



# Pallium Canada

Interprofessional education in palliative and end-of-life care

Ressources didactiques interprofessionnelles en soins palliatifs et soins de fin de vie

## PROPOSAL TO THE HOUSE OF COMMONS

Standing Committee on Finance

Pre-budget Consultation 2016 Submission

### **Palliative Care Education for All Care Providers**

*Mobilizing Our Compassionate Communities*

**Dr. Kathryn Downer MSc, EdD**

National Director, Pallium Canada

**Dr. José Pereira MBChB, CCFP, MSc**

Professor, Division of Palliative Care, University of Ottawa

Scientific Officer, Pallium Canada

**Dr. Srinu Chary MBBS, CCFP, DA, FRCSEd**

Consulting Physician, Regional Palliative & Hospice Care and Chronic Pain Service

Alberta Health Services, Calgary Zone

Board Chair, Pallium Canada

On behalf of

#### **The Pallium Foundation of Canada**

A community of clinicians, carers, educators, academics, administrators, volunteers and citizen leaders working together throughout Canada to build palliative and end-of-life capacity as an integral part of a sustainable health system and caring communities.

**February 2016**

## Why this proposal is critically important

### ***George's Story: The true story that inspired Pallium Canada (Pallium) and its vision and mission***

In the mid 1990's, a middle-aged Canadian man with advanced cancer walked into the office of a family physician in a small rural town in southern Manitoba. It was the third physician he had visited for help. He was experiencing severe pain and none of the physicians had been able to help him. He knew he was terminally ill, was not afraid of dying, but was fearful of suffering in whatever time he had remaining. Unfortunately, the physician, like the other doctors and many other health professionals, had never received any palliative care education. He informed George that he would not be able to increase the dose of morphine and that there was nothing more that he could do. George was devastated. Unbeknownst to the physician, the dose was already too low and further increases would have been safe and effective. George took his wife by the hand and, as he left the clinic room, he turned to the doctor and said: "I hope one day doctors [and other health professionals] like you can better look after people like me".

Regrettably, scenes like this play out across Canada still today. Canada is not equipped with sufficient palliative and end-of-life health and social infrastructure; only 16 to 30% of Canadians have access to or receive good quality hospice palliative care. This small percentage becomes even more alarming when considering that by 2026, the number of Canadians dying each year will increase by 40 per cent to 330,000 people.<sup>1</sup> A growing number of reports<sup>2,3</sup> and the recent Supreme Court decision on physician assisted death call for action on improving palliative care, including education of health care professionals and carers. A 2014 poll revealed that 96% of Canadians support palliative care.<sup>4</sup> The December 2015 Summary of Results and Key Findings from over 15,000 Canadians and International experts polled on Physician-Assisted Dying cited the urgent need for Palliative Care education for all health care providers (>84%).<sup>5</sup> Simply put, Canadians need and deserve better access to high quality palliative and end-of-life care. Education of health care professionals and carers is a key strategy.

While Canada needs more professionals with specialist-level training in palliative care, there is an urgent need to get the rest of the healthcare workforce equipped with essential palliative care skills. Patients have multiple needs throughout their illness and many of these can be addressed with basic, essential generalist-level palliative care competencies (supported through Pallium's Learning Essential Approaches to Palliative Care [LEAP] courseware). Professionals including doctors, nurses, pharmacists and social workers, to name a few, working across all settings including: homecare, community care, hospitals, outpatient clinics and long term care settings, could initiate a palliative care approach provided they had essential palliative care skills. This would increase access to palliative care and enhance the capacity of the health care system to meet the unmet needs of these fellow citizens.

Canada is a leader globally<sup>6</sup> for advances in palliative and end-of-life care policy and program innovations, yet its ranking has slipped over the past 5 years, now overtaken by the US and 9 other countries.<sup>7</sup> Many Canadians are not aware of services or how to access them, often leading to inappropriate service utilization, increased healthcare costs, and unnecessary patient suffering.<sup>8</sup>

Importantly, we cannot rely only on the healthcare sector to meet all the needs of persons with life limiting illnesses and their families. All societal sectors need to be mobilized, including community social structures, K-12 education, commerce and industry. Few Canadians, for example, have life skills related to dealing with a family member or friend diagnosed with a life threatening illness. Few know what palliative care is (and many who have heard of the term unfortunately associate it only with dying). They are unable to support or cope with death, dying loss or grief.

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<sup>1</sup> Health Canada. Canadian Strategy on Palliative and End-of-Life Care. 2007

<sup>2</sup> Right to Care: Palliative Care for All Canadians, Canadian Cancer Society, 2015

<sup>3</sup> Palliative Care, Canadian Medical Association's National Call to Action, 2015

<sup>4</sup> Fast Facts. Hospice Palliative Care in Canada. 2014.

<sup>5</sup> Consultations on Physician-Assisted Dying Summary of Results and Key Findings Final Report, December 2015

<sup>6</sup> Mapping Levels Of Palliative Care Development: A Global Update 2011 Palliative care development all levels, World Palliative Care Association

<sup>7</sup> Economist, Quality of Death Index, 2015

<sup>8</sup> Cardus Health Report, 2015

This represents a tremendous opportunity for a culture shift; a culture that embraces palliative care and participates in caring for others as part of a compassionate community.

Neighbourhoods and companies offer important opportunities to engage and inform about palliative care. Imagine a company that embraces concepts of compassion and mobilizes their work force to prepare meals, visit or shovel the driveway of a terminally ill staff member. Approximately 25% of Canadians have cared for a family member or close friend with a serious health problem in the last year. These contributions relieve governments of substantial public costs to an estimated \$25 billion dollars if carers were replaced with paid workers at market rates.<sup>9</sup>

These approaches have the potential for transforming our society into a skilled, informed and compassionate one with respect to end-of-life care. Importantly, they also have the potential for significant economic benefits<sup>10</sup>, with projected savings through access to quality non-hospital palliative care from 2012 – 2036 ranging from \$247 million to over \$2.1 billion.<sup>11</sup> ‘Palliative Care is not only the best model for caring for vulnerable and dying Canadians; it also embodies truths that could be transformative of our whole healthcare culture.’<sup>12</sup> Mobilizing nationally accredited palliative care training and health/social care leadership to diffuse best practice innovations improves access to preferred, equitable and cost-effective compassionate care.

### **Pallium Canada’s Plan**

Fortunately, the physician that George visited (Dr. Jose Pereira; co-applicant on this proposal) enrolled in a 5-day palliative care course a few weeks after seeing George. With his new skills, Dr. Pereira was able to control George’s pain and care for him in the rural community until his death 3 months later. The education made all the difference for George and his family. In 2001, Pallium was launched by Dr. Pereira and colleagues to fulfil George’s dream that one day all health care professionals could better take care of patients like him.

Pallium is a pan-Canadian, not-for-profit organization mandated to improve Palliative Care across Canada through education and community-building with health professionals and carers. Our ***Vision 2020 is that every Canadian who requires palliative care will receive it early, effectively and compassionately.***

Since Pallium’s 2001 launch, hundreds of courses have been delivered across Canada in English and French and thousands of health professionals across different disciplines have been trained, thanks to significant federal seed funding. From 2001-2003 Pallium implemented a palliative care initiative across the Prairie Provinces by developing standardized education materials for rural and remote based health professionals. This initiative expanded across all provinces and territories from 2003-2008 via 72 sub-projects, through \$4.2M from Health Canada’s Primary Health Transition Fund.<sup>13</sup>

A robust network of palliative care and community leaders and organizations (from academic institutions to clinical services) works collaboratively with Pallium to develop and deliver palliative care training, resources and clinical support tools (Pallium Palliative Pocketbook [English, French, paper and electronic], the Pallium Resource App, LEAP courses customized to care settings, online modules, and teaching videos) to bring best practices to the bedside. Pallium supports the continuum of care to ensure that at each transition the best care is consistently provided.

The concluding 3 year \$3M (2014-2017) Health Canada contribution agreement supports expanding earlier successes and building a strong foundation for the future through high quality products and processes. Pallium mobilizes the best minds in the country to advance interprofessional palliative care education at the “essentials” level.

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<sup>9</sup> Hollander, J. M., Liu, G., & Chappell, N. (2009). Who cares and how much. *Healthcare Quarterly*, 12(2), 42-49.

<sup>10</sup> Health Canada. Canadian Strategy on Palliative and End-of-Life Care. 2007

<sup>11</sup> Cardus Health Report, 2015

<sup>12</sup> The Parliamentary Committee on Palliative and Compassionate Care, 2011

<sup>13</sup> Aherne M, & Pereira J. (2008). Learning and development dimensions of a pan-Canadian primary health care capacity-building project. *Leadership in Health Service*, 21(4), 229-266. <http://info.emeraldinsight.com/authors/literati/index.htm> 2009

Aboriginal leaders and people are engaged to illuminate culturally respectful sensitivity as exemplified by our First Nations, Metis and Inuit peoples' learnings within the LEAP courseware. We are conducting early development work to launch Compassionate Schools, Companies and Neighbourhood Programs.

Pallium's 2020 Strategic plan describes its roadmap to realize George's dream calling for action across four goals:

- EDUCATION- Educate health professionals and carers across home care, community care and institutional care settings.
- COMPASSIONATE COMMUNITIES - Empower Canadian communities to care for ailing persons and mobilize social, education and business sectors.
- INTEGRATION OF PALLIATIVE CARE IN HEALTH AND SOCIAL SERVICES- Recognize service excellence (e.g. provide a biannual report on the level of integration of palliative care services across regions in Canada), and
- SUSTAINABILITY- Build long term viability, quality and efficient processes.

### **Pallium Canada is well positioned to do this work**

Pallium has a proven track record since 2001 as a responsible steward of precious public funding. The **Building the Future of Palliative Care Together initiative in the 2013 Economic Action Plan has enabled Pallium to:**

- Standardize competency-based training and build community capacity by educating front-line healthcare providers while solidifying local interprofessional healthcare teams.
- Equip over 6,700 front-line healthcare providers with essential palliative care knowledge and skills to extend their reach of palliative care across rural, remote and urban settings – including Aboriginal serving communities.
- Equip over 1,200 First Responders across Nova Scotia and PEI, positively transforming First Responders' scope of practice from an 'assess and transfer' service to preferred, cost-effective care in the home.
- Train over 400 Teachers through Pallium's LEAP Facilitator program.
- Build strategic partnerships to effect improvements in care (e.g. Cancer Care Ontario, L'Appui pour les proches aidants des aînés, BC Centre for Palliative Care, First Nations).
- Create a team of expert leaders, change agents, champions, care providers, academic organizations and institutions necessary to mobilize this work.
- Achieve International regard as a leader in Palliative Care education. Several countries – (Ireland, Portugal, Japan, Caribbean, Australia, and New Zealand) are currently collaborating to contextualize and implement Pallium's training and products (no other country has developed a pan-national program at Pallium's scale).

Pallium is well positioned to leverage its past successes and current infrastructure renewal to provide national leadership through its collaborative pan-Canadian network and partnerships to mobilize positive systemic change. The Canadian Hospice Palliative Care Association states: "Education resources developed federally, provincially or territorially will help reduce costly duplication at other levels in the healthcare system and promote more consistency in how the integrated palliative approach is understood and delivered. There are already strong education programs developed in Canada, such as the ***Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) program developed by Pallium Canada.***"<sup>14</sup>

**Pallium Canada has a strong track record demonstrating world leadership and innovation....Pallium has a lengthy track-record of catalyzing and facilitating education and community building in palliative care across Canada.**

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<sup>14</sup> The Way Forward Framework for A Palliative Approach to Care, 2014

## Pallium Canada's funding request

Stakeholders of Pallium encourage parliamentarians to give due consideration to the following recommendation in the 2016 pre-budget consultation process:

*That the Government of Canada establish a Pallium Canada Capacity-Building Fund of at least \$11 million annually for a period of at least five years, to build innovative home care, community care and healthcare system capacity, essential to creating preferred, equitable and cost-efficient care for our most vulnerable and support for their families and carers in the face of historically unprecedented demographic, economic and policy changes.*

This funding will enable Pallium Canada to scale up all the work to date, and with key partners, to realize Vision 2020: To **educate health professionals and carers** across home care, community care and institutional care settings, **empower Canadian communities to care for ailing persons** by mobilizing social, education and business sectors, **accelerate the integration of palliative care** in health and social services, and **build long-term sustainability**.

Canada's palliative care leaders are committed to furthering practical and cost-effective means to improved care. Canada can invest in priority infrastructures to support the seriously-ill and dying now, or it will predictably pay much higher financial and human-suffering costs within the foreseeable future. The need for immediate public investment is essential, as the outer boundaries of what well-designed, developed and executed palliative and end-of-life care can do are just being realized.

**The Parliamentary Committee on Palliative and Compassionate Care stated in 2011** that "palliative care requires mobilization and **recommends stable funding to Pallium Canada to sustain and extend this innovative and cost-effective work across Canada.**"<sup>15</sup>

**"Canadians expect our political leaders to make real progress on the issues that intimately affect us and our families"** Prime Minister Trudeau, discussing what Canadians want when it comes to our health and well-being.

***Nothing impacts us and our families more intimately than the death of a loved one.***

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<sup>15</sup> The Parliamentary Committee on Palliative and Compassionate Care, 2011