

Major changes needed to improve palliative care in Canada

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Canada's approach to palliative care must be broadened to offer support to people with serious chronic illnesses other than cancer, states an analysis in *CMAJ (Canadian Medical Association Journal)*.

"There is much to do to improve on Canada's international standing in [palliative care](#)," writes Dr. Graeme Rocker, Dalhousie University and QEII Health Sciences Centre, Halifax, Nova Scotia, with coauthors. "We will need to move away from the paradigm that limits palliative care to the end of life and excludes patients who are receiving ongoing medical therapy."

Canada is ranked 18th worldwide by the Economist Intelligence Unit in availability of palliative care, and it places behind Mongolia and Panama in strategies to develop and promote palliative care to patients. Most of the 250 000 people who die in Canada each year have illnesses other than cancer, yet they do not have access to the same type of support provided to patients with cancer.

The authors suggest several important improvements based on research and models in other jurisdictions, including:

- a shift to a more positive view of palliative care as supportive care for people with serious illness rather than as end-of-life care
- community-based delivery of care in the home based on symptoms and need rather than on diagnosis and prognosis
- improved medical education of physicians-in-training and

enhanced skills of the current health care workforce to expand the network of trained professionals

- awareness campaigns aimed at the public and the medical profession.

"Our goals should not be to impress expert panels or the Economist Intelligence Unit, but rather to meet the needs of the 250 000 Canadians who will die this year and the tens of thousands more who are living with serious illness and deserve high-quality, accessible palliative care," the authors conclude.

More information: *Canadian Medical Association Journal*,
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