



Beginning a dialogue on end-of-life care

Everyone eventually dies. And most people don't die suddenly. Why, then, do we give so little consideration as to how we want the end of our life to be?

It is a question that even end-of-life care experts struggle to answer.

Earlier this year, the College hosted a forum that brought together experts in the end-of-life care field. We asked them what needed to change to meaningfully improve the last months, weeks and days of patients' lives. We also wanted to know how to better support families during this challenging time.

The experts describe a current environment where assumptions and misunderstandings – between physician and patient, among specialists and within families – can replace informed discussion.

Given that lack of communication appears to be a major barrier to optimal end-of-life care, we've decided to launch a conversation. What is optimal care and what can be done to achieve it?

Over the next several issues, *Dialogue* will bring you the views of experts in palliative and end-of-life care, as well as lessons learned from patients' experiences. We'll cover five topics: ►►

1. Education and Continuous Professional Development in Palliative Care

Are physicians receiving the palliative care education necessary to provide quality end-of-life care? What novel tools are being used to educate physicians on the complex nuances of palliative medicine?

2. Advance Care Planning

A recent national poll found that 86% of Canadians have not heard of advance care planning. What tools are needed for physicians, patients and their families to actively engage in this process at an earlier stage, prior to the onset of serious illness?

3. Inter-Specialty Understanding of Palliative Care

Effective palliative care requires a broad multi-disciplinary approach, as each health-care professional involved has information the other needs to practise successfully. What can be done to facilitate effective collaborative practice among team members?

4. Medical Futility at the End of Life

Negotiating care when either the physician or family believes that care is futile is a delicate process built upon respect of the patient and professional values. What can be done when there are discrepant values or goals of care between the care team, patient, and/or family?

5. Certifying Death at Home.

What is the role of family physicians in certifying death at home? What administrative aspects of this responsibility should physicians be aware of?



The articles will raise important questions intended to facilitate understanding and generate discussion. We will take the conversation across different social media channels, where we hope you will share your views.

Palliative Care Defined

Certainly, “palliative” is not a word most patients want to hear. Even many physicians see it as the route to go when all other options are exhausted, a throwing in of

the proverbial towel.

But palliative medicine is not just about the end of life; it’s about living well right until life ends.

Palliative care affirms life by supporting the goals of the patient and family, including their desire for comfort and control. The focus of palliative care is the whole person – helping patients live as meaningfully as possible until death.

A multidisciplinary approach to patient care, integrating psychological, social, spiritual and cultural aspects is used in palliative care. It offers a support system to the patient’s family, helping them cope during the patient’s illness and with their own bereavement.

Palliative care can happen in virtually any care setting, including at home. Emerging evidence shows that introducing a palliative care approach earlier in the illness improves quality of life for patients and their families, says Dr. José Pereira, head of the Palliative Care Division at the University of Ottawa.

What kinds of improvements? Better control of symptoms, less psycho-spiritual suffering, more time for important conversations to happen, and a longer, more comfortable life. Yet, of all the patients whose pain and other symptoms may be alleviated through palliative care, only 16-30% have access to these services.¹

A renewed dialogue on palliative and end-of-life care could not be more timely. Seniors make up the fastest-growing age-group in Canada, and by 2036 will reach 10 million, double what it is today.² The burden of chronic illness increases as people age, with many living with more than one chronic condition. Adequate palliative and end-of-life care becomes more essential as the numbers of Canadians requiring these services grows.

We hope that our articles will be a launching pad for further dialogue, and debunk some myths about end-of-life and palliative care. That should make a difficult topic a little more comfortable for all of us. **MD**

1. Sharon Carstairs, *Raising the Bar: A Roadmap for the Future of Palliative Care in Canada* (Canada: The Senate of Canada, June 2010).

2. Statistics Canada, *Canada Year Book – Seniors, 2011* (Canada: Statistics Canada, 2011)