CSPCP SCMSP
Canadian Society of Palliative Care Physicians
Société canadienne des médecins de soins palliatifs

CSPCP Statement in response to the Special Joint Committee on MAiD report: MAiD in Canada: Choices for Canadians

The Special Joint Committee on MAiD (AMAD) recently issued their report (MAiD in Canada: Choices for Canadians[i]). The report includes a review of the state of palliative care in Canada. The Canadian Society of Palliative Care Physicians (CSPCP) is disappointed that the recommendations that are purported to be for palliative care are primarily in reference to MAiD, and will do little to help the average Canadian access palliative care or have their palliative care needs met.

Palliative care is a combination of expert medical care addressing physical, psychological and existential suffering along with practical supports to enable someone to live as well as they can for as long as they can. In Canada, access to palliative care still depends on the medical diagnosis, your postal code, and your socioeconomic status. Even though palliative care is a vital service with clear economic, health and social benefits[ii] and the 2018 National Framework on Palliative Care was unanimously supported by parliamentarians in recognition of its importance for Canadians with life-threatening illnesses[iii], patients continue to have limited access to their best support via this essential service. The committee references the National Framework on Palliative Care by recommending the federal government "consider increasing funding for the implementation of the Action Plan" and "look into innovative approaches and early-stage research" and "support the efforts of provinces and territories" to develop programs to provide services, rather than demanding this be done as a safeguard.

Suffering and receiving MAiD because of lack of timely quality palliative care and supportive services, is NOT a "choice" as the AMAD committee implies in the report title. Multiple studies have shown a lack of access to palliative care and high symptom burden among those granted MAiD[iv,v,vi]. The accuracy of government reporting on the provision of palliative care for those receiving MAiD was called into question by many experts, yet even these statistics show that 21% of persons receiving MAiD for a terminal illness received it only in the last 2 weeks before MAiD provision. For most people, this means they received palliative care after applying for MAiD. Government reporting says palliative care "remains available and accessible" yet notes their data "does not offer insight into the adequacy or quality of the palliative care."

Quality palliative care can address poorly controlled symptoms and distress for the great majority of patients if received early in the disease trajectory. Federal and provincial government action on implementing palliative standards and indicators – essential for comparing data and raising quality is lacking. The Canadian Institute of Health Information (CIHI) has developed only one palliative care indicator–place of death. They boast that over 50% of the population now dies in the community. A closer look reveals that community is defined as everything other than an acute care hospital bed, so this also includes long-term care (LTC) where CIHI also reports that only 9-

13% of people in LTC receive palliative care in their last year of life[vii]. Place of death is not a measure of access to quality palliative care and we need indicators that reflect the access to and quality of palliative care for those living with a serious illness.

The federal government has the authority to develop national standards tied to healthcare funding through Accreditation Canada and develop quality indicators to provide accountability for the services provided. Inexplicably, the AMAD committee agrees with the need for developing standards and indicators for palliative care, yet recommends collecting "disaggregated data for Black, Indigenous, racialized, disabled, and 2SLGBTQ+ communities", only for those receiving MAiD. This will fail the vast majority of Canadians who do not wish to die by MAiD.

The practical support aspect of palliative care relies on social supports such as home support that facilitate people remaining at home with a serious illness. In 2020 an Angus Reid Institute poll[viii] found 68% of Canadians indicated they would prioritize expanding resources to meet more of the demand for traditional palliative care services, whereas only 32% would prioritize expanding MAiD. An Angus Reid Institute poll[ix] released February 2023 found that 56% agreed with the statement "I am worried that MAiD will be a replacement for adequate social services in Canada."

The Canadian Society of Palliative Care Physicians would like Canadians to know that despite the above expressed wishes and concerns of Canadians, and multiple briefs, presentations, and data presented to them, the AMAD committee, has recommended no significant actions that were within their authority, to improve the inadequate state of palliative care in Canada.

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[i] https://www.parl.ca/DocumentViewer/en/44-1/AMAD/report-2

[ii] Canadian Society of Palliative Care Physicians. "Palliative Care: A vital service with clear economic, health and social benefits", February 2017. Available from: http://www.cspcp.ca/wp-content/uploads/2017/02/Economics-of-Palliative-Care-Final-EN.pdf

[iii] Health Canada. Framework on Palliative Care in Canada. 04 December 2018. [Internet]. [cited 2020 Oct 14]. Available from: https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada.html

[iv] Watson, L.; Link, C.; Qi, S.; DeIure, A.; Russell, K.B.; Schulte, F.; Forbes, C.; Silvius, J.; Kelly, B.; Bultz, B.D. Symptom Burden and Complexity in the Last 12 Months of Life among Cancer Patients Choosing Medical Assistance in Dying (MAID) in Alberta, Canada. Curr. Oncol. **2022**, 29, 1605–1618. https://doi.org/ 0.3390/curroncol29030135

[v] Munro C, Romanova A, Webber C, Richard R, Tanuseputro P. Involvement of palliative care in patients requesting medical assistance in dying. Canadian Family Physician 2020; 66 (11): 833-842

[vi] Lees C, Gubitz G, Horton R. A Retrospective Review of Medically Assisted Deaths in Nova Scotia: What Do We Know and Where Should We Go? J Palliat Med. 2021 Jul;24(7):1011-1016. doi: 10.1089/jpm.2020.0512.

[vii] Canadian Institute for Health Information. Access to Palliative Care in Canada. Ottawa, ON: CIHI; 2018.

[viii] https://www.cardus.ca/research/health/reports/broad-support-for-maid-in-canada-has-caveats-and-concerns/

[ix] https://angusreid.org/assisted-dying-MAID-mental-health/