Tracking the evolution of hospice palliative care in Canada: A comparison of seven provinces

Dr. Allison Williams- McMaster University; Dr. Valorie Crooks- Simon Fraser University; Dr. Kyle Whitfield- University of Alberta; Dr. Mary-Lou Kelley- Lakehead University; Dr. Judy-Lynn Richards- University of PEI; Lily DeMiglio- McMaster Univeristy; Sarah Dykeman- McMaster University

Outline

- Introduction- Purpose of the research
- Background- Hospice Palliative Care
- Methodology
- Results
- Limitations
- Conclusion

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Purpose

- The purpose of this study has been to systematically track the history and evolution of palliative care in Canada. We have endeavoured to undertake this research out of awareness that good future planning for health and social care, such as palliative care, typically requires us to first look backwards before moving forward.

Background- Hospice Palliative Care

- Increasing need [1-3]
- Changes to beliefs [4-8]
- Entitlements [9]

> *" [People are entitled to] die in relative comfort, as free as possible from physical, emotional, psychosocial, and spiritual distress...[with] access [to] skilled, compassionate, and respectful care"* [Senator Carstairs]
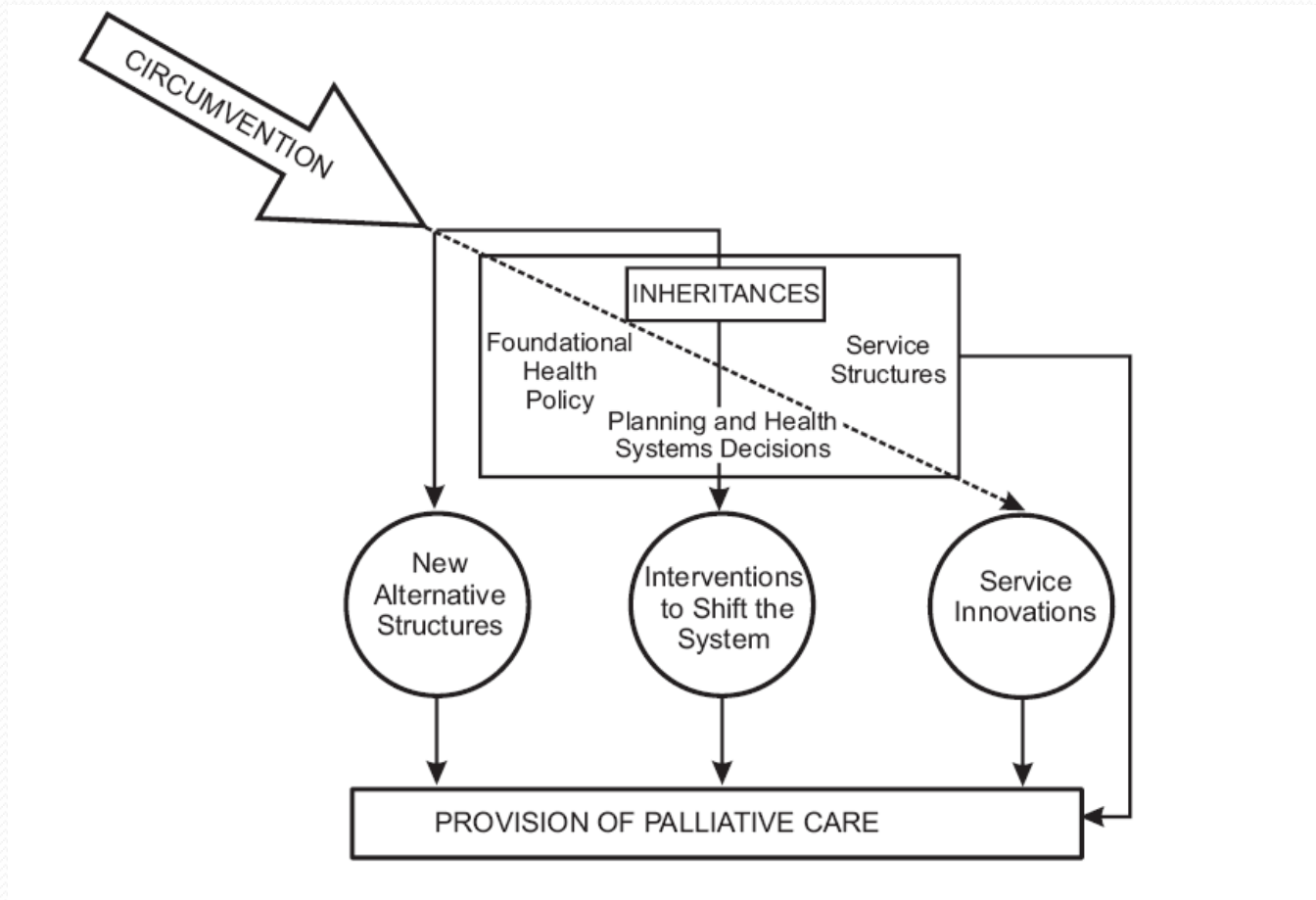
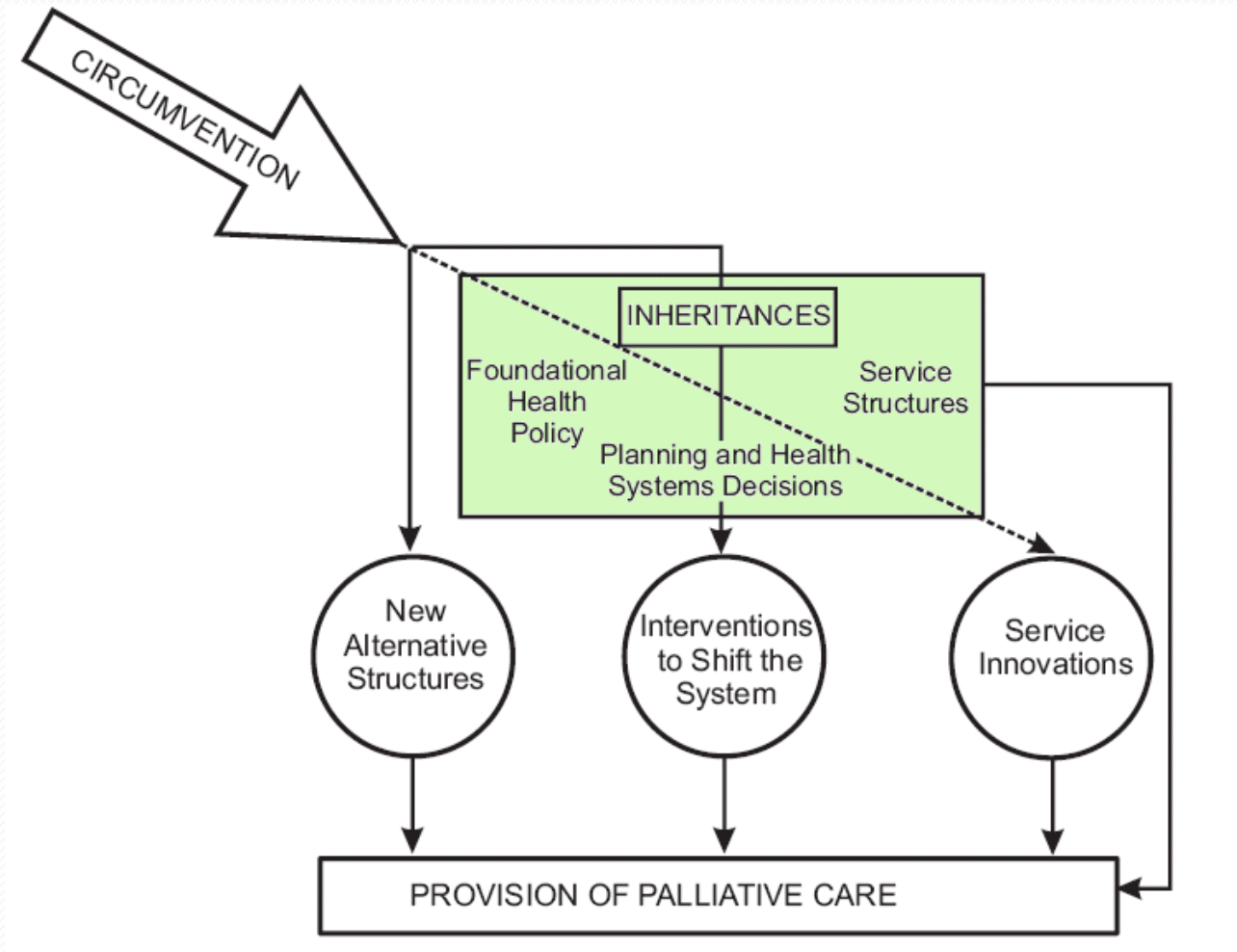- "Patchwork quilt" delivery [10]

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Methodology

- Comparative case study analysis
- Seven provinces: British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and Prince Edward Island
- Data collection: review of gray literature and in-depth key interviews (n=42)
- Creation of timelines and examination of similarities and differences among cases
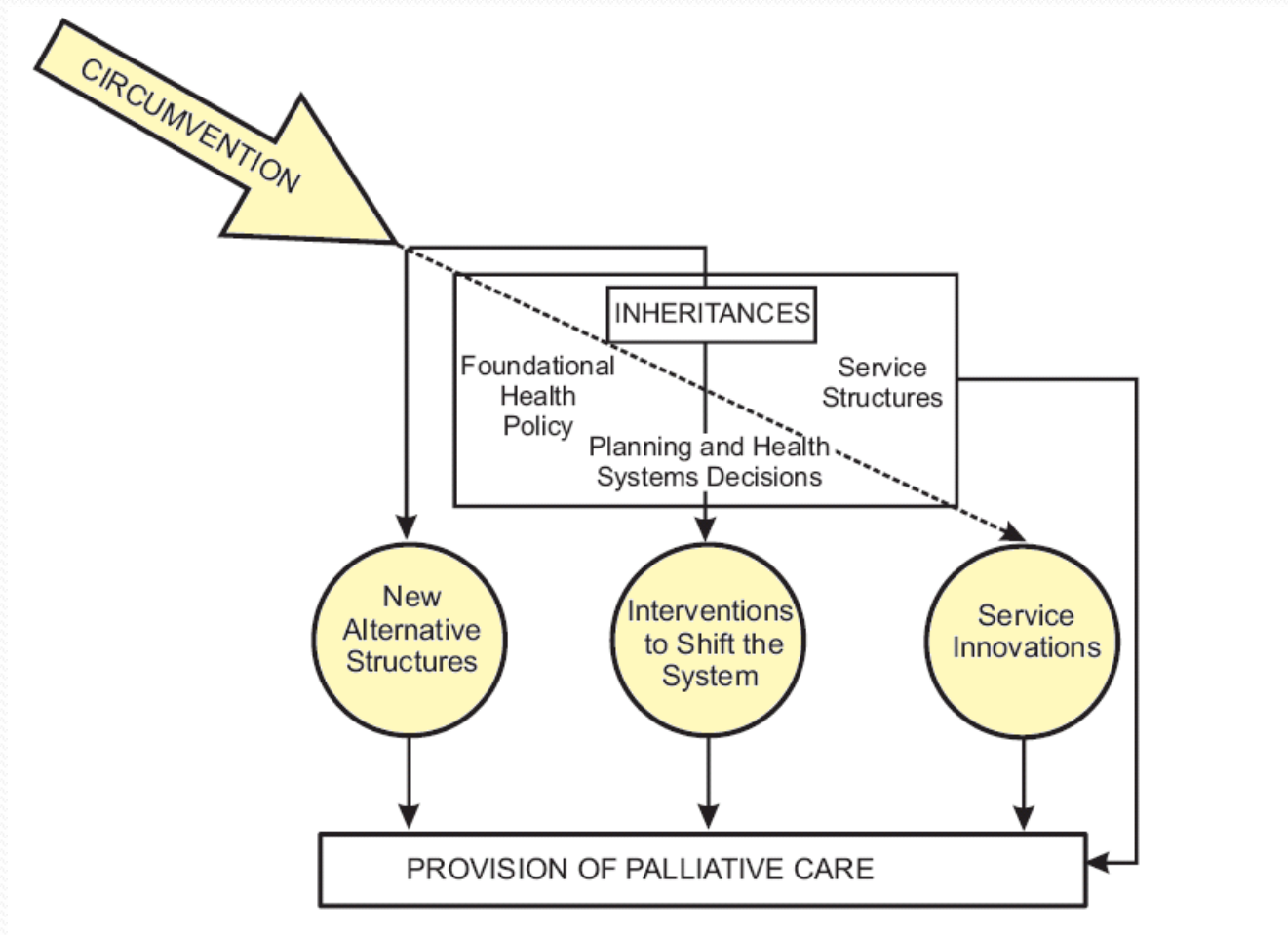- Creation of a framework
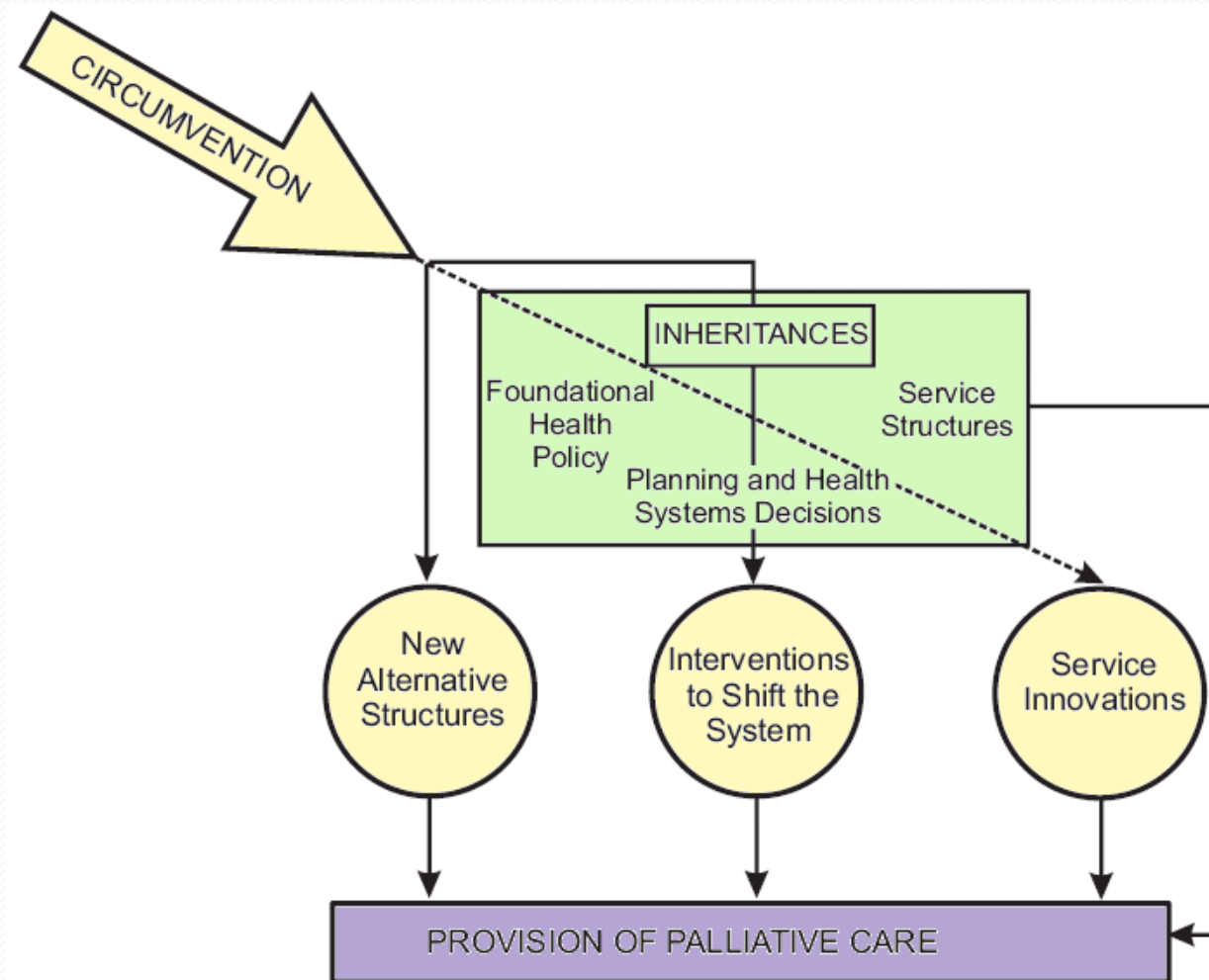
Results- The framework

Results- The framework

CIRCUMVENTION

INHERITANCES

Foundational Health Policy

Service Structures

Planning and Health Systems Decisions

New Alternative Structures

Interventions to Shift the System

Service Innovations

PROVISION OF PALLIATIVE CARE
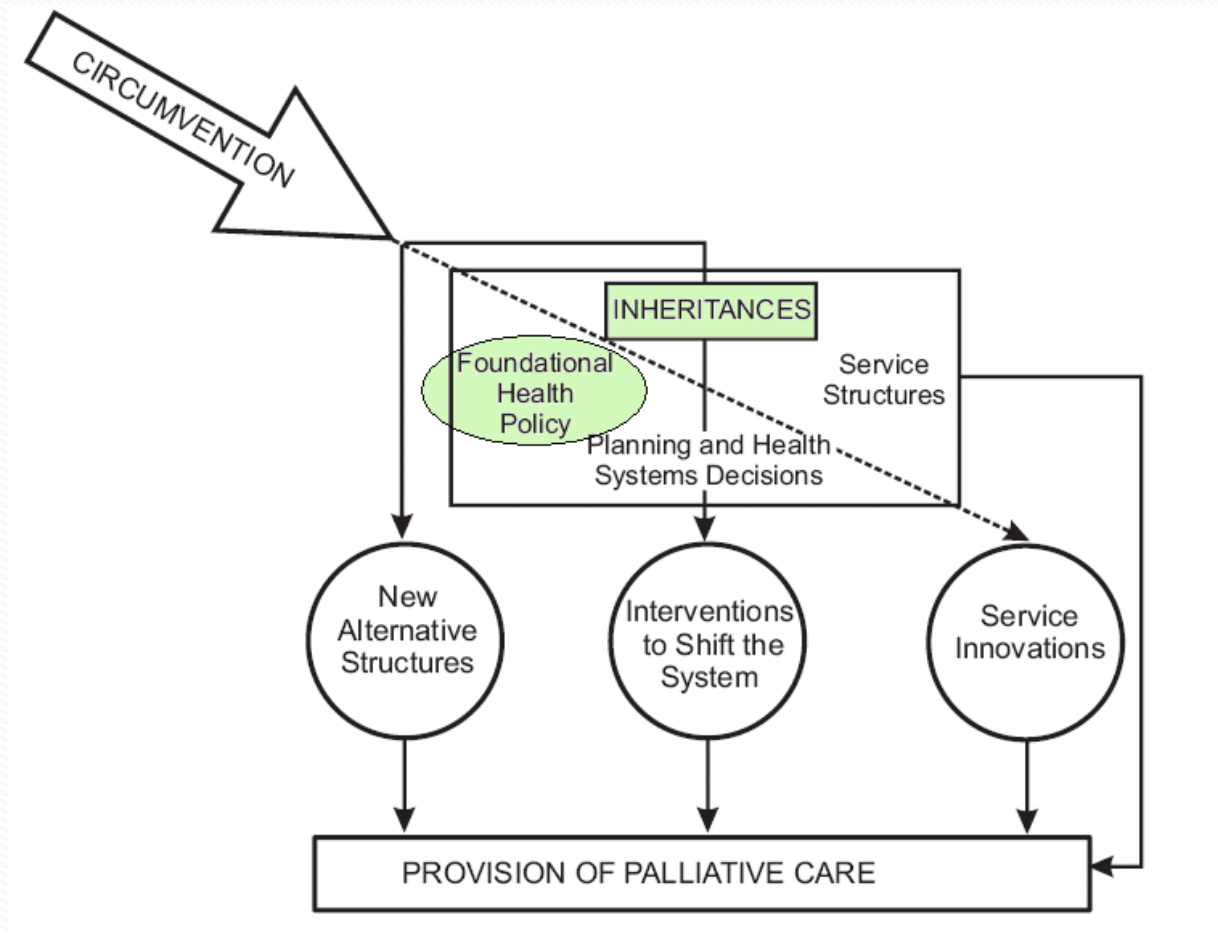
Results- The framework

Results- The framework

Results- Inheritances

- Culture [11-12]
- (a)Foundational Health Policy
- (b)Service Structures
- (c)Planning and Health Systems Decisions

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# Inheritances (a)- Foundational Health Policy

Inheritances (a)- Foundational Health Policy

- Canada Health Act

- Health Funding Structures

"There is no national policy on palliative care in Canada. Instead, there are national guidelines developed by community-based palliative care organizations operating at arm's length from the government"
(Marchildon) [13]

# Inheritances (b)- Service Structures
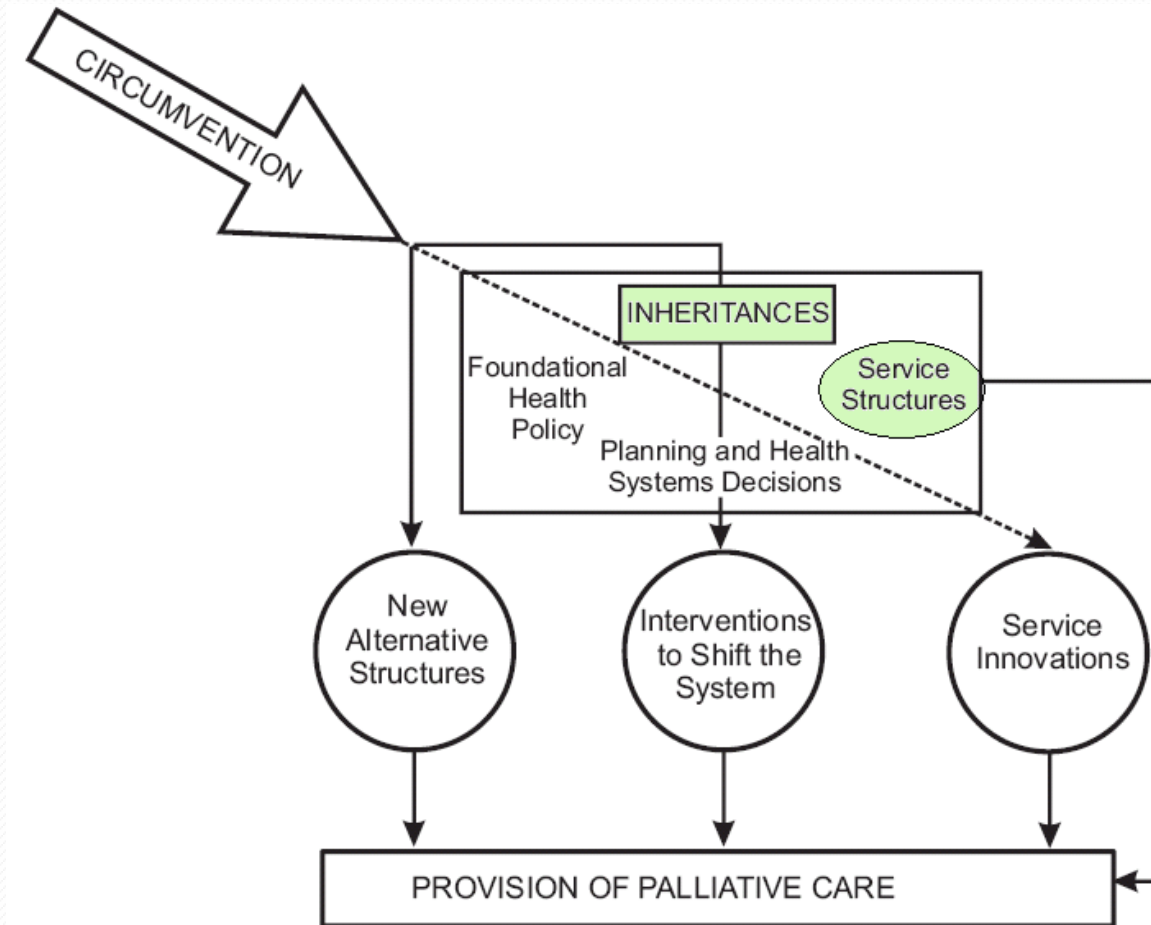
Inheritances (b)- Service Structures

- Pace of urban-centric health service progress

> *"If you compare rural to urban then I would say... Fairly poor with pockets of some good programming.   It's quite concerning about the lack of supportive caring in rural communities.   I think we have left a lot more on the families' backs in the rural community.*
> (Key Informant)

Inheritances (c)- Health Systems Decisions
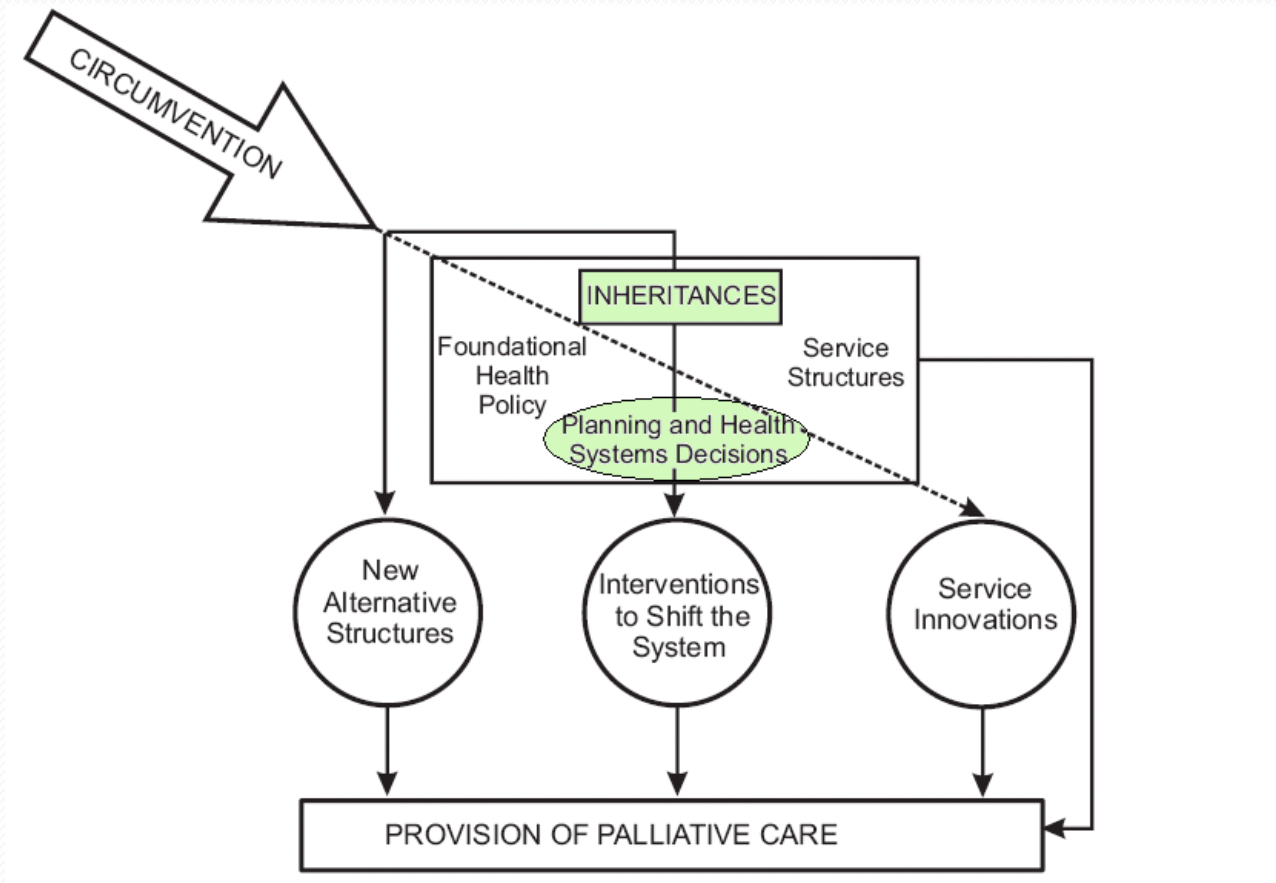
Inheritances (c)- Health Systems Decisions

- Increasing Regionalization
- Identification of Core Services

One regional health authority may view palliative care as " *[One] little local hospital...[with] a room that is very beautifully decorated...to provide palliative care*", while another may define it as "*a coordinated regional program with outreach that includes training [and] education of primary health care workers.*"
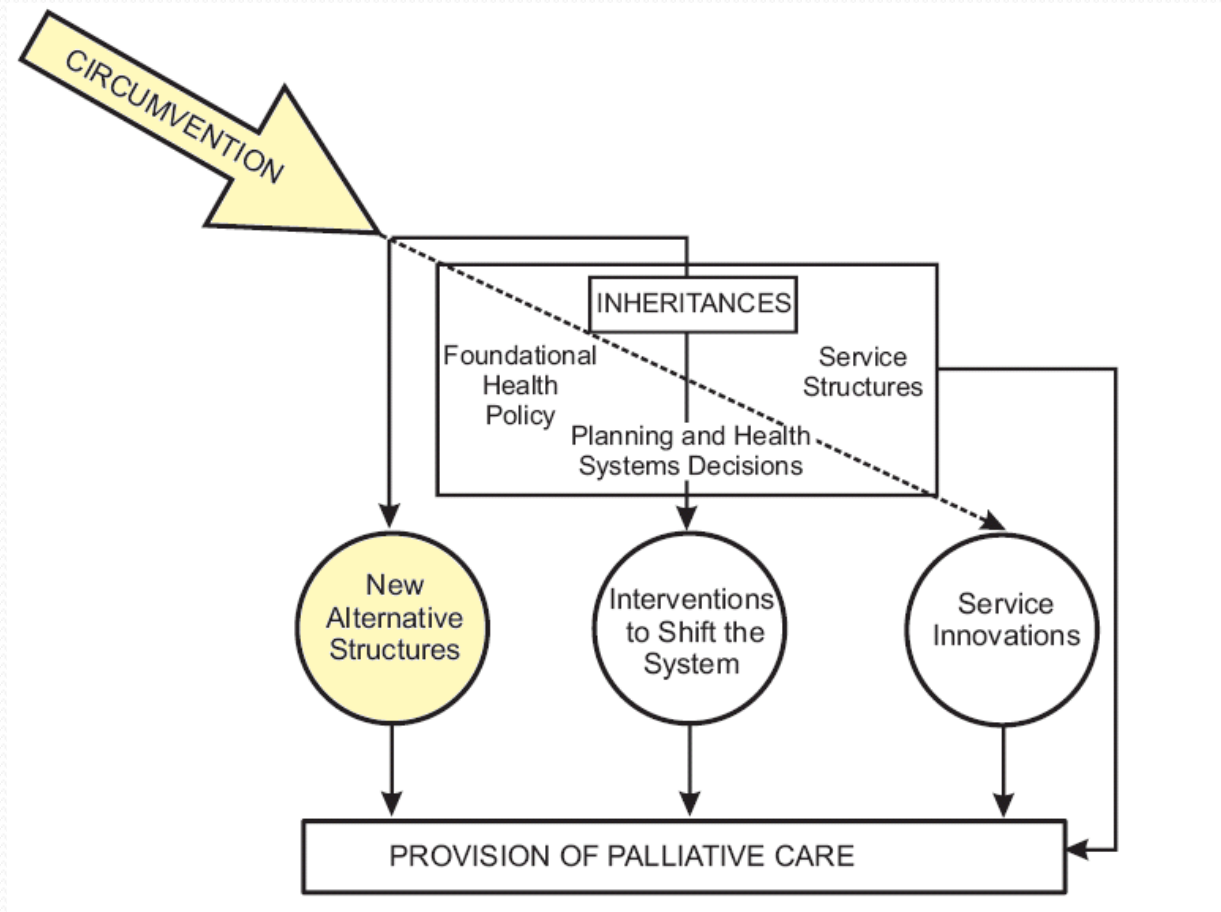(Key Informant)

Results- Circumventions

- (a) New Alternative Structures
- (b) Interventions to Shift the System
- (c) Service Innovations

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Circumventions (a)- New Alternative Structures

Circumventions (a)- New Alternative Structures
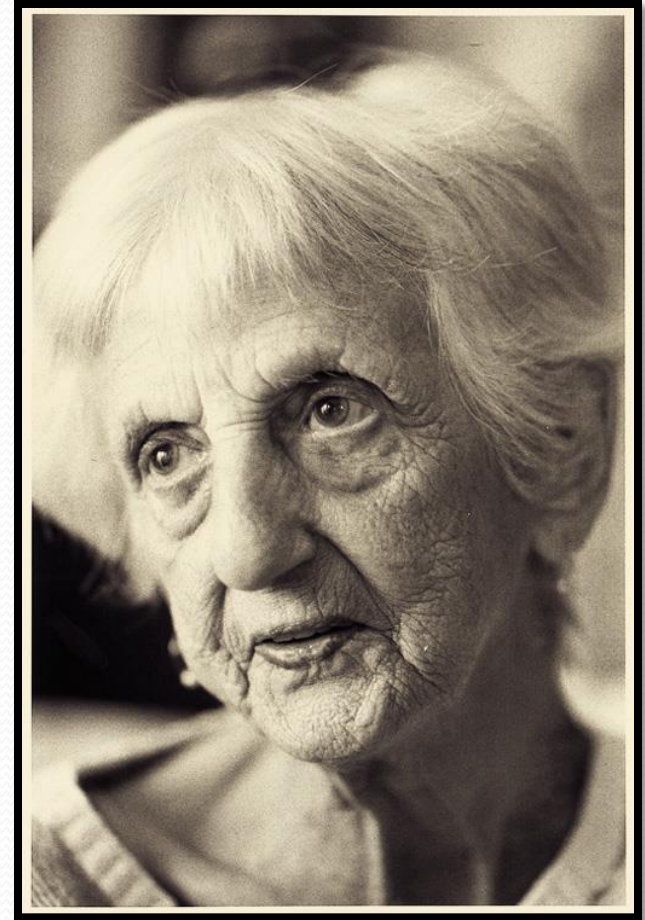
- Telehealth
- Hospices
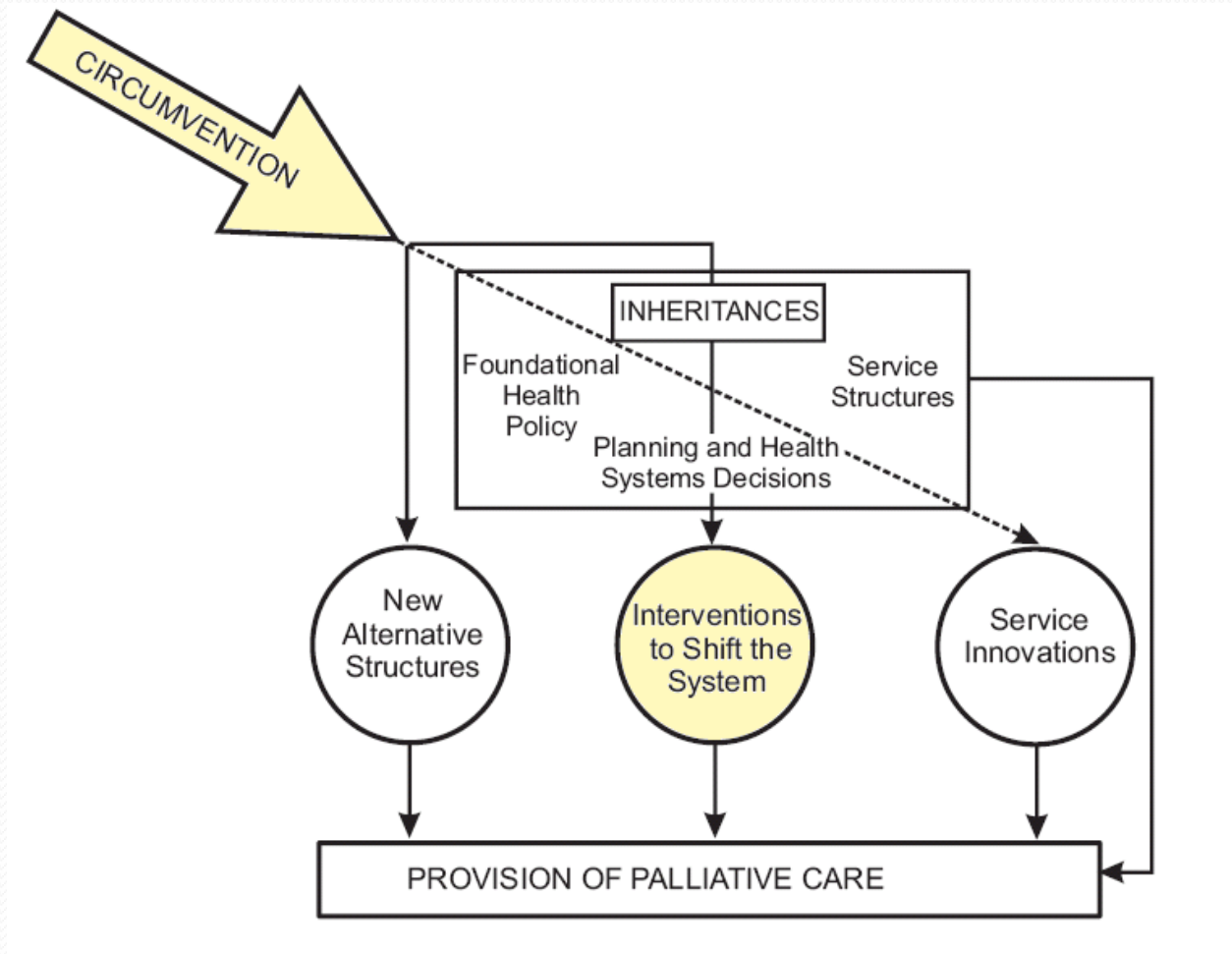- Canadian Virtual Hospice

Image from Living Lessons

Circumventions (b)- Interventions to Shift the System

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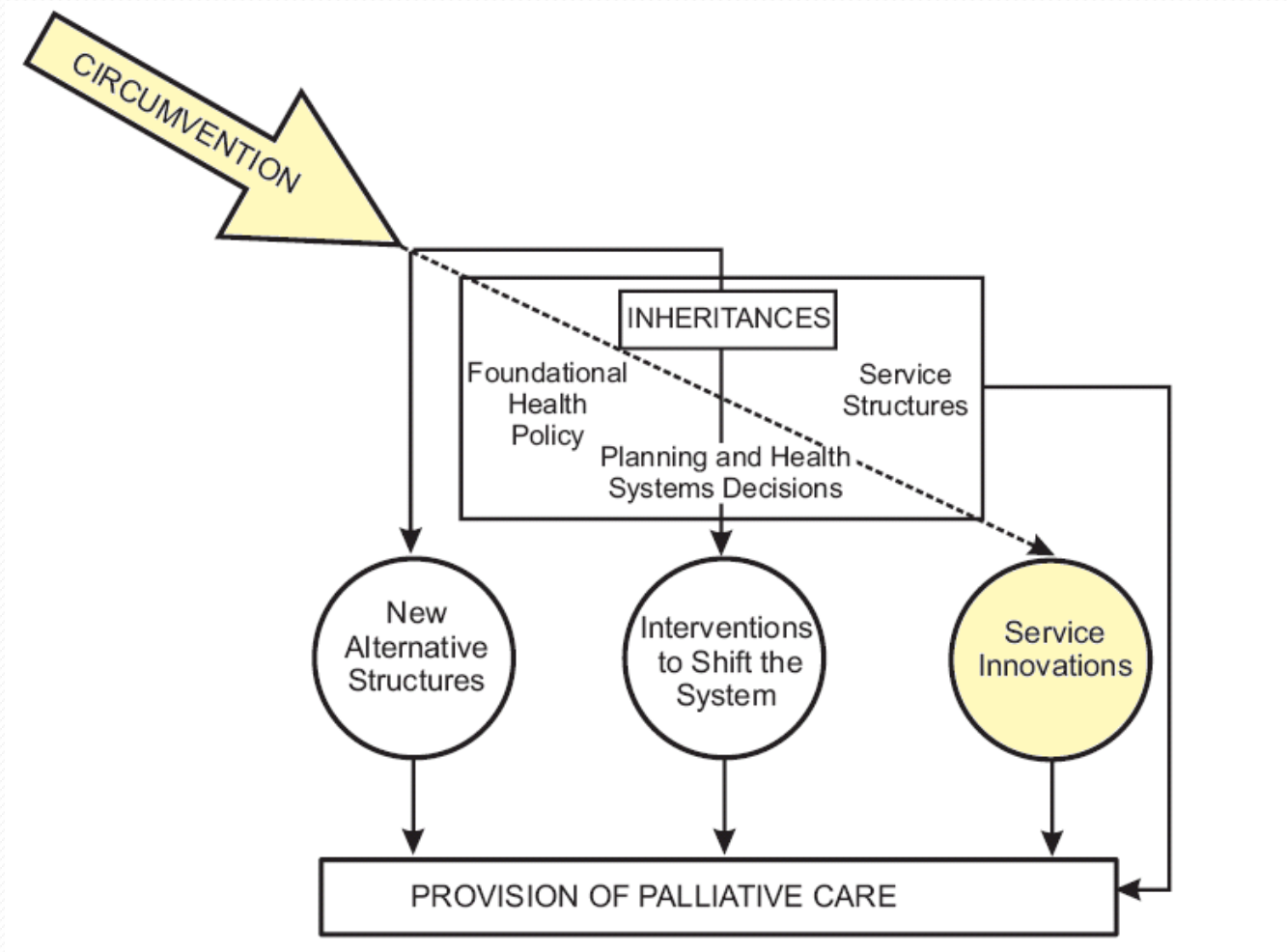
- Commissions and Reports
- Funded Policy Initiatives
- Channels for Advocacy

"[HPC] just is not very sexy…. not very attention getting."
(Key Informant)

Image from Living Lessons

Circumventions (c)- Service Innovations

Circumventions (c)- Service Innovations

- Pallium
- Educational Initiatives
- Innovative Health Systems Delivery

"... to see these networks forming is to see that there is a potential for policy changes to be made. And that the idea of hospice palliative care succeeding is to say that it can get out of the roots of the grass and into the tips of the blades, so that there are actually policies at an organizational level that also cross organizations in similar ways to help build a system that actually meets people's needs"
(Key Informant)

Limitations

- Translation
- Multiple interviewers
- Provincial and regional diversity
- Documentation

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Conclusion

- Cultural and social beliefs
- Frame work of Inheritances and Circumventions
- Ways ahead in hospice palliative care

I measure palliative care in decades... some of the real difficulties in advocacy and building hospice palliative care has certainly been... and continues to be, that you really can't measure much growth in terms of months or years. Canada remains a 'work in progress'. (Key informant)

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