“Woeful” Palliative Care System Has Severe Impact on Quality of Life

Lack of standard approach and training is focus of debate at National Health Leadership Conference in Charlottetown, PEI, June 15-16, 2015

CHARLOTTETOWN – New statistics reveal an inconsistent and fragmented approach to palliative care that’s preventing Canadians from dying with dignity and compassion, according to experts presenting at the National Health Leadership Conference’s (NHLC) Great Canadian Healthcare Debate today in Charlottetown, PEI.

“One obstacle is the patchwork system for palliative care,” says Ray Racette, President and CEO of the Canadian College of Health Leaders. “There is no set approach when it comes to protocols for delivering care or training health care professionals. As a result, palliative care differs not only province to province, but within and between communities and institutions. A standardized approach would also standardize the quality of the experience,” says Racette.

Palliative care is on the agenda of the NHLC’s Great Canadian Healthcare Debate, co-presented by HealthCareCAN and the Canadian College of Healthcare Leaders. One resolution calls on healthcare leaders to support an integrated pan-Canadian palliative approach. That will require planning and funding a large enough healthcare workforce with palliative care skills and knowledge, and ensuring access to palliative care specialists.

STATISTICS REVEAL INCONSISTENCIES

Many of the shortcomings regarding palliative care in Canada are highlighted in a new national survey of practitioners, from the Canadian Society of Palliative Care Physicians. It points out that:

- More than 4 of 5 (83%) physicians who practice palliative medicine do so as one part of their practice, not as a focus of their work. A similar number of palliative medicine physicians (84%) work limited hours in palliative care, only seven hours per week on average.

- Of the physicians who reported being palliative medicine sub-specialists, just 57% had done an accredited post-graduate training program in palliative medicine. Of the other survey respondents who stated they provide some palliative care as part of their practice, the vast majority had not received any accredited training in palliative care.

- The majority of patients who receive palliative care are cancer patients, even though deaths from non-cancer causes in acute care facilities outnumber those from cancer. Any number of patients with chronic diseases, severe dementia and severe frailty could benefit from palliative care interventions. Yet most palliative medicine physicians reported that fewer than 20% of their palliative patients had a non-cancer diagnosis.
Two-thirds (68%) of palliative care practitioners do home visits, but that ranges from 76% in Newfoundland to just 44% in Quebec, underscoring the lack of national standards.

Racette says “the fragmented approach to palliative care has grown out of Canada’s traditional hospital-based approach to death. If you use death at home or in a hospice as the preferred setting for palliative care (unless acute care is absolutely required), then you can shift funding from the hospital to those alternate services – by having the right professionals doing the right care in the right setting.”

WHAT DO CANADIANS THINK?
In a new Ipsos Reid survey for HealthcareCAN, 90% of respondents say the health care system needs more support and resources to make patients as comfortable as possible at the end of life.

Dr. Mireille Lecours, a Charlottetown-based palliative care physician in speaking to the motions at the Great Canadian Healthcare Debate, noted only a small proportion of Canadians need intense tertiary care in the last days or weeks of life. Yet 67% still die in hospital, even though most Canadians say they would prefer to die at home. Lecours blames the fact that palliative care is “woefully under-resourced” in Canada.

Palliative care not only means more appropriate care, in many cases, but much more economical care. “A hospice bed costs about $450 a day compared to $1,000-$1,200 per day for a hospital bed,” says Sharon Baxter, Executive Director of the Canadian Hospice Palliative Care Association.

Canada has only 67 residential hospices. A stand-alone facility opened in March in Charlottetown, PEI after years of delay. The 10-bed centre is located near the Queen Elizabeth Hospital.

“Ideally such care should happen throughout the course of an illness or the process of aging. Instead, many people receive palliative care only in the very last days of their lives. People suffer in silence,” says Dr. Lecours.

Why is palliative care not a higher priority in health care? Dr. Lecours suspects that part of the reason is that healthcare professionals are so focused on lengthening life at any cost. “Anything that’s not a cure is seen as a failure,” she says.

“We do a good job of keeping people alive, but we can improve quality of remaining life,” emphasizes Baxter. She says palliative services such as psychosocial support and pain and symptom management can greatly enhance that quality of life.
Dr. Lecours adds that people have a general discomfort about death and dying, so often avoid the stark reality. She says quality of life also isn’t always easily defined. It’s different for everyone, but touches on all domains of well-being – physical, social, emotional and spiritual.

“High quality palliative care needs to be standardized,” says Dr. Lecours. “We need a completely holistic view that puts the individual back into the picture.”

Presented by HealthCareCAN and the Canadian College of Health Leaders, the National Health Leadership Conference hosts more than 700 healthcare leaders from across the country. Keynotes and presentations will focus on driving a culture, of engagement, innovation and improvement in Canada’s healthcare system. The Great Canadian Healthcare Debate is a unique forum giving health leaders the chance to pass resolutions aimed at helping policy-makers address the key healthcare challenges Canada now faces. The conference runs June 15-16 in Charlottetown, PEI.

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