

BACKGROUND

The Palliative Approach: Improving Care for Canadians with Life-Limiting Illnesses

About “The Way Forward” Initiative:

In 2012, the federal government announced one-time funding of \$3 million over three years to support the development and implementation of a framework for an integrated palliative approach to care models in Canada. “The Way Forward: An Integrated Palliative Approach to Care” ([The Way Forward](#) initiative), led by the Quality End-of-life Care Coalition of Canada and managed by the Canadian Hospice Palliative Care Association, aims to improve access to hospice palliative care in a broader range of settings.

A number of discussion documents have been developed to encourage stakeholder dialogue, and inform the development of the framework. This Backgrounder on the discussion document *The Palliative Approach: Improving Care for Canadians with Life-Limiting Illnesses* summarizes the current state of hospice palliative care in Canada, with a focus on what the existing data reveal about community-integrated approaches.

The Context for Action:

Towards the end of life, most people will acquire a serious progressive illness such as heart disease, cancer or respiratory disorders (Murray et al., 2005). With Canada’s aging population, the prevalence of these chronic and life-limiting illnesses will increase (Statistics Canada, 2010). People diagnosed with a life-limiting illness will likely live with that condition for many years, and experience pain, discomfort, and other symptoms related both to the condition itself and its treatment (Cochrane et al., 2008). Yet, most of those Canadians do not have access to a hospice palliative approach to care (CHPCA, 2012), which offers open communication, psychosocial and spiritual support, advance care planning, and effective pain and symptom management throughout their illness.

Care providers now realize that people with life-threatening illnesses could and should be able to benefit from receiving many aspects of palliative care much earlier, such as when first diagnosed and during the months and years of treatment (Gillick, 2005). There is strong and growing evidence that a palliative care approach, combined with treatment, leads to better outcomes such as: improvement in symptoms, quality of life, and patient satisfaction; less burden on caregivers; more appropriate referrals to and use of hospice; and less use of futile intensive care (Smith et al., 2012; Temel et al., 2010; Bakitas et al., 2009; Meyers et al., 2011).

Given these benefits, a hospice palliative approach should be integrated into care for people with chronic, life-limiting conditions provided by primary care, chronic care and long-term care practitioners and available throughout the trajectory of the illness (Smith et al., 2012). Hospice palliative care should be available in all settings of care and part of the skills and competencies of all health care practitioners, who should also have access to specialized palliative care teams when necessary. Challenges in adopting a palliative care approach more broadly include: the capacity of primary care providers; clinician attitudes (focus on cure); patient reluctance; family disagreements; and maintaining the approach across providers and care settings (discussion document, page 12).

Areas of Opportunity:

To overcome the challenges and integrate a palliative approach into the management of life-limiting chronic diseases in Canada (discussion document, pages 12 and 13):

- Develop policies that reflect the needs of people with chronic, life-limiting illnesses;
- Educate health practitioners, especially primary care providers;
- Establish protocols, algorithms and care pathways;
- Make collaborative care plans a standard of practice;
- Improve communication between care settings;
- Engage the family in advance care planning; and
- Measure performance and outcomes.

To access the full discussion document visit: <http://www.hpcintegration.ca>