

PALLIATIVE AND END-OF-LIFE CARE

Venetia Lawless, Manager End-of-Life Care Unit
Strategic Policy Branch, Health Canada

***Presented to the National Métis Health Forum
October 19, 2022***



DISCUSSION OBJECTIVES and HISTORY

Palliative Care

- Definition and benefits of palliative care
- Update on Health Canada's work around palliative care in Canada
- Discussion of Health Canada's commitment and proposed plans for co-development of a distinctions-based palliative care and end-of-life care framework

History of outreach

- Today's discussion is a follow up from earlier preliminary conversations with Métis
- In 2019, Health Canada presented at the Métis National Health Forum as part of the development of the Palliative Care Framework for Canada
- In March 2022 Health Canada reached out to MNC to seek advice on approaches with regards to a distinctions-based palliative care framework

PALLIATIVE CARE

- Palliative care can be offered at any point during a serious illness and includes bereavement of family, friends and caregivers at the end of life. It includes pain and symptom management, addresses psychological and spiritual concerns, supports family and caregivers, and enhances quality of life.
- Because palliative care addresses the physical, psychosocial and spiritual needs of individuals, it may be delivered by a wide variety of care providers, including primary health care providers, disease specialists, and palliative care specialists.



BENEFITS OF PALLIATIVE CARE

Individuals and Families

Reduces:

- Symptom burden
- Caregiver distress
- Discordance between care received with individual preferences

Increases:

- Care in location of choice
- Holistic, person and family centered care
- Patient, family and provider satisfaction

Care System

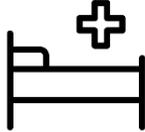
Reduces:

- Over-medicalization of care (e.g., ICU admissions, unnecessary diagnostic tests)
- Care provided in the wrong setting

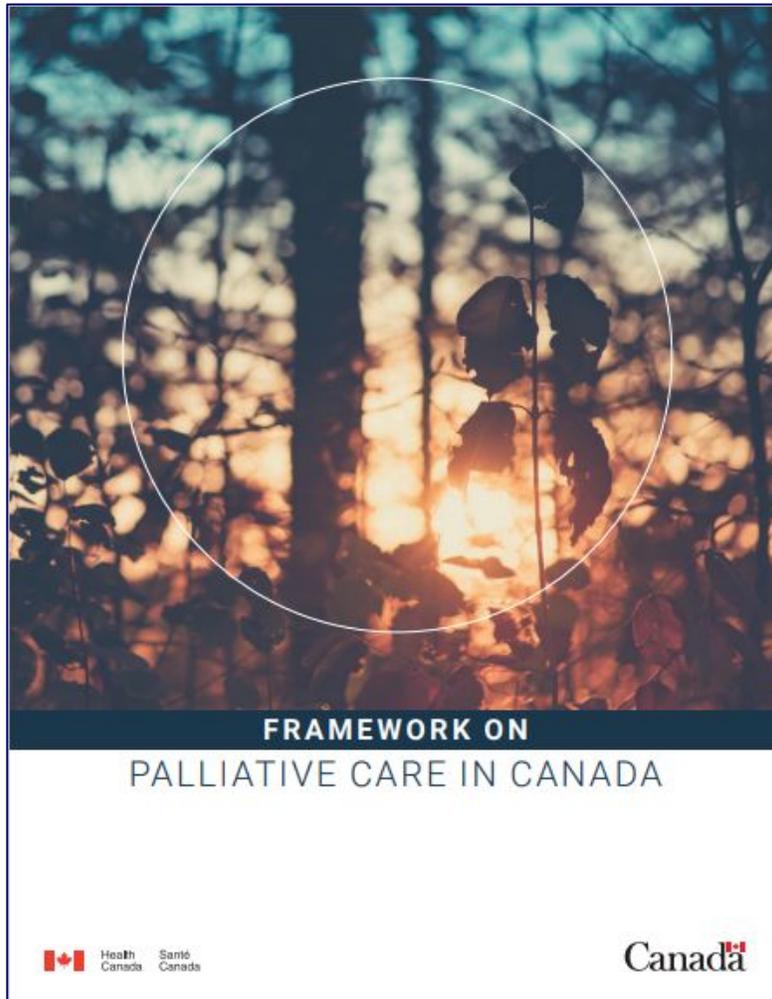
Increases:

- Care in the community (e.g. home, hospice)
- Effective, appropriate, quality care

CHALLENGES

 <p>Created by Lissett Studio from Noun Project</p> <p>Created by Lissett Studio from Noun Project</p> <p>Canadians with diseases like heart failure, dementia and chronic obstructive pulmonary disease 3x less likely to receive palliative care than those with cancer.</p>	<p>Younger adults and older seniors less likely to receive palliative care than Canadians between the ages of 45 and 74.</p>  <p>Created by Gan Khoo Lay from Noun Project</p> <p>Created by Andrea Fajardo from Noun Project</p>	<p>3 out of 5 Canadian primary care physicians feel unprepared to help people in need of palliative care.</p>  <p>Created by Faith Lord from Noun Project</p>
 <p>Created by This is Artistry from Noun Project</p> <p>Most Canadians prefer to die at home, but few Canadians (15%) receive palliative home care in their last month of life.</p> <p>62% of Canadians who received palliative care did so in an acute care hospital and mostly in their last month of life.</p>	 <p>Created by hanotika from the Noun Project</p> <p>More specialist palliative care providers are retiring than entering the speciality field.</p>	<p>Nearly half (47%) of palliative care patients in Canadian hospitals waiting to be discharged to a more appropriate setting (such as residential hospice or at home with support) died before they could be discharged.</p>  <p>Created by Shanty from Noun Project</p>

FRAMEWORK AND ACTION PLAN ON PALLIATIVE CARE IN CANADA



BUILDING ON TRANSFORMATIVE WORK

Miyooayaan (Wellness)



A MÉTIS GUIDE FOR WELLNESS WITH CANCER



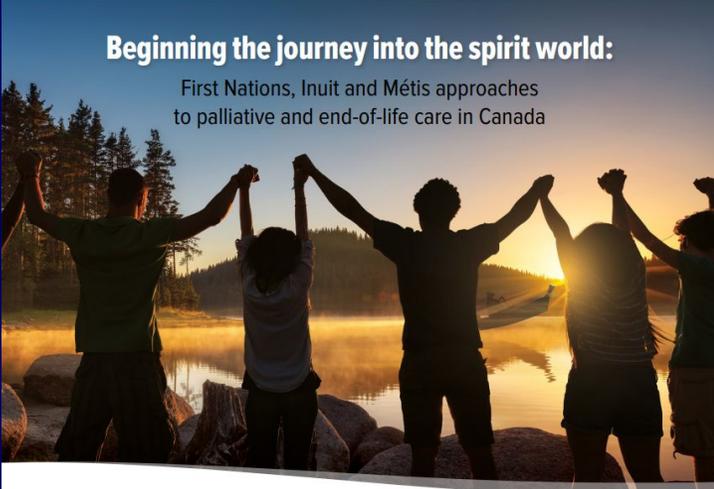
Lakehead UNIVERSITY Centre for Education and Research on Aging & Health

Palliative Care for Front-line Workers in Indigenous Communities

CONTACT
 Centre for Education and Research on Aging & Health, Lakehead University
 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1
 cerah@lakeheadu.ca
 Phone: (807) 766-7271
 Fax: (807) 766-7222

Beginning the journey into the spirit world:

First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada



CANADIAN PARTNERSHIP AGAINST CANCER
 PARTENARIAT CANADIEN CONTRE LE CANCER

Citation: Canadian Partnership Against Cancer. Beginning the journey into the spirit world: First Nations, Inuit and Métis approaches to palliative and end-of-life care in Canada. Toronto (ON): Author; 2022.

Ontario Palliative Care Network



The Ontario Palliative Care Competency Framework
 A Reference Guide for Health Professionals and Volunteers
 April 2019



EDUCATION FOR COMMUNITY CAREGIVERS

Knowledge · Collaboration · Action



Walking Alongside Indigenous Peoples who are Seriously Ill

Lakehead UNIVERSITY Centre for Education and Research on Aging & Health

CANADIAN VirtualHospice

A Literature Review & Environmental Scan of The Experiences of First Nations, Inuit, and Métis Peoples with Advanced Cancer Illness and at the End of Life

March 31, 2019



Production of this literature review has been made possible through collaboration and financial support from the Canadian Partnership Against Cancer Corporation and Health Canada. The views expressed herein do not necessarily represent the views of Health Canada or the Canadian Partnership Against Cancer.

LivingMyCulture.ca

Culturally sensitive palliative care



Bev shares suggestions for enhancing palliative care for First Nations and Métis people. (02:23)

PALLIATIVE CARE IN FIRST NATIONS, INUIT AND MÉTIS COMMUNITIES

Tools for the Journey



CCO Cancer Care Ontario

PURPOSE: DISTINCTIONS-BASED PALLIATIVE CARE FRAMEWORK

- ✓ Tell the story of Métis approaches to palliative and end-of-life care (Strength-based, Métis-specific)
- ✓ Bring awareness and amplify cutting edge, Métis-led solutions
- ✓ Identify gaps and needs in palliative and end-of-life care for Métis to guide policy/operations and approaches to funding at multiple levels

OPPORTUNITIES FOR CO-DEVELOPMENT/ INPUT: ONE PROPOSED APPROACH

- As part of the pre-engagement preparations, Health Canada can create a draft framework with current resources
- Métis partners could verify, review and determine further engagement requirements
- Métis-led engagement activities, supported by Health Canada
- Co-developed document to support collaboration across federal, provincial, territorial and Métis jurisdictions



To share further thoughts and ideas, please do not
hesitate to contact us:

Venetia Lawless, Policy Manager
venetia.lawless@hc-sc.gc.ca

Tanya Nancarrow, Senior Policy Advisor
tanya.nancarrow@hc-sc.gc.ca

Heather Davids, Program Officer
Heather.Davids@hc-sc.gc.ca