

November 2014

The future of **Palliative Care** in Canada



“The broad and sweeping “solution” of providing assisted suicide or euthanasia on demand is not the answer.”

Dear Friend,

I am going to make a very blunt statement.

Most Baby Boomers – and I count myself as one – will die in the next 25 to 40 years. In Canada, there are approximately 9.6 million people who are between 46 and 65 years old, a higher percentage than in any other G8 nation. They were born in the post-World War II baby boom, and are therefore known as Baby Boomers.

If we are not yet thinking of our own coming twilight years, then we are most likely helping, or beginning to help, our own parents or other loved members of the generation before us navigate through their final years. That kind of experience is an eyes-wide-open introduction to the stark reality of aging and illness in Canada. A reality that includes:

- Too few hospital beds and harried nurses and physicians
- Horror stories of elderly patients being given few options for compassionate care in their dying days
- A total of only 86 residential hospices in all of Canada
- A shocking shortage of palliative care beds in almost all Canadian hospitals.

And of course, this is all happening at the same moment as our nation considers loosening up laws around assisted suicide and euthanasia. While public opinion moves towards acceptance of the idea, 90% of palliative care physicians in Canada are firmly against the legalization of euthanasia?

A recent statement from the Canadian Society of Palliative Care Physicians said: “Palliative medicine does not include the practice of euthanasia and assisted suicide...the Canadian Society of Palliative Care Physicians strongly opposes the legalization of euthanasia and assisted suicide at this time, and most CSPCP members will not participate in euthanasia or assisted suicide.”

In fact, the overwhelming majority (83%) of palliative care physicians said they would not participate in assisted suicide even if it were legal. Could that be because they know there is always a better, more dignified way of dying? That death with dignity in fact means death surrounded by love, compassion, support, family and excellent medical care?

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The EFC has been active on the issue of palliative care in the past. And we are now again. As hard as it is to imagine, only a small percentage (16-30%) of Canadians have access to adequate palliative care in their communities.

Now is the time to ensure there is good palliative care for all Canadians. A federal palliative care strategy is desperately needed in our country.

And we must start building it now before the Canadian health system is flooded with, to be very blunt again, millions of dying baby boomers.

What is palliative care? The World Health Organization offers a universally recognized and clear definition.

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.” (www.who.int)

As you may recall the EFC recently intervened in the physician assisted suicide case in the Supreme Court. We are not content to passively wait for the Supreme Court to hand down their decision. The ministry of the EFC extends far beyond Canada’s courts. We are being proactive, and along with a dedicated group of parliamentarians and physicians, are crafting a strategy and pushing hard to ensure there will be a national palliative care strategy in Canada. Here’s how:

- We will meet with Members of Parliament and other government officials
- We will marshal support across Canada to provide the only real alternative to physician assisted suicide.
- We will conduct special meetings “on the Hill” that bring palliative care experts together with government leaders.
- We will provide MP’s with expert information that will help us to push strongly for universal access to adequate palliative care.

It shouldn’t matter where you live in Canada. You should be able to receive the most excellent care of your life as your life is ending. Isn’t that what we all would want? For our grandparents and parents? For ourselves when that day comes?

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Each and every one of us will want and need holistic, compassionate care when we are facing serious illness and at the end of our lives. The way it stands now, we won't all get it. This type of care will not be available to us if we do not understand its importance and work to make it available now. If we don't act, our hospitals will continue to have many beds occupied by severely ill people who don't receive the holistic and multi-disciplinary care that they deserve. Without sufficient palliative care options for their patients, euthanasia will increasingly be considered by the medical establishment as a way to free up space and reduce cost in the health system.

The Parliamentary Committee on Palliative and Compassionate Care asserts: "Palliative care is not only the best model for caring for vulnerable and dying Canadians; it also embodies truths that could be transformative for our whole health care culture."

We must work now for a national, consistent strategy that means a senior citizen in St. John's will have access to palliative care and a young woman dying of cancer in Moose Jaw will as well.

If euthanasia and assisted suicide become a legal option in Canada – and we pray and are working hard that this will not happen – the passion for a national palliative care strategy will wane, if we are not vigilant and working hard right now. If given the choice, most people don't want access to death as much as they would like access to good end-of-life care. That is the true "dying with dignity."

Canadian Christians are the perfect people to be working to build and enhance palliative care across Canada. Caring for the weak, the vulnerable and the ill is what the Church has always done. Caring for the sick was and is a core expression of the Christian faith. We believe in caring for the dying well and, yes, always with dignity for the person in need.

Because how could we ever forget this: "I was sick, and you visited me."

Please help us be the leading advocate for the sick and dying in Canada. The broad and sweeping "solution" of providing assisted suicide or euthanasia on demand is not the answer. Together, we can do better than that.

The EFC has 50 years of experience influencing our country for good. The years we have spent working on prostitution law reform are proof. The government's recent introduction of new laws that criminalize the purchase of sex and protect those being abused is a welcome culmination of our efforts. If we join together we can make our voice strong and hard to ignore. Please donate to this much-needed initiative. The risks from inaction are significant but the potential benefit for each and every one of us is literally a matter of life and death. We are thankful for your prayers and support.

Sincerely,



Bruce Clemenger

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