



# EFC

The Evangelical  
Fellowship of Canada

Submission of the Evangelical Fellowship of Canada  
to the Standing Committee on Health  
on

***Bill C-277: An Act providing for the development of a framework  
on palliative care in Canada***

March 16, 2017

[www.theefc.ca](http://www.theefc.ca)

**Brief to the Standing Committee on Health on Bill C-277*****An Act providing for the development of a framework on palliative care in Canada*****March 16, 2017****Introduction**

The Evangelical Fellowship of Canada (EFC) is the national association of evangelical Christians, with affiliates including 42 denominations, 65 ministry organizations, 38 post-secondary institutions and more than 700 individual congregations. Established in 1964, the EFC provides a national forum for Canada's four million Evangelicals and a constructive voice for biblical principles in life and society.

Many of our affiliates provide end-of-life care in seniors' residences and long-term care facilities, as well as hospice care. Many evangelicals are medical professionals. Within congregations, ministers provide pastoral care to those who are in crisis, who are elderly, who are at the end of life.

With our interfaith partners, the EFC signed the *Interfaith Statement on Palliative Care* last year.<sup>1</sup> This statement calls on all levels of government to address the urgent need for high quality palliative care across Canada, including initiatives to:

- Develop a pan-Canadian palliative and end-of-life care strategy, to address the need for high quality care for all Canadians;
- Increase the availability and accessibility of essential hospice and palliative care services in all settings;
- Improve the quality and consistency of palliative and end of life care;
- Provide more support for family caregivers, in the form of flexible financial and tax benefits; and
- Ensure that the health care system respects the psycho-social and spiritual needs of patients and their families in the dying process.

In the fall of 2015, the EFC and the Canadian Conference of Catholic Bishops released a joint declaration against euthanasia and assisted suicide.<sup>2</sup> More than 25,000 signatories, including Evangelical, Catholic and Orthodox leaders, and more than 20 Jewish and Muslim leaders from across Canada endorsed the *Declaration*. Among other things, the *Declaration* called on federal, provincial and territorial legislators to make good-quality home care and palliative care accessible in all jurisdictions.

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<sup>1</sup> <https://www.evangelicalfellowship.ca/Communications/Official-statements/October-2016/Re-Palliative-Care-Interfaith-public-statement>

<sup>2</sup> <http://www.euthanasiadeclaration.ca>

## **Principles**

As an association of evangelical churches and organizations, our perspective is grounded in our Christian faith. In this submission, we seek to be advocates for the respect for life and care for the vulnerable; two principles that we affirm from out of our faith tradition, which have shaped Canadian law historically, and which were recognized by the Supreme Court in the *Carter* decision.

### *Sanctity of human life*

As Christians, we believe that all human life is precious. We believe that life is a gift from God for us to respect and protect through all its stages. Each person's life has inherent worth and dignity, regardless of age or ability, because they are created by God, made in His image and loved by Him. Reverence for human life is the basis and reason for our compassion, responsibility and commitment in caring for all people when they are suffering and in pain.

Societies and cultures around the world and throughout history share a reverence for human life, and a belief in the equal and inviolable dignity of every human being. These are not exclusively religious beliefs. The sanctity of human life, or respect for life, is broadly recognized and affirmed by all Canadians, including those who are adherents of specific religions and those who claim no adherence.

We believe the proper response to suffering, and particularly to those who are living with illness or nearing the end of life, is to respond with care and compassion, upholding the sanctity of human life and journeying with those who are walking in the shadow of death.

Palliative care affirms life and considers death a natural process. It improves quality of life without hastening or postponing death. We do not need to accept medical treatment, but our understanding of the stewardship of life means we believe it is not up to us to choose the timing of our death.

### *Care for the vulnerable*

As Christians, we understand that we are called by God to care for those who are vulnerable, including those who are ill or near the end of life. Visiting those who are sick and caring for those who are dying are tangible expressions of love for our neighbour. To love our neighbour is the second greatest commandment, after loving God.

We are called to offer comfort and peace to those around us as they come to the end of life: to ensure they are supported with love and care; to provide holistic care which includes pain control as well as psychological, spiritual and emotional support; and to improve and increase resources in support of palliative and home care.

These same principles have shaped Canadian law historically and have been recognized by the Supreme Court. The sanctity of human life, or respect for life, is broadly recognized by all Canadians and is a foundational principle of Canadian society. It undergirds the recognition of the equal dignity of each individual regardless of their abilities or disabilities. It shapes and guides our common life together, including our legal, health care and social welfare systems. The sanctity of human life also engenders the collective promotion of life and protection of the vulnerable.

## **Definition**

The EFC affirms palliative care as a compassionate response that supports and cares for people who are suffering, who are terminally ill or who are at the end of their lives. It recognizes the inherent dignity in each person's life, and provides comfort and care to patients and to their families.

We agree with the many voices in the palliative care community who contend that physician-hastened death is not part of, and has no part in, palliative care. Palliative care seeks to assist people in dying a good, peaceful death, something they see as fundamentally different from hastening a patient's death.

Health Canada defines palliative care as "a multi-disciplinary approach to healthcare for individuals and families who are living with a life-threatening disease. Regardless of the diagnosis or stage of illness, palliative care focuses on improving quality of life through the prevention and relief of physical, psychosocial and spiritual suffering, with treatment plans tailored to the needs of the patient and their family. Palliative care can involve: pain management; social, psychological, emotional and spiritual support; and caregiver support."<sup>3</sup>

The problem of suffering is beyond the scope of medicine alone. Physical pain is something medicine is qualified to respond to and treat. But suffering is a broader human question, involving emotional, psychological, spiritual and social dimensions, and is beyond the expertise of medicine alone to address.

It is this kind of suffering that is commonly experienced by individuals living with terminal illness or nearing death, and it is best and properly addressed by good quality palliative care that considers the whole person and includes a range of supports. Palliative care manages pain and symptoms, while also addressing the psychological, spiritual and social dimensions of suffering. "Palliative care, more so than any other area of medicine, is committed to a holistic approach understanding patient experience."<sup>4</sup>

According to the World Health Organization, palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten or postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient's illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness; and
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.<sup>5</sup>

### **The Urgent Need for Palliative Care**

The need for increased access and support for high quality palliative care is urgent for many reasons. Most importantly, palliative care relieves suffering and provides compassionate care for those at the end of life. The relief of suffering and distress of Canadians facing the end of life is critically important.

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<sup>3</sup> <http://healthycanadians.gc.ca/health-system-systeme-sante/services/palliative-palliatifs/palliative-care-soins-palliatifs-eng.php> (accessed June, 2016)

<sup>4</sup> <http://www.parl.gc.ca/Content/HOC/Committee/421/JUST/Brief/BR8237049/br-external/ChochinovHarveyMax-e.pdf>

<sup>5</sup> <http://www.who.int/cancer/palliative/definition/en/>

The need for good quality, accessible palliative care has become especially critical in the new context of legalized physician-hastened death. The EFC was one of the many groups who raised the issue of palliative care with the Special Joint Committee on Physician-Assisted Dying. As our brief to the Special Joint Committee stated:

Underlying arguments for assisted dying is the exercise of autonomy, the exercise of choice. But without access to high quality palliative care there is no real choice at the end of life. ... Assisted death must not be the only choice. ... We urge the government to establish a national strategy to address the availability of high quality palliative care.

In what was otherwise a rigorous and often divisive debate on Bill C-14, the one point on which all parties agreed was that palliative care must be more widely available to Canadians.

The EFC concurs with the Final Report of the External Panel on Options for a Legislative Response to *Carter v. Canada* that there is an urgent need for improved access to excellent palliative care. As the External Panel's Report stated,

With the advent of physician-assisted death, it has become critically, even urgently, apparent that Canadian society must address its deficiencies in providing quality palliative care... Our country must rise to this challenge, as no Canadian approaching end of life should face the cruel choice between physician-assisted death and living with intolerable, enduring suffering in the absence of compassionate, comprehensive quality care.<sup>6</sup>

As noted in the preamble to Bill C-277, the Report also stated that a request for physician-assisted death cannot be truly voluntary if the option of proper palliative care is not available to alleviate a person's suffering. We argue that the stringent safeguards envisioned by the Supreme Court in *Carter* (para.117) must include access to high quality palliative.

Without access to quality palliative care, people are vulnerable to feelings of isolation, despair, to feeling like a burden to family or caregivers, and to the medical system. In Oregon, in 2014, 40% of people who ended their lives under the *Death with Dignity Act* were concerned that they were a burden to family, friends or caregivers.<sup>7</sup> This has been a consistent percentage since 1998.

The Canadian Cancer Society Report, *Right to Care: Palliative Care for all Canadians*, released in January 2016, found serious gaps in palliative care across the country, with thousands of critically ill Canadians not receiving proper care.<sup>8</sup>

As Dr. Harvey Chochinov commented, "only 15 to 30 percent of dying Canadians have access to or receive hospice palliative care or end-of-life services, dedicated to addressing all forms of suffering-physical, psychological and existential – affecting patients nearing death and their families. And yet

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<sup>6</sup> External Panel on Options for a Legislative Response to *Carter v. Canada*, *Final Report*, page 2.

<sup>7</sup> Oregon Public Health Division, *Oregon's Death With Dignity Act – 2014*.

<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf>

<sup>8</sup> <https://www.cancer.ca/~media/cancer.ca/CW/get%20involved/take%20action/Palliative-care-report-2016-EN.pdf?la=en>

should report's recommendation come to fruition, all healthcare facilities would be required to offer physician-hastened death."<sup>9</sup>

Canadians with a grievous and irremediable medical condition now have the ability to request assistance in ending their lives, but too few are able to receive the high quality palliative care that will alleviate their symptoms, suffering and distress, and assist them in living the rest of their days to the fullest possible. This must be addressed.

Further, the demographic shift to an aging population increases the urgency of establishing high quality palliative care across the country. As the Canadian Cancer Society report on palliative care indicates, a 40% increase in new cancer cases is projected over the next 15 years.<sup>10</sup>

### **Responding to the Need**

We note that Bill C-14, as passed, included a commitment to facilitate access to palliative and end-of-life care in its preamble,

Whereas the Government of Canada ... commits to working with provinces, territories and civil society to facilitate access to palliative and end-of-life care, care and services for individuals living with Alzheimer's and dementia, appropriate mental health supports and services and culturally and spiritually appropriate end-of-life care for Indigenous patients;<sup>11</sup>

The overwhelming majority of Canadians support palliative care, but concrete, measurable steps need to be taken to make it accessible to Canadians. There are many ways to promote palliative care.

Bill C-277 calls on the government to, "in consultation with the provincial and territorial Health Ministers, as well as palliative care providers, develop and implement a framework designed to give Canadians access to palliative care – provided through hospitals, home care, long-term care facilities and residential hospices – that, among other things,

- (a) defines what palliative care is;
- (b) identifies the palliative care training and education needs of palliative health care providers;
- (c) identifies measures to support palliative caregivers;
- (d) collects research and data on palliative care;
- (e) identifies measures to facilitate a consistent access to palliative care across Canada; and
- (f) evaluates the advisability of amending the *Canada Health Act* to include palliative care services provided through home care, long term care facilities and residential hospices.

Underlining the vital importance of effective home care for those at the end of life, the Romanow report recommended expanding the *Canada Health Act* to include palliative home care services for those in their last six months of life.<sup>12</sup>

The Canadian Institute for Health Information pointed to the need for increased data coordination in its 2013 report, *End-of-Life Hospital Care for Cancer Patients*:

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<sup>9</sup> [http://www.huffingtonpost.ca/harvey-max-chochinov/canada-health-facilities-physician-assisted-death\\_b\\_9586040.html](http://www.huffingtonpost.ca/harvey-max-chochinov/canada-health-facilities-physician-assisted-death_b_9586040.html)

<sup>10</sup> Canadian Cancer Society, *Right to Care: Palliative care for all Canadians*, p. 4.

<sup>11</sup> <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8384014>

<sup>12</sup> Recommendation 34 in the Commission on the Future of Health Care in Canada – Final Report, November 2002, p. 176, [http://www.cbc.ca/healthcare/final\\_report.pdf](http://www.cbc.ca/healthcare/final_report.pdf)

A great deal of this work has focused on delivering safe, accessible, responsive and integrated end-of-life care. Good data is a key aspect of monitoring and measuring progress in these areas. And while some improvements have been made, there continue to be challenges in collecting and reporting data across all care sectors: home, primary and community care; hospital, continuing and residential care; and hospice care.<sup>13</sup>

The Canadian Cancer Society Report also pointed out gaps in data collection, training, and more.

Bill C-277 addresses the need for a national approach and framework to palliative care in Canada, addressing issues such as training, data collection and consistency. It is an important first step in ensuring a coordinated governmental approach to improving and ensuring access to palliative care for all Canadians.

The EFC is raising awareness of palliative care among our affiliates. As Statistics Canada data indicates, regular religious service attenders are more likely to volunteer and to volunteer more hours.<sup>14</sup> Our faith calls us to love our neighbour in practical, tangible ways. The EFC has encouraged churches across Canada to consider how they might engage in providing comfort and care to patients and their families. We are preparing a toolkit to equip churches for greater engagement in and support for palliative care services in their communities. Volunteer engagement can supplement coordinated government action, but does not replace the need for it.

The House of Commons nearly unanimously supported a private member's motion on palliative care by Charlie Angus, M-456, in 2014. This motion called for the federal government to work in conjunction with the provinces and territories on a flexible and integrated model of palliative care. However, despite the broad support, there has not been substantive federal progress in achieving this goal. Bill C-277's inclusion of specific actions and timeframes for those actions may improve the likelihood that progress is made by requiring the development of a plan and a review within five years.

We are grateful that the Committee is studying this issue, which is of such great importance to Canadians. And we are pleased that Bill C-277 has brought it some much-needed attention.

**The EFC supports Bill C-277 and encourages the Standing Committee on Health to move forward with this initiative, as a critical first step toward addressing the need for good quality, widely accessible palliative care for all Canadians.**

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<sup>13</sup> [https://secure.cihi.ca/free\\_products/Cancer\\_Report\\_EN\\_web\\_April2013.pdf](https://secure.cihi.ca/free_products/Cancer_Report_EN_web_April2013.pdf)

<sup>14</sup> Maire Sinha, Statistics Canada, *Volunteering in Canada, 2004 to 2013*, <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2015003-eng.htm#a11>