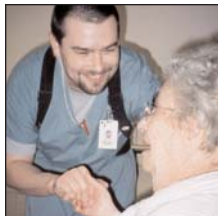




CHAC advocacy



Advocacy Update: June 8, 2006



Health Canada consultation on raising public awareness of palliative care (March 1, 2006)

The CHAC participated in a consultation conducted by Health Canada's Secretariat on Palliative and End-of-Life Care. The consultation was aimed at gathering feedback to a framework document developed by Health Canada for raising public awareness of hospice palliative and end-of-life care. The CHAC submission provided comments and suggestions on the document's "key messages" section.



Letter to the Prime Minister re Alberta's "Health Policy Framework" (Third Way proposal) (March 2, 2006)

On March 2 the CHAC wrote to the Prime Minister to express concern about elements of the proposal – specifically measures that would allow doctors to work in both the private and public health care systems at the same time, and permit patients to pay to have some procedures done more quickly (thereby avoiding waiting lines in the public system). Such changes would formally establish two-tier health care in Canada. A news release on this matter was distributed to the media and members.



Update to Ethicist Network on medically administered nutrition and hydration (MANH) (March 9, 2006)

In response to requests for information on this subject received from members of the ethicist network, the CHAC distributed to the network a report on a CHAUS-sponsored "Dialogue on Medically Administered Nutrition and Hydration" (MANH). The report, from the Feb. 15, 2006 issue of Catholic Health World, provided a summary of the main points of the dialogue. Dialogue participants included Catholic theologians and ethicists, and clinicians. The report acknowledged that different positions are held regarding Catholic health care clinical practice related to MANH, and about how to interpret Pope John II's March 2004 allocution on MANH in relation to permanent vegetative state (PVS) patients.

CHAC members can visit the association's website for current information on this subject.



Visit to CHAUS advocacy office in Washington, DC (March 15-16, 2006)

James Roche met with members of the advocacy staff of the Catholic Health Association of the United States (CHAUS). The meetings provided an opportunity to learn from their experience in relation to such issues as:

- how to communicate the value of the advocacy role to members;
- how to position the association and Catholic health care in the eyes of government;
- finding ways to be recognized as a "player" and "voice" at the national level;
- what works and doesn't work when it comes to trying to influence policy at the federal level;
- pursuing advocacy goals through coalitions.

Information was also provided about the various advocacy communication tools used by the CHAUS advocacy office to inform and engage members: e-advocacy tools, policy briefs, advocacy alerts, "Washington Update", and monthly advocacy conference calls.



Letter to all Members of Parliament (April 5, 2006)

The CHAC wrote to all 308 MPs at the start of the new session of Parliament to highlight several themes:

- affirming the federal role in health care;
- tackling the challenge of wait times (turning to for-profit health care is not the solution);
- concern about trends that would establish one health system for the rich, and another for the poor;
- responding to the need for a national health human resources strategy;
- opposing euthanasia and assisted suicide.

The mailing has generated more than 50 responses, some of which hold greater networking potential.



Release of discussion paper on a pan-Canadian approach to health human resources (April 6, 2006)

Gerard Lewis joined CEOs from the CMA, CNA and other national health organizations for the release of the HEAL discussion paper entitled Core Principles and Strategic Directions for a Pan-Canadian Health Human Resources Plan. The paper points to the availability of health human resources as a key factor behind lengthy wait times, and calls on governments to show leadership by adopting a pan-Canadian approach to health human resources. The event was attended by Senators, Members of Parliament, and political staffers.



Quality End-of-Life Care Coalition meeting (April 11, 2006)

James Roche participated in a meeting of the coalition’s advocacy committee. The committee is currently working on four projects:

1. establish or renew government relations;
2. build linkages and partner with other stakeholders to integrate the palliative care agenda into their operational plans;
3. leverage the Canadian Hospice Palliative Care Association’s Gold Standards Project to advance the palliative care agenda;
4. monitor Health Canada’s action in relation to palliative care.



Ecumenical Health Care Network (EHCN) meeting (April 12, 2006)

The EHCN, which is made up of representatives of 7 Christian churches and of which CHAC is a member, has requested a meeting with Health Minister Tony Clement to discuss concerns about: Quebec’s response to the Supreme Court Chaoulli decision; policies related to pharmaceuticals; and accountability regarding health care spending. The Network is also producing a fact sheet on the issue of wait times for distribution by member churches. (The Network has produced a series of other on key health care issues.)



Profile of Catholic health care in Canada

Data continues to be collected to illustrate the scope of Catholic health care’s place within the health care system. The goal is to use this data in a variety of resources: e.g. briefing documents for meetings with elected officials, website information on Catholic health care, media communications, etc. It is also hoped that the collection of such data will assist in tracking the state of Catholic health care over the long term.



Meeting with Senior Policy Advisor, Office of the Minister of Health regarding a national strategy for palliative care (June 7, 2006)

James Roche and Sharon Baxter, CEO of the Canadian Hospice Palliative Care Association, met with Ms. Jo Kennelly, Senior Policy Advisor to Health Minister Tony Clement. The purpose of the meeting was to encourage a national strategy to improve access to quality palliative care for all Canadians.



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