

## Attention Health and News Editors:

# Still Not There - With the Number of Deaths Expected to Increase, Canadian Health Care Crisis Looms

OTTAWA, June 2 /CNW Telbec/ - Today Senator Sharon Carstairs released, "Still Not There - Quality End of Life Care: A Progress Report," a report that once again highlights the looming crisis in ensuring that every Canadian is able to die with dignity, free of pain, surrounded by their loved ones, in the setting of their choice. The report provides an excellent overview of the current hospice palliative care landscape and offers concrete recommendations which can be implemented to improve access to quality end-of-life care services for Canadians and their families. Two of the key recommendations are the implementation including a long-term, sustainable national strategy on palliative and end-of-life care and improvements to the Compassionate Care Benefit program.

Over the next fifteen years, Canadians will face a crisis that our current health system will not be able to manage. According to Statistics Canada, there will be a 33% increase in deaths by the year 2020. This means that 280,840 Canadians will not have access to quality hospice palliative care services. With the current projections, our current health system is not prepared to handle the demand for services. This is why a national strategy on palliative and end-of-life care is essential to ensure that this growing need is met.

"Think of it as a house," said Sharon Baxter, Executive Director, of the Canadian Hospice Palliative Care Association. "You build a house to protect yourself and your family. In palliative care we have built some walls, a door, and a chimney but without the foundation, the house is in constant jeopardy of collapsing. This is why a long-term, sustainable national strategy is key in ensuring that Canada is prepared to handle this looming crisis. The federal government must provide leadership and coordination to ensure that all Canadians have access to integrated, coordinated, and comprehensive end-of-life care services."

"Still Not There" has also recommended changes to the support of families and informal caregivers including extending the Compassionate Care Benefit to allow: 16 weeks of leave (14 weeks paid); the patient to determine the best caregiver; and the benefit not to be limited to the last six months of life. A public education campaign is also recommended to raise the awareness of the Compassionate Care Benefit among Canadians.

In the first six months of the 2004-2005 fiscal year, only 3,175 of a projected 270,000 Canadians per year accessed the Compassionate Care Benefit and many believe that is a result of poor marketing and unjust criteria. "It is not surprising that access has been low," says Diana Rasmussen, Chair of the Quality End-of-Life Care Coalition of Canada's Family and Informal Caregiver Support committee. "We know of cases where siblings have been denied access to the benefit because they are not identified as family under the

Benefit's current criteria. Also, Canadians are not accessing the Benefit because they simply are unaware it exists. That is why I am extremely encouraged with the report's recommendations to expand the Benefit to allow patients to identify who is the best caregiver for them, to extend the time allowed to care for a dying loved one and to increase the awareness of Canadians that this program exists."

"This report is an excellent starting point to open dialogue between all groups interested in end-of-life care. The participation of the federal, provincial and territorial governments is crucial to ensuring that a national strategy is successful," said Nadine Henningsen, Chair of the Quality End-of-Life Care Coalition of Canada's Advocacy Committee. "It is clear we have a long way to go, but with champions like Senator Carstairs producing insightful reports that highlight the importance of hospice palliative care issues, we are on our way. Now is the time for the federal government to show leadership and direction to ensure that all Canadians have the ability to die with dignity, free of pain, surrounded by their loved ones, in the setting of their choice."

QELCCC members include:

ALS Society of Canada	Canadian Society of Palliative Care Physicians
Canadian Association for Community Care	Canadian Breast Cancer Network
Canadian Association for Pastoral Practice and Education	Canadian Caregiver Coalition Caregiver Network Inc.
Canadian Association of Occupational Therapists	CARP: Canada's Association for the Fifty-Plus
Canadian Association of the Deaf	Catholic Health Association of Canada
Canadian Cancer Society	Childhood Cancer Foundation - Candlelighters Canada
Canadian Healthcare Association	The GlaxoSmithKline Foundation
Canadian Home Care Association	Heart and Stroke Foundation of Canada
Canadian Hospice Palliative Care Association	Huntington Society of Canada
Canadian Lung Association	National Advisory Council on Aging
Canadian Nurses Association	VON Canada
Canadian Pharmacists Association	

For further information: Ryan McCarthy, CHPCA, (613) 241-3663 x 228

---

**CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION**

## CANADIAN HOSPICE PALLIATIVE CARE ASSOCIATION - More on this organization



[News Releases](#)



[Photo Archive](#)

(4)

## QUALITY END-OF-LIFE CARE COALITION

### QUALITY END-OF-LIFE CARE COALITION - More on this organization



[News Releases](#)



[Photo Archive](#)

(2)