

2. CALLS FOR A NEW APPROACH TO PALLIATIVE CARE

A. British Columbians call for a holistic value-based approach based on best practices

In BC, the need for palliative care has never been greater. Into the foreseeable future, BC is certain to continue to face system wide challenges in providing high-quality, cost-effective, person-centred care for the seriously ill and frail. Over the next 25 years, the number of people who need palliative care is projected to continue rising at a higher pace than the national average.⁷⁷ As described earlier in this document, there is evidence that the current palliative care needs of British Columbians are far from being met due to a substantial gap between the need for and access to end-of-life care, and due to the uneven provision of services as well as disruptive, ineffective care.

There is an overwhelming consensus among the wide range of palliative care stakeholders in BC that: “the current state of the palliative care system necessitates urgent reform to reflect the rapidly evolving environment for service delivery and public expectations.”⁷⁸

BC Government endorses a needs-based integrating approach to fix gaps in palliative care

The Provincial End of Life Action Plan (March 2013) and the establishment of the BC Centre for Palliative Care under the Institute for Health System Transformation and Sustainability represent an important opportunity for greater public and patient engagement to support innovation in the development of quality patient and family centred outcomes for all British Columbians living with and dying from advanced illness.

In June 2013, the provincial government made the commitment in its Throne speech to double the number of hospice beds by 2020.

In February 2014, the BC Ministry of Health published their Strategic Priorities paper with various palliative care-related priorities for the health system:^{79 80}

- Patient-centred care;
- Integration of end-of-life/palliative care into primary and community care;
- Increase access to an appropriate continuum of residential care services.

⁷⁷ <http://www.statcan.gc.ca/daily-quotidien/140917/dq140917a-eng.htm>

⁷⁸ <http://ihsts.ca/wp-content/uploads/2014/07/Shaping-C4PC-Priorities-Report-FINAL-Draft-7-28-2014.pdf>

⁷⁹ <http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf>

⁸⁰ <http://www.health.gov.bc.ca/library/publications/year/2013/end-of-life-care-action-plan.pdf>

Palliative care stakeholders in BC affirm the need for a holistic value-based approach

In May 2014, the BCHPCA convened a Forum in which national and provincial public health experts discussed and then advocated for a public health approach to death, dying, and end of life care.⁸¹

In the same year, the BC CPC invited experts on palliative care and representatives of key stakeholder groups to provide advice on strategic priorities for the BC CPC's palliative care improvement activities.⁸² The stakeholders echoed the public's and the government's call for an effective, holistic value-based integrating approach that:

- Supports a societal shift in expectations around living with and dying from advanced illness
- Ensures patients have easy access to palliative care that reflects their goals and embraces their autonomy
- Drives higher quality care at a lower cost
- Ensures services reflect clients' goals and are appropriate to their needs and preferences
- Integrates palliative care into all levels of the health system so that care can be provided by any health professional
- Makes efficient use of community resources
- Creates less need for emergency visits and unplanned hospitalizations
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In response, the BC CPC developed a strategic plan for its vision and mission statement that focus on the following key areas:

1. **CONVERSATIONS:** Supporting Advance Care Planning (ACP) and Goals of Care conversations as essential strategies to engage the public and health care providers and implement and measure the provision of patient centred care at end of life;
2. **CAPACITY:** Support doubling of Hospice spaces to ensure community based capacity and collaborate in promoting uptake of the Integrated Palliative Approach to Care and enhanced Palliative Care consultation to ensure that the right care is provided at the right time by all providers in all settings. This will require leadership and coordination support for education and mentoring as well as enhanced participatory approaches;

⁸¹ http://bchpca.org/wp-content/uploads/BCHPCA_FORUM_2014_Transcripts_1.1.pdf

⁸² <http://ihsts.ca/wp-content/uploads/2014/07/Shaping-C4PC-Priorities-Report-FINAL-Draft-7-28-2014.pdf>

3. **CARING: Promote patient, public and community engagement in uptake of a public health approach which integrates social and health based approaches to the development of Compassionate Communities.** To achieve this, the BC CPC currently works with different stakeholders and partners in BC including the public to catalyse effective societal change towards the development of a public health palliative care model and spread of compassionate communities across BC, in accordance with best practices worldwide (for more details about the BC CPC initiatives please see <http://www.bc-cpc.ca/cpc/compassionate-communities/> & <http://www.bc-cpc.ca/cpc/seed-grants/>). Indeed, this document is part of the BC CPC's committed efforts in this regard. The document aims to provide the evidence base for the effectiveness of the public health approach to address current gaps in the provision of palliative care and in meeting the expectations of the public and other stakeholders in BC

B. Worldwide advocacy for a public health approach to quality palliative care

Interest in using a public health approach to improve palliative care has been growing worldwide. The WHO was the first to call for a public health approach to palliative care more than a decade ago. In its 2002 paper, the WHO noted that:

*“It is essential to promote a public health approach in which comprehensive palliative care programs are integrated into the existing health systems and are tailored to the specific cultural and social context of the target populations”.*⁸³

Several European and Asian countries as well as Australia responded to the WHO call and are farther advanced than the rest of the world in applying a population-based, public health approach to palliative care: United Kingdom, Spain, Australia, Japan, and India. Their experience with the public health palliative care model is discussed in a later Chapter of this document. In 2014, two major developments in support of this approach have been the WHO's inclusion of palliative care as an indicator for Universal Health Coverage; and the unanimous passing of a resolution at the World Health Assembly for recognition of palliative care as a component of comprehensive care throughout the life course.⁸⁴

Parallel to the WHO efforts, a fast growing international movement, The Public Health Palliative Care International (PHPCI), is advocating globally for a combined public health

⁸³ Sepúlveda C., Marlin A., Yoshida T., Ullrich A. Palliative Care: The World Health Organization's global perspective. *J Pain Symptom Manage* 2002;24(2):91–96

⁸⁴<http://apps.who.int/medicinedocs/documents/s21454en/s21454en.pdf>

palliative care approach- with a focus on health promotion and community engagement/partnership.⁸⁵ It does so through the PHPCI biannual conference and forum, educating and training PHPCI members, fostering research and evaluation, and collaborating with palliative care/hospice organisations. PHPCI views “death, dying, loss and care as everyone's responsibility” and a public health approach will place the community as an equal partner in the long and complex task of providing quality healthcare at the end-of-life.

“The public health approach has the most potential to enhance the quality of life and sense of well-being to the widest number of people in sickness, in dying and in loss, as well as in health toward one another.” (PHPCI website)⁸⁶

The following Chapter provides an overview of the public health approach and the existing public health palliative care models.

⁸⁵ <http://www.phpci.info/>

⁸⁶ <http://www.phpci.info/#!public-health-approach/cee5> Accessed on April 22, 2015