**Suggested Key Messages of the Pallium Foundation of Canada emerging strategies for Dr. Pereira meeting with Hon. Jim Flaherty on March 7, 2011**

- Extend an approach that has worked well for a decade, with roots in rural and remote Canada. Early lesson we learned in Pallium I/II - *tackle the priority palliative and end-of-life care issues in primary-care in rural Canada in a practical, sensible way and the applications will be adopted by others in larger centres*.
- Help address the priority issues associated with determinants of health in rural Canada associated with supporting the seriously-ill and dying:
    - Marked recent and growing trend to 'baby boomers cashing out' on home equity gains in large urban centres and migrating to rural Canadian centres in later years.
    - Community supports to strengthen family caregiving as local labour force supports (e.g., difficult to balance organizing care/services or 'being there' for mom and dad and to be in the oil patch, mining, farmer's field, etc. – this is linked to skilled labour availability going forward).
    - Community supports to mitigate crime (e.g., note the growth in domestic homicide-suicide, growth in opioid-related crime in community pharmacy/homes, etc.).
    - Earlier business continuity intervention to help small and medium-sized businesses continue in the event owner-manager or key principal becomes seriously-ill or dies AND <u>puts local employees out of work</u> (e.g., 'Steve Jobs' effect is not only for Apple, it will happen with more frequency in Canada, with extra-ordinary impact in rural Canadian communities).
- Strengthening community supports and improving access to local health services will not eliminate calls for euthanasia and assisted dying, but it will predictably greatly reduce them and the associated crime making impact.
- We need support and a five year project mandate to 'pick important problems and fix them' and to 'pick important strengths and expand on them.' We will jointly (across provinces/territories) pick 12 important issues associated with serious-illness and dying (from a combined health and community economic development focus) and work on them over five years - they will be 'the dirty dozen.' Commit to measurable progress and accountability for specific, measurable and achievable goals.
- Goal – keep the aged and seriously-ill and dying out of institutions and <u>properly supported</u> in the community as long as possible and clinically-appropriate.
- How we care for the seriously-ill and dying is a keystone for how our health care delivery systems are working/impacts public confidence (quote by Dr. Don Berwick, IHI @ Harvard; now Obama administration head of US Medicare in Joanne Lynn et. al., sourcebook on improving EoL care).
- If we can tackle 'a dirty dozen' issues over 5 years, we can make a serious dent in improving health and ancillary service delivery and strengthen local economies; will take an accountable 'Social Return on Investment' [SROI approach] (e.g., could be a 'light house' style initiative leading into 2013/2014, in renegotiating health transfers to provinces/territories).
- A modest investment of <u>$40 million over 5 years for Pallium Foundation of Canada/pan-Canadian partners to implement a *Canadian Compassionate Communities* initiative</u>, ideally together with regional economic development agencies/Canadian Community Futures corporations (note – especially important for rural Ontario and critical for Alberta/Sask to strengthen local supports, including 'fly in/fly out' of skilled craft labour/trades from Atlantic Canada locales to oil sands).
- <u>The Canadian research community needs $20 million over 3 - 5 years to be administered jointly with CHSRF/CIHR/SSHRC</u> to support priority research in health services and medical humanities/social science questions about improved access, improved quality and improved health service delivery.
- Two reasonable, accountable twin SROI-based investments will strengthen demonstrable supports in rural Canada, will have <u>broad, general 'benefits to Canadians' on priority concern issues and further leverage critical things that provinces/territories will need to do anyway in community economic development, criminal justice administration (e.g., elder abuse, euthanasia investigation, domestic homicide-suicide) and health services</u>, while respecting traditional F/P/T relations.

# The Need for a Palliative & End-of-Life Care National Strategy.

## The impact on the economy, individuals, families

NOTES PROVIDED BY DR. JOSÉ PEREIRA
TO HON. JIM FLAHERTY ON
MONDAY MARCH 7/2011 (4pm EST)
AS A FOLLOW-UP MEETING ACTION ITEM
TO A DEC 8/2010 (5pm EST) MEETING REQUESTED
BY HON. DIANE ABLONCZY, MINISTER OF STATE (SENIORS)

PALLIUM FOUNDATION
OF CANADA
www.pallium.ca

DR. JOSÉ PEREIRA
CO-FOUNDER &
CO-FOUNDING DIRECTOR

# Proposed solution

- Lessons from the Canadian Pallium Project (funded by Primary Health Care Transition Fund 2003-2007):
  - Extend an approach that has worked well for a decade, with roots in rural and remote Canada. Early lesson we learned in Pallium I/II - *tackle the priority palliative and end-of-life care issues in primary-care in rural Canada in a practical, sensible way and the applications will be adopted by others in larger centres.*
- Role of the Pallium Community across Canada:
- We will jointly (across provinces/territories) pick 6 important issues associated with serious-illness and dying (from a combined health and community economic development focus) and work on them over five years – "The TOP SIX"
  - Includes:
    - Projects such as talking about end of life in the workplace, communities and schools & develop "Compassionate Communities" strategy
    - Collaborate closely with entities such as the Canadian Hospice Palliative Care Association to work on adequately funded national advance care planning strategy
- Commit to measurable progress and accountability for specific, measurable and achievable goals.
- Reduce use of inappropriate treatments at the end of life because we are too fearful of discussing them

MIN. FLAHERTY 'WHAT'S IT GOING TO TAKE TO SET THE STAGE?'
(REF- THIS IS NOT GOING TO BE IN THE CARDS IN THE 2011/2012 BUDGET CONTEXT)

# Proposed solution

$8-9 million/yr ~ 5 years.

- A modest investment of $40 million over 5 years for Pallium Foundation of Canada/pan-Canadian partners to implement a *Canadian Compassionate Communities* initiative 2003-20
  - Together with regional economic development agencies/Canadian Community Futures corporations.
- The Canadian research community needs $20 million over 3 - 5 years to be administered jointly with CHSRF/CIHR/SSHRC
  - to support priority research in health services and medical humanities/social science questions about improved access, improved quality and improved health service delivery.
- These will strengthen demonstrable supports in rural, urban and remote Canada, will have broad, general 'benefits to Canadians' on priority concern issues and further leverage critical things that provinces/territories will need to do anyway in community economic development, criminal justice administration (e.g., elder abuse, euthanasia investigation, domestic homicide-suicide) and health services, while respecting traditional F/P/T relations.

# Issue of euthanasia & Physician Assisted Suicide (PAS) will resurface in 2011

- "Dying with Dignity Commission of Quebec Assembly will be submitting its recommendations later this year. High likelihood that it will recommend increased palliative care services but also legalizing euthanasia and PAS.
  - How will government respond federally & provincially?
  - Need for measured federal sensitivity to the palliative care challenges in Quebec
- Currently considerable amount of confusion regarding euthanasia and assisted suicide. Many citizens, for example, believe that withdrawing or withholding life support measures is euthanasia. It is not.
- How do we respond?
  - National adequately funded strategy on advance care planning and End of life discussions needed (public & health professionals).
  - Need to translate results of research (such as Dr. Harvey Chochinov's work on Dignity Conserving Care work) to the bedside.
  - More research to emulate the work done on understanding Dignity and developing strategies to improve the sense of dignity in the areas of "hope", "suffering", "burden"
  - Improve palliative care services and training of professionals and develop more specialists in the field.

$15 million - by Liberals
CIHR Report
health economist - where we get best bang for buck

(3

- Help address the priority issues associated with determinants of health in rural Canada associated with supporting the seriously-ill and dying:
  - Earlier business continuity intervention to help small and medium-sized businesses continue in the event owner-manager or key principal becomes seriously-ill or dies AND puts local employees out of work (e.g., 'Steve Jobs' effect, it will happen with more frequency in Canada, with extra-ordinary impact in rural Canadian communities).
  - Community supports to strengthen family caregiving as local labour force supports (e.g., difficult to balance organizing care or 'being there' for mom and dad and to be in the oil patch, mining, farmer's field, etc. – this is linked to skilled labour availability going forward).
  - Marked recent and growing trend to 'baby boomers cashing out' on home equity gains in large urban centres and migrating to rural Canadian centres in later years.
  - Community supports to mitigate crime (e.g., note the growth in domestic homicide-suicide related to euthanasia & growth in opioid-related crime in community)

# Federal leadership

- Federal leadership & vision required to move Canada into next decade and beyond with respect to how the changing population demographics will impact the nation, its finances, it social systems and its health care services
  - Can be guided by a Palliative and End-of-life Care analogue to the Mental Health Commission of Canada model based in Calgary
  - An entity of experts in related fields (F,P,T leaders in health care services, end of life care, health economists, community leaders, etc) from across the country, sectors and disciplines to to provide guidance
  - What is working well? What models are there in the country? How can that be replicated in other parts of the country? How should we as a nation be preparing for the future with respect to palliative and End-of-life Care?

# The impact of an ageing population & increasing number of deaths in Canada.

- Increased pressure on:
  - Economy
  - individuals & families
  - health care services

**Deaths, estimates, by province and territory**

| | 2005/2006 | 2006/2007 | 2007/2008 | 2008/2009 | 2009/2010 |
|---|---|---|---|---|---|
| | | | number | | |
| Canada | 225,489 | 233,825 | 237,819 | 242,120 | 247,556 |
| Newfoundland and Labrador | 4,392 | 4,677 | 4,557 | 4,656 | 4,765 |
| Prince Edward Island | 1,165 | 1,143 | 1,160 | 1,190 | 1,217 |
| Nova Scotia | 7,968 | 8,372 | 8,454 | 8,644 | 8,840 |
| New Brunswick | 5,987 | 6,194 | 6,413 | 6,577 | 6,743 |
| Quebec | 53,373 | 56,417 | 56,211 | 56,700 | 57,600 |
| Ontario | 83,752 | 86,811 | 88,879 | 91,826 | 94,860 |
| Manitoba | 9,634 | 9,962 | 10,060 | 10,243 | 10,443 |
| Saskatchewan | 8,877 | 8,993 | 9,128 | 9,250 | 9,370 |
| Alberta | 19,560 | 19,803 | 20,560 | 21,284 | 22,006 |
| British Columbia | 30,311 | 30,957 | 31,895 | 31,229 | 31,174 |
| Yukon | 168 | 197 | 194 | 201 | 208 |
| Northwest Territories | 171 | 174 | 176 | 182 | 186 |
| Nunavut | 131 | 125 | 132 | 138 | 144 |

**Notes:**
Period from July 1 to June 30.
The numbers for deaths are final up to 2006/2007, updated for 2007/2008 and 2008/2009 and preliminary for 2009/2010. Preliminary and updated estimates of deaths were produced by Demography Division, Statistics Canada. Final data were produced by Health Statistics Division, Statistics Canada. However, the final estimates included in this table may differ from the data released by the Health Statistics Division, due to distribution of unknown province.
Source: Statistics Canada, CANSIM, table (for fee) 051-0004 and Catalogue no. 91-215-X.
Last modified: 2010-10-26.

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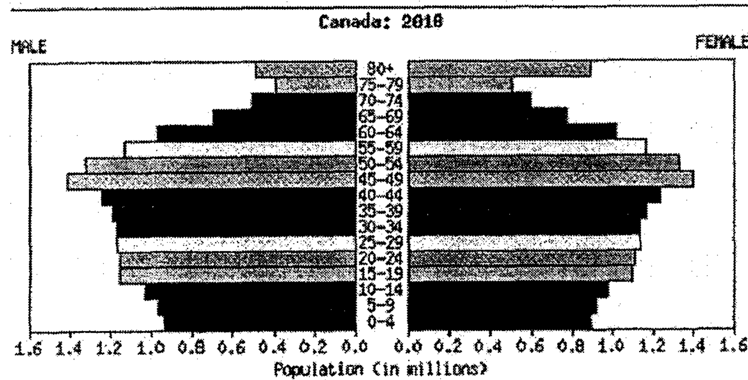
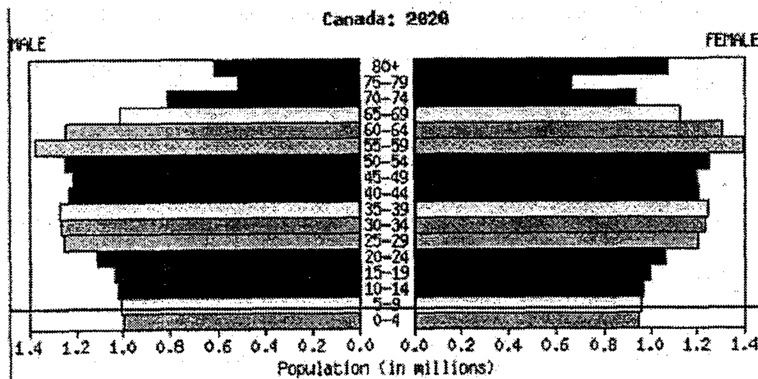
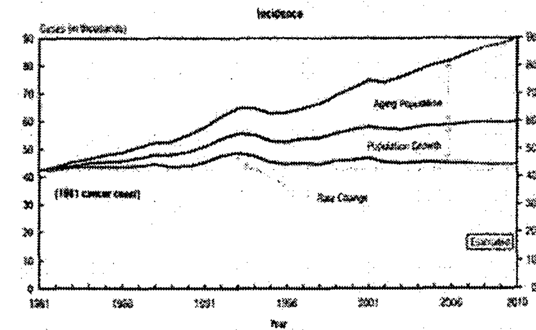
Jeff Turnbull CMA
calls for more [illegible]

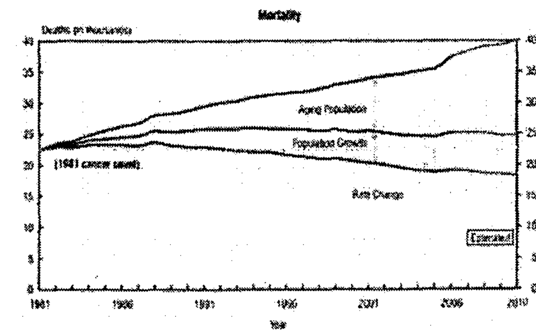
# Canadian Demographics Changing: Ageing & increased number of deaths




**Trends in New Cases and Deaths for All Cancers and Ages, Attributed to Cancer Rate, Population Growth and Aging Population, Males, Canada, 1981–2010**




**Note:** New cases exclude non-melanoma skin cancer (basal and squamous). Actual incidence data were available to 2006 and mortality to 2005. The range of scales differs between figures.
**Analysis by:** Chronic Disease Surveillance Division, CCDPC, Public Health Agency of Canada
**Data source:** Canadian Cancer Registry and Canadian Vital Statistics Death database at Statistics Canada