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CATHOLIC HEALTH
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NEWS RELEASE

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CHAC Supports the Senate's Call for a National Strategy on End-of-Life Care

Ottawa - The Catholic Health Association of Canada (CHAC) supports the Senate report entitled *Quality End-of-Life Care: The Right of Every Canadian*, which was tabled on June 6. The report was prepared by the Senate Social Affairs Subcommittee to update *Of Life and Death*. In preparing the report the Subcommittee heard from 50 witnesses including the CHAC.

The CHAC submission presented a series of recommendations for improving palliative care services. The list included the following:

1. That the provinces ensure uniform quality end-of-life care.
2. That the 16 medical schools in Canada integrate palliative care education into their curricula immediately.
3. That public education about the role of advance health care directives be expanded.
4. That a process of decision-making in the area of withholding and withdrawing treatment be developed and used by health professionals.
5. That the management of end-stage intractable symptoms become an integral part of the education for all physicians in palliative end-of-life care.

"We are pleased to see that the Subcommittee report reflects many of the recommendations we presented," said Sr. Annette Noël, CHAC Chairperson. The report emphasizes that ethical guidelines, in conjunction with clinical practice guidelines, are essential to quality end-of-life care. "We commend in particular the emphasis the report gives to the inherent dignity and worth of the individual as a basis for end-of-life care. The inherent worth and dignity of every individual is the fundamental value that should underlie our health care system," said Sr. Noël.

A national strategy on end-of-life palliative care is the foremost recommendation of the report. An integrated approach to end-of-life support is crucial, says the report. Such an approach must go beyond the physical to encompass psychological, social, emotional and spiritual needs. The Subcommittee report urges that the federal government, in collaboration with the provinces, establish and fund home care and pharmacare programs for the dying. It recommends the federal government implement income security and job protection for family members who care for the dying. The report also emphasizes that health care professionals

should be better trained on how to care for persons who are dying.

The Subcommittee was created in November 1999 to update progress made on the unanimous recommendations pertaining to palliative care, pain control and sedation, withholding and withdrawal of treatment, advance directives and research in the 1995 Senate report entitled *Of Life and Death*. The Subcommittee's report contends that in the five years since the tabling of *Of Life and Death* little progress has been made in the area of quality end-of-life care. "None of the recommendations in the 1995 report has been implemented," said Subcommittee Chair, Senator Sharon Carstairs.

The report indicates that about 220,000 people die each year in Canada, but fewer than 5 per cent of them receive formal palliative-care services. "During the Subcommittee hearings witnesses pointed to existing programs and centres that do provide effective and compassionate end-of-life palliative care. The problem is that coordinated and effective palliative care programs in communities are still quite rare. For this reason, we support the Senate Subcommittee's recommendation that the federal government, in collaboration with the provinces, develop a five-year plan for implementing the 1995 unanimous recommendations," said Richard Haughian, CHAC President.

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