

BRIEF



**CANADIAN
NURSES
ASSOCIATION®**

BILL C-277, AN ACT PROVIDING FOR THE DEVELOPMENT OF A FRAMEWORK ON PALLIATIVE CARE IN CANADA

Brief for the Standing Committee on Health

March 2017

CNA is the national professional voice of over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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Background

This brief was prepared by the Canadian Nurses Association (CNA) for consideration by the House of Commons standing committee on health regarding its study of Bill C-277, An Act Providing for the Development of a Framework on Palliative Care in Canada.

While CNA supports the most recent version of Bill C-277 — and has provided its sponsor, MP Marilyn Gladu, with a letter of support — we believe our recommended amendments will lead to a stronger and more comprehensive framework for palliative care in Canada.

CNA is a strong advocate for establishing high-quality palliative care, accessible to all Canadians, in settings that best suit each individual's care needs. Given that registered nurses (RNs) and nurse practitioners (NPs) play a fundamental role in the care of palliative patients,¹ we are highly attuned to the issue and eager to see the most favourable result.

Palliative care, as an essential part of improving quality of life for patients, families and caregivers, is generally understood to mean care at the end of life. Yet, CNA and other stakeholders think of it more broadly, something represented by the words “palliative approach to care.” A palliative approach focuses on more than end-of-life care. It includes advance care planning and care for people with life-limiting illness. Across all health-care settings it seeks to improve quality of life and manage pain and symptoms holistically through physical, psychological, social and spiritual care.²

The benefits of such care include increased satisfaction among patients and caregivers, fewer hospital admissions and shorter hospital stays. Early palliative care has been shown to not only improve quality of life but also to reduce unnecessary hospitalizations and the use of health-care services.³

World Health Organization (WHO) recommendations on palliative care are particularly relevant in Canada, where a palliative approach to care aligns with the principles of our universal health coverage. WHO also emphasizes the importance of integrating palliative care into primary care, as well as into home- and community-based settings,

¹ (Canadian Nurses Association [CNA], Canadian Hospice Palliative Care Association [CHPCA], & Canadian Hospice Palliative Care Association Nurses Group [CHPCA-NG], 2015)

² Ibid.

³ (World Health Organization, 2015)



and supporting health-care providers and caregivers in adopting the palliative approach to care.⁴

CNA's joint position statement with the Canadian Hospice Palliative Care Association and the Canadian Hospice Palliative Care Nurses Group endorses the palliative approach across the continuum of care, along with its central aim of helping people live well and with dignity until death.⁵

Ways to improve Bill C-277

With these issues in mind, CNA would like to offer five suggestions before presenting specific recommendations on Bill C-277.

Suggestion 1. The need for a greater emphasis on the palliative approach to care in a framework on palliative care in Canada.

Instead of representing palliative care as a discrete type of care provided for a fixed period at the end of life, Bill C-277 would be improved by referring to a *palliative approach to care*, which is guided by the core tenets of palliative care (dignity, hope, comfort, quality of life and the relief of suffering) and applied early in the course of an illness and through to the process of advance care planning.⁶

The palliative approach to care is person-centred, and it honours an individual's values, wishes and dignity by promoting autonomy. It also fosters shared decision-making, which enables patients and families to exercise greater control over the provision of their care.⁷ In addition, such care is holistic, taking spiritual, mental, physical, social, psychological and practical aspects into account, and continues after a patient has died with the provision of ongoing support to the bereaved family and friends. Canada's nurses have a fundamental role in this approach, since it puts patients and their families at the centre of all decisions and considerations of care.

Suggestion 2. Expand palliative care training and education beyond specialized palliative care providers.

Research shows that there is a lack of training about the palliative approach to care among all health-care providers. Policies for strengthening professional skills and knowledge, including education and training to current practitioners, and embedding

⁴ Ibid.

⁵ (CNA, CHPCA, & CHPCA-NG, 2015)

⁶ Ibid.

⁷ (CHPCA, 2013)



the palliative approach to care into the core curricula of all new health-care professionals, are essential.⁸

Recent survey findings illustrate how important and real the need is for ongoing education in accessible, affordable and collaborative palliative care that is adapted to the contexts in which palliative patients receive care.⁹ National, standardized interdisciplinary competencies and a rigorously evaluated capacity-building strategy are required.¹⁰

Suggestion 3. Develop and implement national evidence-based standards for integrated palliative care

Currently, no nationwide policies or evidence-based standards exist to ensure integration of the palliative approach to care across the continuum. Some provincial and territorial governments have carried out small-scale planning for palliative care, but these plans are the exception and are not widespread.¹¹ In addition, there are no standardized methods or tools to guide health-care providers on how and when to implement a palliative approach.

Further, the lack of national evidence-based standards for integrated palliative care makes it impossible to collect relevant data and to track and report on key indicators. Without the ability to follow and compare performance, provinces and territories have a limited capacity to understand whether, where and how to improve palliative care.

Suggestion 4. Consider the risks versus the benefits of modernizing the *Canada Health Act* to include palliative care.

CNA strongly supports measures that protect a publicly-funded, universally accessible health-care system, which the *Canada Health Act* (CHA) currently does. Opening the CHA could divert discussions from the important health issues Canada is trying to address and delay the implementation of change. We must also remember that innovation has been possible within the confines of the act. Examples include innovations in team-based care and the extension of acute care programs into community-based settings.

⁸ (Covenant Health, 2016)

⁹ Ibid.

¹⁰ (Ryan et al., 2014)

¹¹ For example, Alberta Health Services developed a framework in 2013 for capacity planning and established a benchmark of 7.8 hospice beds per 100,000 inhabitants. In Quebec, a benchmark of 10 palliative care beds per 100,000 was established in 2007-2008. In 2008, Cancer Care Ontario piloted a program (Pereira et al., 2014), previously launched in the U.K., to screen all cancer patients using a common assessment tool.



While formal palliative care is available in some hospitals, most services using a true palliative approach to care are being delivered in community-based settings and/or through home care. Consequently, access to care using a palliative approach is limited for those not in hospital, despite the fact such care can be delivered more safely, efficiently and cost-effectively in community- and home-based settings.

To address this inequity, CNA suggests that it would be better to focus on the principles and values inherent to the CHA: ensuring that medically necessary care is universally accessible and publicly administered and that there is a transparent process for priority setting, based on the needs of the time. Without doubt, Canada has a pressing and justifiable case for covering a palliative approach to care under the CHA.

Suggestion 5. Provide funding to develop a framework for palliative care in Canada.

Numerous reports and studies have identified priorities and actions to improve palliative care access and quality. CNA supports the recommendations in *The Way Forward National Framework* from the Quality End-of-Life Care Coalition of Canada (QELCCC).¹² CNA is a member of the QELCCC, along with 38 other national organizations (nurse educators, hospice palliative care nurses, chronic disease organizations and other health-care provider groups), whose vision is that all Canadians have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by loved ones, in the setting of their choice.

To achieve the QELCCC vision, substantial and sustained funding must be allocated to develop, implement and maintain a national palliative care framework that includes recommendations outlined in *The Way Forward*.

Recommendations

Recommendation 1. Development and Implementation

CNA suggests that clause (a) under section 2 (1), which currently reads “defines what palliative care is,” be amended to include “a palliative approach to care.”

The amended clause would read: **“defines what palliative care and a palliative approach to care are”**

¹² (Quality End-of-Life Care Coalition of Canada, Canadian Hospice Palliative Care Association, & Government of Canada, 2015)



When the palliative approach to care is integrated into primary care and provided earlier in the course of a disease, it offers significant advantages to patients and families. Ensuring that patients with chronic, life-threatening illnesses have early access to palliative care is important, as they can experience complex pain and symptoms requiring multiple forms of care and support well in advance of death.¹³

Recommendation 2. Development and Implementation

CNA recommends that clause (b) under section 2 (1), which currently reads “identifies the palliative care training and education needs of palliative health care providers,” be amended to include “other health care providers.”

The amended clause would read: **“identifies the palliative care training and education needs of palliative health care providers as well as other health care providers”**

Nurses and other health-care providers need education about palliative care early in their careers. Nurses can also contribute to capacity building in relation to palliative care by teaching other members of the interprofessional team about best practices in a palliative approach to care.¹⁴ Pallium Canada and the Canadian Virtual Hospice are two organizations that offer national education programs and resources on palliative care.

Recommendation 3. Development and Implementation

To include the development of evidence-based standards for integrated palliative care, CNA recommends that clause (d) under section 2 (1), which currently reads “collects research and data on palliative care,” be amended to include “evidence-based standards.”

The amended clause would read: **“collects evidence-based standards from research and data on palliative care”**

Recommendation 4.

The federal health minister’s current mandate appears to include: advancing health care within the boundaries of the CHA. If so, in considering how to expand the palliative approach to care and make it accessible to all Canadians in need, CNA recommends that discussions focus on the primary objective of Canadian health care policy, as outlined in the CHA: “to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health

¹³ (CHPCA, 2012)

¹⁴ (Covenant Health, 2016)



services without financial or other barriers.”¹⁵ Using mechanisms already in the CHA would be a service to the public and applauded by CNA. Further, any decisions about changes or additions to the act should include a publicly transparent process for priority setting. Taking an open and values-based approach would prevent developing a new list of covered services for today that may not stand the test of time.

Recommendation 5.

CNA supports the reinstatement of Health Canada’s secretariat on palliative and end-of-life care. This national secretariat would oversee the development, implementation and maintenance of a national palliative care framework. Furthermore, it would set strategic directions and establish a coordinated, comprehensive, pan-Canadian approach to palliative care.¹⁶

Conclusion

CNA’s suggestions and recommendations on BILL C-277 will lead to a stronger and more comprehensive framework for palliative care in Canada. The implementation of a national framework is needed to give all Canadians equitable access to a palliative approach to care. This option will assist in closing the gap in health inequities in end-of-life care while enhancing patient autonomy and choice.

¹⁵ (*Canada Health Act*, s. 3, para. 1)

¹⁶ The federal government disbanded the previous Health Canada secretariat on palliative and end-of-life care in 2007.



References

- Bill C-277, An act providing for the development of a framework on palliative care in Canada. Retrieved from <http://www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=8302439&Col=1>
- Canada Health Act*, R.S.C. 1985, c. C-6.
- Canadian Hospice Palliative Care Association. (2012). Hospice palliative care in Canada [Fact sheet]. Retrieved from http://www.qelccc.ca/media/10821/fact_sheet_hpc_in_canada_may_2012_final.pdf
- Canadian Hospice Palliative Care Association. (2013). *A model to guide hospice palliative care based on national principles and norms of practice*. Retrieved from <http://www.chpca.net/media/319547/norms-of-practice-eng-web.pdf>
- Canadian Nurses Association, Canadian Hospice Palliative Care Association, Canadian Hospice Palliative Care Association Nurses Group. (2015). *The palliative approach to care and the role of the nurse* [Position statement]. Retrieved from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/the-palliative-approach-to-care-and-the-role-of-the-nurse_e.pdf?la=en
- Covenant Health. (2016). *Palliative care matters: How Canada's health system needs to change*. Consensus statement of the palliative care matters lay panel. Retrieved from https://static1.squarespace.com/static/5755e91b044262d8f43cf6fa/t/5838878c9f74566f0d65ac72/1480099731622/PCM_+ConsensusStatement__Proof2.pdf
- Pereira, J., Green, E., Molloy, S., Dudgeon, D., Howell, D., Krzyzanowska, M. K., . . . & Macdougall, L. (2014). Population-based standardized symptom screening: Cancer Care Ontario's Edmonton symptom assessment system and performance status initiatives. *Journal of Oncology Practice*, 10(3), 212-214.
- Quality End-of-Life Care Coalition of Canada. (2010). *Blueprint for action: 2010-2020*. Retrieved from <http://www.qelccc.ca/projects-and-resources.aspx>
- Quality End-of-Life Care Coalition of Canada, Canadian Hospice Palliative Care Association, Government of Canada. (2015). *The way forward national framework: A roadmap for an integrated palliative care approach*. Retrieved from <http://www.hpcintegration.ca/media/60044/TWF-framework-doc-Eng-2015-final-April1.pdf>
- Ryan, K., Connolly, M., Charnley, K., Ainscough, A., Crinion, J., Hayden, C., . . . Wynne, M. (2014). *Palliative care competence framework*. Retrieved from the Dublin Health Service Executive website: <http://www.lenus.ie/hse/handle/10147/322310>
- World Health Organization. (2015). Palliative care (Fact sheet No. 402). Retrieved from <http://www.who.int/mediacentre/factsheets/fs402/en/>

