Canadians Want End-of-Life Care Brought Out of the Shadows
CMA seeks to bring findings of National Dialogue to Supreme Court of Canada

Ottawa, June 10, 2014 — While Canadians have diverse views on end-of-life care issues, there is a strong desire across the country for more palliative care services to help ensure a “good death,” the Canadian Medical Association (CMA) said today.

This is the principal finding in the CMA’s final report from its National Dialogue on End-of-Life Care tour between February and late May 2014.

“This cross-country effort was not about telling Canadians about CMA’s position, it was about listening to Canadians about what their health care system could do to help ensure not only a long, healthy life but also a good death,” said CMA President, Dr. Louis Hugo Francescutti.

“What we heard in spades was that the public is eager to learn more about end-of-life care and to use that knowledge to inform discussions and decisions with their loved ones about their own wishes.”

Fewer than 30% of the Canadians who will die in 2014 will have access to palliative care.

The report makes a number of conclusions based on the consultation including:

• All Canadians should discuss end-of-life wishes with their families or other loved ones.
• All Canadians should prepare advance care directives that are appropriate and binding for the jurisdiction in which they live.
• A national palliative care strategy is needed.
• All Canadians should have access to appropriate palliative care services.
• Medical students, residents and practicing physicians need more education and training about palliative care approaches and greater knowledge about advance care directives.
• Should Canada change laws to allow physician-assisted dying, strict protocols and safeguards are required to protect vulnerable individuals and populations.

The national dialogue focused on three main issues: advance care directives, palliative care, and physician-assisted dying. Beyond seeking input from Canadians on their views about the status of end-of-life care in Canada, the National Dialogue also sought to establish a common set of definitions and terminology to inform and frame discussion on end-of-life care issues. The Dialogue also included an educational element that described the current legal and legislative situation in Canada and abroad.

“The Report from the National Dialogue on End-of-Life Care will not be relegated to some shelf to collect dust,” said Dr. Francescutti. “In fact, we have taken the wisdom that we heard from Canadians in the Dialogue and included it in the CMA’s intervener submission to the Supreme Court of Canada for consideration in the Carter case.”

The National Dialogue also included a live web chat that was held on May 12 on the Maclean’s website. Members of the public were also able to post their comments online during and after each town hall, and all of the comments were considered when preparing the final report. Public in-person town halls were held in:

• St. John’s, NL on Feb. 20;
• Vancouver, BC, on Mar. 24;
• Whitehorse, Yukon on Apr. 16;
• Regina, Sask., on May 7;
• Mississauga, Ont., on May 27.
During the Dialogue, members of the public often expressed diametrically opposed views on the controversial topic of physician-assisted dying. However, common ground was evident on many other important issues ranging from the importance of advance care directives to the need for a comprehensive palliative care strategy in Canada.

Dr. Francescutti noted that on May 28 — the day after the CMA’s National Dialogue meeting in Mississauga — MPs from all three parties voted unanimously to pass a resolution urging creation of a panCanadian strategy on palliative care.

“This was a very positive development for palliative care,” Dr. Francescutti said. “We had been concerned that assisted death was sucking up all the attention from the crying need for palliative care in this country, and we raised this concern with a lot of MPs.”

The National Dialogue also unearthed the paradox that while access to palliative care services is lacking for the vast majority of Canadians, there is excellent palliative and hospice care being delivered in various parts of the country. Unfortunately, these examples of excellent care were contrasted with dialogue participants recounting tragic stories of with poor end-of-life care received by relatives.

“Canadians’ ability to access quality palliative care services should never depend on whether or not they live in the ‘right’ region,” said Dr. Francescutti. Many National Dialogue participants stressed the importance of making comprehensive palliative care services available to everyone and noted that such care often “falls apart” outside major urban centres.

Further, the Dialogue found almost universal agreement on the importance of advance care directives and the need for people to have frank and open discussions with family members and loved ones about their wishes for end-of-life care at various stages throughout their life.

“People understand the importance of discussing death and dying and are eager for more information and resources to help support these discussions,” added Dr. Francescutti.

“Bill 52 does not close the discussion but is the beginning of a dialogue on such an emotional issue,” he said.

The conclusions from the report will help inform delegates attending the annual meeting of CMA General Council Aug. 17-20 in Ottawa, where the profession will discuss key health care issues, including end-of-life care.

Click here for the End-of-life: A national dialogue report.

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, the CMA is a voluntary professional organization representing more than 80,000 of Canada’s physicians and comprising 12 provincial and territorial medical associations and 60 national medical organizations. CMA’s mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care.

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