

For immediate release

Cross-Canada Review of Palliative Care Models Unearths Gems

Innovative palliative care delivery models hold keys to high-quality care

Calgary, AB (May 27, 2015) – Canadian Medical Association (CMA) Past-President Dr. Louis Hugo Francescutti’s first-hand exposure to the high-quality end-of-life care that his mother received two years ago at the West Island Palliative Care Residence in Kirkland Quebec has led to today’s release of an important new report highlighting other Canadian examples of top-level palliative care facilities and diverse role models of palliative care physicians.

[The report](#) presents a snapshot of where Canada stands now as well as what we will need to do as a nation to meet Canadians’ increasing palliative care needs. A critical element of the report is how a national palliative care strategy would be a key component to an overall national seniors strategy, helping Canadians to get high-quality care in their homes or elsewhere in the community rather than being hospitalized.

In May 2014, members of Parliament expressed near unanimous support for a motion calling on the federal government to work with the provinces and territories to ensure access to high-quality, home-based and hospice palliative care. This high-level political will must now be matched by concrete action on the ground.

A series of town hall meetings on end-of-life issues organized by the CMA in 2014 showed clearly that Canadian physicians needed to become more actively engaged in ensuring that their patients have access to palliative care services. The *“Palliative Care: Canadian Medical Association’s National Call to Action”* report presents clear direction on how Canadian physicians can do better.

Report recommendations:

To improve the quality of, and access to, palliative care services for all Canadians, the CMA recommends that:

1. All patients should have a primary care provider that can support them with their palliative care needs or else refer these patients earlier to a palliative care team to establish goals of care.
2. Physicians should provide leadership at local, regional, provincial/territorial and federal levels to promote the establishment of integrated models of palliative care.
3. All physicians should obtain essential palliative care skills and knowledge to provide basic palliative care services to their patients.
4. Physicians should advocate for adequate and appropriate home palliative care resources so their patients can stay in their homes as long as possible.
5. Physicians should advocate for an adequate number of palliative and/or hospice care beds to meet their communities’ needs.

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- Continuing care facilities and long-term care homes should have in-house palliative care physician support on their palliative care teams.
- Physicians support the valuable work of hospice volunteers.
- Medical students are encouraged to look at palliative care as a rewarding career.
- Practising palliative care physicians are encouraged, if needed, to obtain additional certified training in palliative care from either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.
- Physicians acknowledge the value of and support the participation of family and friends in caring for their loved ones at the end of life.

Quote:

“I learned more about death during my mother’s stay in the West Island Palliative Care Residence than I had in my 20-plus years of practice as an emergency medicine physician. Like so many Canadian physicians, I had rarely thought of palliative care. This report challenges physicians, other health care providers, policy-makers, health care administrators and community leaders to take a more active approach to palliative care, whether via working in this area or advocating for improved access and quality.”

Dr. Louis Hugo Francescutti
CMA Past-President

Physician Leaders in Palliative Care:

Balfour Mount (Montreal)	Susan MacDonald (St. John’s)
Amane Abdul-Razzak (Calgary)	Erin O’Connor (Toronto)
Debra Braithwaite (Victoria)	Patrick O’Shea (St. John’s)
Dawn Davies (Edmonton)	José Pereira (Ottawa)
James Downar (Toronto)	Geneviève Richer (Montreal)
Robin Fainsinger (Edmonton)	Marli Robertson (Calgary)
Romayne Gallagher (Vancouver)	Rajeev Sharma (Calgary)
Gordon Giddings (Ottawa/New Zealand)	Harold (Hal) Siden (Vancouver)
Neil Hilliard (Abbotsford)	Cortney Smith (Truro)
Gil Kimel (Vancouver)	Sharron Spicer (Calgary)
Martin Labrie (Calgary)	Lynn Straatman (Vancouver)
Stephen Liben (Montreal)	Irene Ying (Toronto)

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Featured Palliative Care Delivery Models:

Bruyère Continuing Care Palliative Care Program (Ontario)
Canuck Place Children's Hospice (British Columbia)
Capital Health Integrated Palliative Care Program (Nova Scotia)
Colchester East Hants Integrated Palliative Care Program (Nova Scotia)
Edmonton Zone Palliative Care Program (Alberta)
Foothills Country Hospice Society (Alberta)
Ocean View Continuing Care Centre (Nova Scotia)
West Island Palliative Care Residence (Quebec)

Organizations:

Accreditation Canada
Canadian Hospice and Palliative Care Association
Canadian Society of Palliative Care Physicians
Covenant Health Palliative Institute
The College of Family Physicians of Canada
The Royal College of Physicians and Surgeons of Canada
Pallium Canada

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The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, the CMA is a voluntary professional organization representing more than 80,000 of Canada's physicians and comprising 12 provincial and territorial medical associations and 60 national medical organizations. CMA's mission is helping physicians care for patients. The CMA will be the leader in engaging and serving physicians and be the national voice for the highest standards for health and health care.

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