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NEWS RELEASE

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CHAC Tells Senate Quality End-of-Life Care Still Depends on the “Luck of the Draw”

Ottawa - The Catholic Health Association of Canada (CHAC) appeared before the Senate Social Affairs Subcommittee yesterday to report on progress made in the area of palliative care and care of the dying. The Senate Committee has been mandated to update Of Life and Death, the final report of the Special Senate Committee on Euthanasia and Assisted Suicide, which was issued in 1995.

The 1995 Report presented a series of unanimous recommendations in several areas: palliative care, pain control and sedation, withholding and withdrawing of life-sustaining treatment, and advance health care directives. The Senate committee called for governments to make palliative care “a top priority in the restructuring of the health care system.”

Representing the CHAC at the hearing was Sister Annette Noël s.p., Vice-Chair of the CHAC Board of Directors, Dr. Elizabeth Latimer, Professor with the Department of Family Medicine at McMaster University, and Consultant Physician in Palliative Care and Pain Management, Hamilton Health Sciences Corporation, and Dr. Richard M. Haughian, CHAC President.

“From the perspective of patient and family, the quality of care received when seriously ill and dying in Canada will vary greatly. It still depends, to a large and unacceptable degree, on the ‘luck of the draw’,” said Dr. Latimer. After evaluating the present state of end-of-life care in Canada, Dr. Latimer presented a series of recommendations for improving palliative care services - services which she said are “grossly lacking and underfunded.” The list included the following recommendations.

1. That the provinces move toward the formation of a policy for palliative care services, and provide the adequate funding required to ensure uniform quality end-of-life care.
2. That the 16 medical schools in Canada integrate palliative care education into their curricula immediately and that sufficient time in the curriculum and funding be provided for such courses
3. That public education about the role of advance health care directives be continued and expanded throughout Canada.
4. That a process of decision-making in the area of withholding and withdrawing treatment be developed, and that health professionals be encouraged to use this process.
5. That the management of end-stage intractable symptoms become an integral part of

education for all physicians in palliative end-of-life care. And that pain and symptom control form a significant section of the curriculum of such education.

In her presentation, Sr. Noël informed the Senate committee that in dealing with ethical questions concerning end-of-life care, the CHAC emphasizes the necessity of maintaining a balance between two important obligations. “We are obliged not to intentionally kill someone; as a result, assisted suicide and euthanasia are not acceptable options. At the same time, we are not obliged to use life-sustaining procedures which would impose burdens out of proportion with the benefits to be gained from such procedures,” said Sr. Noël.

Dr. Richard Haughian emphasized that palliative care cannot remain an “add-on” to health care but should be a high-profile integral component in all patient care settings. He said, “Palliative care, as an example of compassionate care, creates a model of care for the whole health care system.” He also urged the Senate Social Affairs Subcommittee to recommend to the federal government action that would complete the vision enunciated by the Senate in its report issued five years ago. “The Catholic Health Association of Canada will gladly participate in any action that will make this vision a reality.”

- 30 -

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