with We Care Home Health Services started an awareness campaign for family and informal caregivers on National Caregiver Day, April 5.<sup>71</sup>
- In 2012, about 8.1 million individuals, or 28% of Canadians aged 15 years and older, provided care to a family member or friend with a long-term health condition, disability or aging needs.<sup>72</sup>
- New data from the 2012 Statistics Canada's General Social Survey showed that women represented the slight majority of caregivers at 54%. The survey also found that caregiving responsibilities most often fell to those aged 45 to 64, with 44% of caregivers in this age category.<sup>73</sup>
- Ailing parents were the most common recipients of care, with 39% of caregivers looking after the needs of their own parents and another 9% doing so for their parents-in-law. The least common were spouses, at 8%, and children, at 5%.<sup>74</sup>
- For the first time, Statistics Canada looked at the types of health conditions requiring care. Age-related needs topped the list, with 28% of caregivers providing care for these needs. Cancer was next at 11%, followed by cardio-vascular disease at 9%, and mental illness at 7%.<sup>75</sup>
- Over one-quarter (28%) of caregivers, or 2.2 million individuals, could be considered "sandwiched" between caregiving and raising children. Most of them were women between the ages 35 and 44, and were helping their parents or parents-in law, while also having at least one child under 18 living at home.<sup>76</sup>
- Those caring for their child and spouse received the most financial support from governments. In 2012, 30% of caregivers of children received government financial assistance, compared with 14% of caregivers of spouses and 5% of caregivers of parents.<sup>77</sup>
- 52% of caregivers of children, 42% of caregivers of spouses and 28% of caregivers of parents said that they would have liked more help than they received, financial or otherwise.<sup>78</sup>
- In late 2013, the CHPCA re-launched a newly revised version of the popular *A Caregiver's Guide* with the support of The Military and Hospitaller Order of Saint Lazarus of Jerusalem.



## Role of Home Care

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- According to a 2014 Harris/Decima survey, those Canadians that have a preference of where they die, the majority would prefer to die in their home (75%).<sup>79</sup>
- In 2003, the Home Care Sector Study Corporation published a report entitled *Canadian Home Care Human Resources Study* that has projected that if all variables remain the same, in 2046, Canada can expect to have more than 750,000 Canadians receiving home care. By 2046, we may need home care for twice as many people proportionally, as we do today.<sup>80</sup>
- The *Canadian Home Care Human Resources Study* indicates that 65% of family caregivers are under 50 years of age, with 64% of them working full time or part-time, or being self-employed.<sup>81</sup>
- If the death occurs in the home, Canadians (90%) are more likely to say that the setting matched the family member's preference. 7 in 10 (69%) of those whose family member died in a hospital believe the same.<sup>82</sup>
- Emerging pan-Canadian health trends indicate that effective home care can contribute to lower long-term costs for the health care system, therefore these costs should fall under the parameters of the *Canada Health Act*.<sup>83</sup>
- Current end-of-life care research increasingly suggests that Canadians prefer to die at home or in their home communities (e.g. in long-term care facilities) instead of in hospital settings.<sup>84</sup>
- A recent study showed that most seniors (93%) in Canada live at home and want to stay there as long as possible.<sup>85</sup>
- According to the 2012 report: *Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada?* released by the Health Council of Canada, home care costs in the last six months of life are roughly double what are required for all other home care recipients.<sup>86</sup>
- A Canadian report estimated that it costs approximately \$4,700 per client to provide palliative care in the home – or about one-quarter of the \$19,000 for acute care.<sup>87</sup>
- The home and community care workforce – largely nurses and home support workers – will need to adapt to growing demand. Integrated teams that connect primary, home, and community care will be essential to support frail seniors with complex care needs.<sup>88</sup>
- Ontario found that between 20 and 50% of people on waiting lists for residential long-term care could age safely and cost-effectively at home if some basic services were accessible. And hospice palliative care services and treatment can lead to better outcomes, such as improvement of symptoms and reduced caregiver burden, while reducing costs.<sup>89</sup>

## Training and Education

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- In the 2014 National Palliative Medicine Survey, 183 physicians identified themselves as family physicians with a focused practice in palliative care or specialists/subspecialists in palliative medicine. These physicians worked an average of over 35 hours/week in palliative medicine. 931 respondents indicated that they

provide palliative care consultations on a limited basis, averaging 7 hours per week. This is an important fact as we work to establish the size and nature of the workforce that will be required to meet the growing palliative care needs of Canadians.<sup>90</sup>

- A revised edition of the CHPCA *National Norms of Practice* was launched in late 2013 and is available at [www.chpca.net/norms](http://www.chpca.net/norms).
- In early 2014, the Royal College of Physicians and Surgeons granted palliative care sub-specialty status.<sup>91</sup>
- In 2014, funding was provided to the Pallium Foundation of Canada for an initiative called, *Building the Future of Palliative Care Together*, which aims to strengthen the community of clinicians, caregivers, educators, administrators, volunteers, citizens and other partners. Through this program the Pallium Foundation will equip more front-line healthcare providers with the skills and knowledge they need to care for people with life-threatening conditions.<sup>92</sup>
- The Quality End-of-Life Care Coalition of Canada reports that over the next 10 years, professional education will be even more important in a systems-wide approach to hospice palliative and end-of-life care – where Canadians will receive quality care in all care settings where they die.<sup>93</sup>
- In 2010, the Social Work Competencies on Palliative Education Executive Committee in partnership with the CHPCA, embarked on a project to integrate competencies for social work practice in hospice palliative care into social work, undergraduate and graduate education curricula and continuing education programs.
- In 2009, the CHPCA's Nurses Interest Group reviewed and approved the Canadian Hospice Palliative Care Nursing Standards of Practice. Best read in conjunction with the 2008 Canadian Nurses Association's hospice palliative care nursing competencies, both documents provide a framework for building professional hospice palliative care nursing practice and will guide discussion and policy development.<sup>94</sup>
- CARENET (CIHR NET Grant) discovered medical trainees have significant exposure to dying patients, and are often responsible for determining their level of care. As a result, they are suffering significant sadness and fear, or complex emotions such as distress, grief, and guilt. The NET is exploring training and healing tools, working with key leaders in medical curriculum development.<sup>95</sup>
- To help family caregivers provide care and advocate for their loved ones, the CHPCA, in collaboration with The GlaxoSmithKline Foundation, developed the *Living Lessons*® *Influencing Change: A Patient and Caregiver Advocacy Guide*, a handbook, as well as other training materials for family caregivers and professionals.<sup>96</sup>

## Other Issues

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- Bill C-14, called An Act to amend the Criminal Code and to make related amendments to other Acts (or Medical Assistance in Dying) was tabled on April 14, 2016 in response to the Supreme Court of Canada *Carter vs Canada* decision of February 6, 2015. On June 16, it passed into law and in the following months, Provincial Medical Regulators provided guidelines for their members while provincial governments moved to introduce or pass legislation to implement the new law. It is up to individual facilities – including residential hospices – to decide if they wish to allow MAID to be performed on site at all, and whether to be directly involved in providing

the service or allowing outside organizations to perform the service on site. More information about MAID is available on the government of Canada website: [healthycanadians.gc.ca](http://healthycanadians.gc.ca) under "Health system and services", "Health services", "End-of-Life Care".

### **Quality End-of-Life Care Coalition of Canada (QELCCC)**

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- The Canadian Hospice Palliative Care Association is the Secretariat of the Quality End-of-Life Care Coalition of Canada (QELCCC), a group of 37 national associations and organizations with an interest in end-of-life care issues.<sup>97</sup>
- In January 2010, the QELCCC released *Blueprint for Action 2010 to 2020*, which summarizes the QELCCC's priorities for the next 10 years:
  1. Ensure all Canadians have access to high quality hospice palliative end-of-life care;
  2. Provide more support for family caregivers;
  3. Improve the quality and consistency of hospice palliative end-of-life care in Canada; and
  4. Encourage Canadians to discuss and plan for end-of-life.<sup>98</sup>
- The Way Forward Initiative project was led by the QELCCC and managed by the CHPCA from 2011-2014. Over three years, the initiative developed a framework for the integration of the palliative approach to care.<sup>99</sup>
- More information on the Coalition including reports, achievements and membership can be found at [www.qelccc.ca](http://www.qelccc.ca).

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### **About the Canadian Hospice Palliative Care Association**

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The Canadian Hospice Palliative Care Association (CHPCA) is the national voice for hospice palliative care in Canada. It is a bilingual, national charitable non-profit association whose mission is the pursuit of excellence in care for persons approaching death so that the burdens of suffering, loneliness and grief are lessened.

CHPCA strives to achieve its mission through:

- collaboration and representation;
- increased awareness, knowledge and skills related to hospice palliative care of the public, health care providers and volunteers;
- development of national norms of practice for hospice palliative care in Canada;
- support of research on hospice palliative care;
- advocacy for improved hospice palliative care policy, resource allocation and supports for caregivers.

CHPCA works in close partnership with other national organizations and will continue to move forward with the goal of ensuring that all Canadians, regardless of where they may live, have equal access to quality hospice palliative care services for themselves and their family.

***"That all Canadians have access to quality end-of-life care."***

## References

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- <sup>1</sup> *Living Lessons*<sup>®</sup> (2001) The GlaxoSmithKline Foundation and the Canadian Hospice Palliative Care Association.
- <sup>2</sup> Ibid. 21
- <sup>3</sup> A quantitative online research survey of 2,976 Canadian adults. Completed using Harris/Decima's proprietary online panel so is precluded from reporting a margin of error. Data were collected between July 5 and August 7 2013. Survey data were weighted using 2011 Census to reflect general population (gender, age and region). 46
- <sup>4</sup> A quantitative online research survey of 2,976 Canadian adults. Completed using Harris/Decima's proprietary online panel so is precluded from reporting a margin of error. Data were collected between July 5 and August 7 2013. Survey data were weighted using 2011 Census to reflect general population (gender, age and region). 43
- <sup>5</sup> A quantitative online research survey of 2,976 Canadian adults. Completed using Harris/Decima's proprietary online panel so is precluded from reporting a margin of error. Data were collected between July 5 and August 7 2013. Survey data were weighted using 2011 Census to reflect general population (gender, age and region). 47
- <sup>6</sup> Costs associated with resource utilization during the palliative phase of care: a Canadian perspective, *Palliative Medicine*, Dec 2009.
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