



Introduction

The Quality End-of-Life Care Coalition of Canada (QELCCC) is a group of more than 30 national stakeholder organizations dedicated to improving end-of-life care for all Canadians. The Coalition believes that all Canadians have the right to equitable access to quality palliative care, which includes grief and bereavement support. To achieve this, there must be a well-funded, sustainable national strategy for palliative care. It is the mission of the QELCCC to work together in partnership to achieve this goal.

The QELCCC welcomes the opportunity to submit this brief to the Special Joint Committee on Medical Assistance in Dying as part of its statutory review of medical assistance in dying (MAiD).

Medical Assistance in Dying

Palliative care strives to reduce suffering while neither hastening nor prolonging the dying process. Therefore, we believe that no patient should choose MAiD because of a lack of access to timely quality palliative care. Everyone in Canada has a right to access affordable, culturally safe, high-quality palliative care, particularly when diagnosed with a life-limiting diagnosis, regardless of their end-of-life choices.

For people in Canada to be able to meaningfully exercise their rights in making end-of-life choices, they must have access to all of the options. As we noted in a recent editorial entitled “[Death and dying are universal, but in Canada, palliative care is not](#)” in The Hill Times, despite having one of the most expensive health-care systems in the world, Canada lags behind its international counterparts in terms of access to quality end-of-life care. As a country that prides itself on “universal” health care, we rely heavily on private funding, specifically, donations fundraised by communities or provided by private individuals for the delivery of hospice palliative care. Furthermore, as Health Canada said in its report, [Home and Community-Based Palliative Care: Shaping the future from lessons learned during the COVID-19 pandemic](#), those facing homelessness, those in rural and remote communities, and Indigenous peoples faced the most hardship in accessing palliative care. Therefore, QELCCC encourages the Joint Special Committee on Medical Assistance in Dying to recommend further action to improve access to hospice palliative care.

Palliative Care

QELCCC adopts the World Health Organization (WHO) definition of palliative care. Palliative care must remain focused on effective symptom management and psychological, social, and spiritual interventions while meeting individual cultural needs to help people live as well as they can until their death. Palliative care is explicitly recognized under the human right to health by the WHO. The United Nations (UN) International Covenant on Economic, Social, and Cultural Rights also recognizes the right to “the enjoyment of the highest attainable standard of physical and mental health,” which the



UN interpreted in 2000 to include an obligation to “refrain from denying or limiting equal access for all persons ... to preventative, curative, and palliative health services.”

To that end, the QELCCC encourages the Joint Special Committee on Medical Assistance in Dying to adopt the following recommendations:

1. Establish a centralized and national coordination office as suggested by the *Framework on Palliative Care in Canada*, such as the Office of Palliative Care (OPC), that will:
 - a. Serve as a single focal point and knowledge centre for palliative care at the federal level.
 - b. Coordinate implementation of the federal government’s *Framework and Action Plan on Palliative Care in Canada*.
 - c. Play a leadership role in connecting governments and stakeholders across jurisdictions to promote better access to high-quality palliative care in Canada.
 - d. Work with stakeholders to set a common definition of palliative care and consistent standards for the delivery of palliative care.
2. Earmark new annual funding to create a Palliative Care Collaborative, comprised of federal, provincial, and territorial government representatives, key health stakeholders, patient groups, and caregivers, to implement the *Framework and Action Plan on Palliative Care in Canada*. Priorities would include:
 - a. Measures to facilitate equitable access to palliative care for people of all ages across Canada with a closer look at underserved populations.
 - b. Measures to support palliative care providers, including accurate data collection and research.
 - c. Palliative care education and training for health care providers, volunteers, communities, and caregivers.
3. Allocate \$8.75 million of new funding over three years specifically earmarked for palliative and end-of-life care research and knowledge translation, including grief and bereavement care. Of this, dedicate \$750,000 over the three years to seed/proof-of-concept projects, without matching funds.

The QELCCC welcomes the investments the federal government has made so far regarding access to palliative care. However, we would note the federal government has an obligation to report back on its progress in implementing both its *Framework and Action Plan on Palliative Care* in December 2023, so we believe it is in the government’s interest to take further swift action to ensure everyone in



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Canada has access to the affordable, culturally safe, and high-quality hospice palliative care they deserve.

Conclusion

During the COVID-19 pandemic, we have seen a drastic increase in our collective experience of grief, bereavement, death, and dying. The QELCCC believes, now more than ever, that everyone in Canada has a right to access affordable, culturally safe, high-quality hospice palliative care, particularly from the point of diagnosis with a life-limiting condition, regardless of their end-of-life choice. We encourage the Joint Committee on Medical Assistance in Dying to recognize the same and to recommend actions that will ensure all will be able to exercise their rights.