

## **COVENANT HEALTH EXCERPTS: PALLIATIVE CARE**

### **Introduction (page 20)**

—We may or may not in our lifetime be accidentally hurt, develop a pathological tumour, or experience cognitive loss, but we will most certainly die. Despite technological advances in health care, we are by virtue of the human condition, all vulnerable. In a society that is increasingly scandalized by any human condition that is not powerful, beautiful and ruggedly independent... it is critically important that the Parliamentary Committee on Palliative and Compassionate Care keep in its view the fundamental moral questions about what kind of society do we wish to live, grow old, and eventually die in. How do we truly care for one another at the end of life? This is not the same meaning as how do we treat, or even cure others. Care speaks to relationship and a shared sense of vulnerability. How then are we vulnerable with one another, and stand with one another in times of need? These are some of the most important social justice issues in our time. The future of palliative and end-of-life care in this country will play an important part in helping shape our answers to these questions. □ Covenant Health – Edmonton Alberta

### **On Palliative Care and Integrated System (pages 27 and 28)**

—Inequitable access to palliative care and home care supports across the country as noted in the Commission on the Future of Health Care in Canada and the recent Canadian Medical Association report card reveals that it does make a difference where one dies, and the kinds of services that will be available. We recognize that for the large majority of the time, palliation can be provided in the community, in the comfort of the patient's own home. A sustainable and well resourced strategy must also include adequate home care and primary care supports, including pharmaceutical care. It is incumbent upon health policy makers that proportionate funding is dedicated to augment these essential elements of the health care system that has historically been under resourced. Yet it is important that we allocate funding appropriately to the place of care. It is not uncommon that patients earlier on in the disease trajectory when they are feeling relatively well will say they wish to stay at home until the end. However, as their disease progresses and their care needs increase so do their wishes (and those of their caregivers), change. Without giving people options for location of care and location of death as their circumstances change, we may risk over-emphasizing home care, which is counterproductive and potentially harmful. Home care rather needs to be situated as part of an integrated regional service delivery model. Until we are able to promote and develop integrated regional palliative care services in urban and rural areas across Canada we will continue to offer poor national palliative and end-of-life care, with a few isolated areas of excellence. □ Covenant Health -- Edmonton AB

—We maintain that funding should be allocated proportionately where patients choose to live and eventually die – be it at home, in hospice settings, shelters, continuing care, or specialized tertiary settings. □ Covenant health – Edmonton AB

### **On Spiritual Care of the Vulnerable (page 38)**

—The experience of vulnerability at the end-of-life has many faces. Certainly, pain management issues and the myriad other manifestations triggered by the evolving disease pathology can make a person extremely vulnerable. But associated with these physical changes may come emotional and psychological stress in trying to cope with loss. A person may experience or anticipate the loss of dignity, self-esteem, or control. Many persons report a fear of being a burden, and becoming dependent on others. For some, the diagnosis of a terminal illness may be the first time one's sense of immortality may be shattered, representing yet another loss. It is not uncommon that these losses evoke deeper level questioning about meaning, spiritual beliefs, one's legacy in life, and the need for closure. While Canadians have a right to quality palliative care services to attend to their physical, emotional and psychological needs, ensuring this right is grossly incomplete unless hospice and palliative care programs also include access to spiritual care resources. One such resource is

chaplains. Chaplains are invaluable members of the interdisciplinary health care team, ensuring we are able to provide for the person's total needs at the end-of-life. Together, chaplains, other spiritual care providers and volunteers are able to provide supportive presence and pastoral counselling, to listen to, and validate, the deeper level questions raised. □ Dr. Gordon Self – VP Mission, Ethics and Spirituality -Covenant Health Edmonton, Alberta

—One essential support we can always bring to patients when there may no longer be aggressive treatment options available is simple presence, when questions of meaning, existential suffering, and loss may be raised. Doing this may challenge the health care providers own sense of helplessness and requires maturity and self-discipline to be able to enter a person's life at a time of great vulnerability, without proselytizing or imposing one's agenda. Chaplains bring a repertoire of evocative listening skills, non-judgmental, unconditional regard, and clinical experience, to effectively establish trusting relationships with persons, to attend to their deeper spiritual questions and to truly be present. □ Dr. Gordon Self – Edmonton

—The ongoing presence of the faith community can bring tremendous consolation to persons at the end-of-life, perhaps even for some, giving them a sense of "permission" or freedom to let go. For those who belong to religious communities, chaplains can help connect or reconnect families to those communities, facilitate rituals and sacraments, lead prayers, and help plan funeral services. Many chaplains provide short-term grief counselling and bereavement supports, including memorial services to assist with the bereavement journey. □ Dr. Gordon Self – Edmonton

## COVENANT HEALTH EXCERPTS : ELDER ABUSE

### **On revamping the system to effectively prosecute elder abuse (page 113)**

—We need to put elder abuse on the same footing as child abuse. Both are egregious criminal acts. □ Dr. Marjan Abbasi – Covenant Health, Edmonton, AB

### **On Restorative Justice in Elder Abuse (page 115)**

—Elder abuse is a 'community issue' that requires a cohesive plan of action by local agencies and justice partners working collaboratively. The shift to rehabilitation is necessary to help mitigate or reduce the impact of harm once abuse has occurred. □ Dr. Marjan Abbasi – Covenant Health, Edmonton, AB

### **On Recommendations for Action in Elder Abuse (page 124)**

—The Federal government can help support multi-sectoral collaboration, education, research and allocation of financial resources to ensure we are better equipped to meet the needs of our aging society. Government is uniquely positioned to help champion the needs of the elderly who helped build our country, and to promote a compassionate society that meets the needs of all Canadians. □ Dr. Marjan Abbasi – Covenant Health, Edmonton, AB

### **On Funding in the fight against Elder Abuse (page 127)**

—We need to address ageism in our society that views elderly persons as non-productive, and less worthy. This is evident even when consulting other physician colleagues who may be reluctant to get involved because of their own biases of what 'a 94 year old' signifies when providing the consultant the patient's case history. We need to shift referencing the elderly as 'vulnerable' to 'valuable'.— Dr. Marjan Abbasi – Covenant Health, Edmonton, AB

### **Conclusion on Elder Abuse (page 132)**

—We are seeing increasing signs of elder abuse in our clinical practice, and we believe this trend will only continue to increase as our society ages. □ Dr. Marjan Abbasi – Department of Geriatrics – Covenant Health, Edmonton, AB.