

# OMA Presentation to the Standing Committee on General Government

Nov. 24, 2020

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[DR. SAMANTHA HILL]

Good afternoon.

My name is Dr. Samantha Hill. I am a cardiac surgeon and the President of the Ontario Medical Association, representing over 32,500 practising physicians.

Thank you for the opportunity to share our support for the Compassionate Care Act, 2018.

More than 100,000 people died in Ontario in 2017-18. The percentage receiving palliative care climbs every year, with it being 60% most recently.

Ontario's health-care system provides amazing care, starting months before the moment a person draws their first breath.

Ontario's doctors believe the same quality of care should continue until one's last breath. Voters expect it.

If passed, Bill 3 will be a part of us honouring our lifelong commitment to Ontarians.

You are truly fortunate to hear from Dr. Pamela Liao. In addition to being a widely cited expert in palliative care, her credentials include being an Assistant Professor in Palliative Medicine at the University of Toronto where she imparts that expertise to the next generation and the Chair of the OMA Section on Palliative Medicine, which gives her a unique lens as to the experiences and challenges of palliative care patients and physicians across Ontario.

Dr. Liao will provide important and timely recommendations to strengthen access to hospice care for Ontarians, after which I will make closing remarks.

[DR. PAMELA LIAO]

Thank you Dr. Hill.

Two weeks ago, I lost someone very important in my life.

When someone dies there is a space, an emptiness that doesn't go away as time goes on.

They live on through our memories.

Today, I want to dedicate my remarks to all those who have lost someone this past, most challenging year.

First, I want to define palliative care.

Most people believe it's about the end of life — one's final hours or days — but actually it's about living.

The modern standard is that palliative care begins at the time of diagnosis and is coupled with treatment.

Palliative care includes advance care planning, which means planning for future care needs aligned to an individual's values and beliefs.

It also includes pain and symptom management and psychosocial support for patients, families and caregivers.

We believe any effort to improve palliative care using the definition I have just described is the right decision for Ontarians.

Bill 3 is a tremendous first step and we are encouraged that this important issue has all-party support in the legislature.

Hospices are a favourable alternative to hospitals, offering a comfortable, home-like environment for patients who are nearing the end of their lives.

To strengthen the positive impact of Bill 3, if passed, we are today making three recommendations to enhance hospice care across Ontario.

Our first recommendation is for the government to consider additional funding to rebuild our hospice system after the detrimental effect of the pandemic.

Hospices have consistently struggled with funding and COVID-19 has exacerbated these vulnerabilities.

In mid-March, hospices began to suspend all face-to-face client support except in-patient residential hospital care for dying patients.

Hospices have also incurred significant expenses related to purchases of personal protective equipment, staffing, cleaning supplies and virtual care.

Hospices rely on volunteers who are bereaved and often belong to high-risk groups who are unable to volunteer during this time.

In addition, about 60 per cent of hospice funding comes from fundraising and COVID-19 led to the cancellation of fundraising events.

Immediate funding is needed to sustain these organizations providing critical services to Ontarians.

In return, hospices would be well positioned to help alleviate pandemic-related health-system pressures.

Our second recommendation is to consider equity issues around hospice care, including regional equity.

Currently, one's postal code determines what palliative care services are available.

We know the majority of Ontarians would rather die in their homes surrounded by loved ones and I hear this every day from my patients.

Unfortunately, this is not possible for everyone because of resources and access to support from home care.

Others simply do not have secure housing.

It doesn't have to be this way.

Inner-city Toronto has a program called "PEACH" — Palliative Education and Care for the Homeless — and its three-bed hospice, Journey Home.

This program provides palliative care for the homeless and other marginalized groups.

Without it, these individuals often have no option but to die in hospital.

Programs like this one need to become the standard province-wide to ensure everyone has equitable access to hospice care, no matter where they live.

Our final recommendation is to consider the cost effectiveness of providing palliative care in a home or hospice environment.

Here are some statistics from the Auditor General's 2016 report on palliative care.

Caring for terminally ill patients in an acute-care hospital costs approximately 40 per cent more than providing palliative care in a hospital, more than double the cost of providing care in a hospice bed and over 10 times more than providing it at home.

Specifically, a hospice bed costs \$470 per day versus \$1,100 for a hospital bed.

Hospice is the best and most dignified place of care for the patient — if dying at home is not possible.

This data clearly articulates why an expansion to hospice care would be tremendously advantageous for the system.

Again, thank you for the opportunity to share our views with you today.

It is a privilege to speak to you about an issue that is important all Ontarians.

Dr. Hill will now make concluding remarks.

[DR. SAMANTHA HILL]

Thank you Dr. Liao.

I want to underscore the recommendations made by Dr. Liao to enhance hospice care across Ontario, especially those related to health equity.

Health equity affects all areas of health and crosses geographical and racial lines

However, after a lifetime of experiencing marginalization, end-of-life care is where we see these issues have dire consequences.

Any expansion to hospice or palliative care requires a health equity lens.

Echoing Dr. Liao's remarks, I want to urge the government to strengthen hospice care now, while the framework proposed under Bill 3 is developed.

This would help to ease the burden on our strained health system, from both a financial and a capacity perspective.

In closing, Ontario's doctors welcome this bill and the enhancements it may bring to hospice and palliative care.

We urge you to consider these recommendations that, if implemented, will truly achieve the compassionate care intended by the passage of Bill 3.

I will leave you with this parting thought. There are many ways to die, and COVID-19 certainly highlighted some of them. On behalf of Ontario's doctors, I plead with you to recognize that pain and fear aren't a necessary component of any of them.

Thank you and we look forward to your questions.