



Pallium Canada

The Economic Case for Investing in Palliative Care Workforce Readiness

Core message

Canada spends heavily on hospital care for people living with progressive, life-limiting illnesses, such as dementia, advanced heart or lung disease, cancer, and advanced frailty. Equipping healthcare workers with palliative care training can improve care, help reduce avoidable hospital transfers, and increase capacity within Canada's healthcare system.

Long-term care (LTC) is a particularly important opportunity. Investing in workforce readiness can strengthen capacity, make better use of scarce resources, and produce better care and outcomes in LTC and palliative care settings.

The problem: Canada pays for palliative care late, often in the most expensive settings

- **Palliative care remains too hospital-dependent.** CIHI reports that 61% of Canadians with palliative care needs receive palliative care only in hospital.¹
- **Care near the end of life is a significant health-system cost.** Ontario research (2013) estimated average health-system spending in the last year of life at \$53,661 per person, with hospital care accounting for 43% of those costs.²
- **Long-term care is a priority setting for palliative care.** An Ontario study found that nearly one quarter of people who died in the province per year used LTC.² Yet among residents who died in Canadian LTC homes, only 19% were recorded as receiving palliative care in their last year of life.¹

What the evidence shows

- **Earlier palliative care can reduce costs.** Canadian evidence across several settings shows that earlier palliative care can reduce hospital use and, in some circumstances, total health-system costs.³
- **In LTC, the scalable approach is to build palliative care capabilities into everyday care.** Research points to staff training, support for residents and families, earlier conversations about care wishes, strong leadership and practical processes for recognizing changing needs, supported by access to specialist palliative expertise for more complex cases.⁴
- **Training needs to translate into practice.** Canadian LTC research shows that education works best when staff have the time, tools, leadership and organizational support to use what they learn.⁵
- **Training can improve staff knowledge, confidence and preparedness in LTC.** Canadian research found that palliative care training helped LTC staff integrate a palliative approach into everyday practice and increased confidence in supporting residents, families and colleagues.⁶
- **LTC-specific economic evidence is promising, though mixed.** A 2026 review found that lower costs, where they occurred, were mainly driven by reduced hospital use.⁷

Pallium Canada's proposed federal ask

Invest \$300 million over five years in a dedicated national envelope to develop and implement a National Palliative Care Training Standard for Long-Term Care. The investment should be separate from existing Aging with Dignity bilateral allocations and should fund shared national infrastructure, not impose a federal operating requirement on provinces, territories or LTC homes.

Why

Deloitte's recent report on Canada's health productivity gap argues that treating health as a productivity asset can help Canada recover lost economic output and get more productive capacity from the resources it already has.⁸ A National Palliative Care Training Standard for LTC would apply that logic in long-term care by creating consistent expectations across the existing workforce, helping teams build the skills to recognize needs earlier and make better use of health-system capacity.

What the investment would build	Why it matters economically
Clear palliative care knowledge and skills for different LTC roles , from personal support workers and nurses to physicians, allied health professionals and leaders.	Supports earlier recognition, symptom management and care planning, helping to reduce avoidable hospital transfers and release scarce hospital capacity.
Support to help LTC staff put training into practice , including protected training time, staff backfill, coaching, practical tools and leadership support.	Training creates value when staff can apply it in everyday care, improving earlier recognition, symptom management and care planning while helping reduce avoidable crises and hospital use.
Common national measures and evaluation.	Shows whether the investment is improving care and reducing avoidable emergency transfers, admissions and hospital stays.

What Canadians and the health system could gain

Expected public value	Why it matters economically
- Fewer avoidable transfers to emergency departments and hospital admissions. - Better resident and family experience through earlier care planning, clearer communication, less suffering and improved quality of life, better support for family caregivers, and care that reflects residents' wishes. - More confident and prepared LTC teams. - More consistent palliative care across Canada, with flexibility for local implementation.	- The research supports the potential for better palliative care in LTC to reduce avoidable hospital use and release capacity for other patients. - Results depend on staff having time, tools, leadership support, timely access to specialist consultation when needed, and ongoing mentorship. - Economic evaluation should measure costs, hospital capacity and outcomes across the whole system, including impacts on residents, family caregivers, staff, and leaders.

Conclusion

A national investment in palliative care training and implementation for long-term care would strengthen the workforce already caring for residents with increasingly complex needs. Better-prepared and supported long-term care teams can improve residents' quality of life, provide care aligned with their wishes, and reduce avoidable pressure on emergency departments and hospitals.

That is the productivity opportunity: better care in place and better use of scarce healthcare capacity.

¹CIHI. (2023). Access to Palliative Care in Canada. [CIHI Report](#).

²Tanuseputro et al. (2015). The Health Care Cost of Dying: A Population-Based Retrospective Cohort Study of the Last Year of Life in Ontario, Canada. [PLOS ONE article](#).

³Seow et al. (2022). Effect of Early Palliative Care on End-of-Life Health Care Costs: A Population-Based, Propensity Score-Matched Cohort Study. [JCO Oncology Practice article](#).

⁴Kaasalainen et al. (2019). Palliative Care Models in Long-Term Care: A Scoping Review. [Nurs Leadersh \(Tor Ont\) article](#).

⁵Cloutier et al. (2021). 'Bare-bones' to 'silver linings': lessons on integrating a palliative approach to care in long-term care in Western Canada. [BMC Health Services Research article](#).

⁶Gill et al. (2024). 'Confidence and fulfillment': a qualitative descriptive study exploring the impact of palliative care training for long-term care physicians and nurses. [Palliative Care and Social Practice article](#).

⁷Yang et al. (2026). Costs and cost-effectiveness of palliative care in residential aged care homes: a scoping review. [Age and Ageing article](#).

⁸Theroux et al. (2026). The health-productivity gap: Canada's untapped growth lever. [Deloitte article](#).