

**FOR IMMEDIATE RELEASE**

**Provinces and Territories Making Progress in Providing Palliative Home Care  
but Inequalities in Access Still Exist**

*~ If all variables remain the same, Canada can expect to have more than 750,000 people  
in need of palliative home care in just over 30 years ~*

**(TORONTO, ON) May 13, 2008** – With a rapidly ageing population and a rise in the number of individuals being diagnosed with advanced illnesses such as cancer, it is vital that all Canadians have access to programs, support and treatments that will provide them with comfort and dignity at end-of-life; however, results of a new Progress Report show that at least two thirds of Canadians (63 per cent) who are dying, do not have access to adequate hospice palliative care. *Hospice Palliative Home Care in Canada: A Progress Report*, released today by the Quality End-of-Life Care Coalition of Canada (QELCCC), reveals that 13 jurisdictions across Canada have in fact made progress in improving access to palliative home care services (case management, nursing, personal care and pharmaceuticals) – but there is still much more work to be done.

“We gathered information from the provinces and territories through the *Pan-Canadian Gold Standard for Palliative Home Care* survey, and compiled it into the Progress Report in order to help jurisdictions report on the progress made in providing palliative home care,” said Sharon Baxter, QELCCC Secretariat and Executive Director, Canadian Hospice Palliative Care Association. “We have seen significant improvements in palliative home care across the country, but access to comprehensive services in most jurisdictions is limited by the lack of nurses and physicians who are trained in palliative care. While this remains problematic in most urban areas, it is even more so in rural areas.”

There is a growing trend toward Canadians wanting to die at home, yet 60 per cent of deaths in Canada occur in hospitals.<sup>1,2</sup> One of the main reasons that people need to be hospitalized at end-of-life is to gain access to the medications they need with no financial burden for their families. Almost all of the responding jurisdictions provide palliative home care teams with access to treatments and medical supplies; however, access is limited in rural areas.

“Although provincial and territorial governments have made considerable progress in improving access to treatments and medical supplies, provincial drug plan programs must offer access to a broader range of medications,” said Ms. Baxter. “This will help to ensure that palliative home care patients experience reduction in pain and suffering at the end of life.”

Only four of 13 jurisdictions (Ontario, New Brunswick, Nunavut and Yukon) report tracking wait times for patients in need of palliative home care. All jurisdictions have some form of eligibility criteria, yet several indicated that being eligible for palliative home care does not necessarily mean that patients will receive that level of care in a timely manner.

## **HOSPICE PALLIATIVE HOME CARE SERVICES PROGRESS REPORT /2**

“The wait times for these essential services are not being tracked or managed by most of the jurisdictions that were surveyed – this is a serious issue given that palliative care patients are in their final moments of life and should not have to wait for care. While progress has been made in home care settings, at best, no more than 37 per cent of Canadians dying are receiving the kind of care that they require. It is clear that more needs to be done to provide care in hospitals, long-term care homes, residential hospices and on the street,” said Ms. Baxter.

### **Key Progress Report Highlights**

- All jurisdictions have a standard process to assess clients’ hospice palliative care needs as well as eligibility criteria for hospice palliative home care and all report that clients receiving hospice palliative home care and their families have access to advice from pharmacists
- Twelve out of 13 report covering the cost of some medical supplies and equipment or providing equipment lending service, and educating the public about the hospice palliative care services available in their province and territory
- Eleven out of 13 provide coverage for a wide range of pharmaceuticals for people receiving end-of-life care at home; and the two that do not cover the cost of medications for hospice palliative home care are moving to do so
- Eleven out of 13 promote a team based approach to care but only eight out of 13 provide some form of interprofessional education and training on hospice palliative care
- Only nine out of 13 have policies on the distribution, storage, handling and disposal of pharmaceuticals administered in the home, and 11 out of 13 educate families on how to administer medications and monitor equipment
- Only four out of 13 have explicit policies about ensuring access to case management, and six of 13 have policies about providing nursing and personal care services 24 hours a day, seven days a week; however, 11 out of 13 have or are already developing an information system to support case management, 10 out of 13 report having methods in place to give people equitable access to case management services regardless of where they live in the jurisdiction
- Seven out of 13 support hospice palliative care research to some extent

### ***About Hospice Palliative Home Care in Canada: A Progress Report***

In 2004, the federal, provincial and territorial First Ministers made a commitment to provide funding for certain palliative home care services and the CHPCA also made a commitment to report on the progress of end-of-life care at home. The CHPCA took the issue to the QELCCC who in turn asked the First Ministers to complete a survey based on *The Pan-Canadian Gold Standard for Palliative Home Care*.

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Responses were received from 12 provinces and territories (Quebec did not participate). The federal government supplied a response for one program (Veterans Affairs Canada), but did not provide a response that addressed the other populations for which the federal government has responsibility (such as First Nations and Inuit peoples and prisoners). These responses provided an overview of palliative home care services in Canada to determine whether jurisdictions were meeting the urgent needs required by patients dying at home.

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

The QELCCC believes that all Canadians have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice. The Coalition believes that achieving quality end-of-life care for all Canadians requires a well-funded, sustainable national strategy for palliative and end-of-life care. The QELCCC members work together in partnership to achieve this goal.

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**For more information on the QELCCC, or to download a copy of the Report Card, please visit: [www.qelccc.ca](http://www.qelccc.ca).**

**To receive a provincial or territorial fact sheet or to speak with a local member of the QELCCC, please contact:**

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<sup>1</sup> Canadian Hospice Palliative Care Association Fact Sheet: April 2008

<sup>2</sup> Statistics Canada. Table 102-0509 - Deaths in hospital and elsewhere, Canada, provinces and territories, annual, CANSIM

(database).[http://cansim2.statcan.ca/cgi-win/cnsmcgi.exe?Lang=E&CANSIMFile=CII/CII\\_1\\_E.htm&RootDir=CII/](http://cansim2.statcan.ca/cgi-win/cnsmcgi.exe?Lang=E&CANSIMFile=CII/CII_1_E.htm&RootDir=CII/) (accessed: April 18, 2008)