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Dying and Death as a Public Health issue

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October 7, 2014, Public Health Ontario Grand Rounds
Disclosure

• Financial: No conflict of interest
• Health Systems
  – Provincial Hospice Palliative Care Clinical Council
  – Palliative Medicine Working Group at the RCPSC
• Clinical
  – Palliative care provider in ICU and dialysis
• Education
  – Population Health Course Chair University of Western Ontario
• Research – Canadian Institute of Health Research
  – Integration of PC on the Heart Failure Team
Collaboration

- Provincial Hospice Palliative Care Clinical Council
  - Dr. Denise Marshall
- Endorsed by: Provincial Hospice Palliative Care Steering Committee,
  - Dr. Bill MacLeod
Ontario’s aging population

In 2011-2012, Ontario had more than 96,000 deaths, representing more than one-third of all deaths in Canada. This represents a 33% increase in deaths over 2004.

— (Written by OMA Health Policy considering population health issues; Statistics Canada, CANSIM, table 051-0004. Accessed April 13, 2014)

In addition, two-thirds will die with two or more chronic diseases after years of increasing frailty.

— (Ipsos Reid for CARENET, 2012)

The number of seniors aged 65 and over in Ontario is projected to more than double from about two million, or 14.6% of the population, in 2012, to almost 4.2 million, or 24%, by 2036.

The growth in the share and number of seniors will accelerate over the 2012-2031 period as baby boomers turn age 65.


WHO Definition for Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable management of pain and other problems, physical, psychosocial and spiritual.

Palliative care: affirms life and regards dying as a normal process; intends neither to hasten or postpone death; supports family coping with illness and their bereavement, and applies early in the course of illness.
Objectives

• Discuss the principles of public health approach to palliative care
• Describe the potential options for increasing equity in access to palliative care programs
• Describe how palliative care programs can be integrated into population-based systems of care
DISCUSS THE PRINCIPLES OF PUBLIC HEALTH APPROACH TO PALLIATIVE CARE
Six Functions of Public Health

• Health Protection
• Health Promotion
• Disease & Injury Prevention
• Population Health Assessment
• Surveillance
• Emergency Preparedness
Public Health (PH) Approach to Palliative Care (PC)

• WHO Ottawa Charter of PH
  – Health Promoting Palliative Care (HPPC)
  – Compassionate Communities

• Care Research

past decade is that of public health palliative care (also known as health promoting palliative care). This is based on the public health concept of a population approach linking to the World Health Promotion Guidelines ‘the Ottawa Charter’.

The goals of public health palliative care have been described as:

> Building public policies that support dying, death, loss and grief
> Creating supportive environments (in particular social supports)
> Strengthening community action
> Developing personal skills in these areas, and
> Re-orientating the health system. [1]

The compassionate communities model has also been used to describe engagement of communities in matters related to death and dying, such as death education in schools and engaging public policy. [2-3]
Health Protection

• What are we protecting
  – Patients from suffering, and caregivers from the impact of dying, death, loss and caring
  – Health Systems
    • From the expectation that health care should ‘avoid patient death’
    • by acknowledging that dying and death are normal rather than a failure of acute care
Health Promotion

• Public Health Promotion
  – educating public communities that death is normal, and dying occurs as patients near the end of life (EOL)

• Where does this happen?
  – schools, public spaces
    • Pubs, libraries, places of worship, hospices
  – policy, practice and language involving government
  – Health Care education across all sectors
    • Ex. Dying and death as a Public Health issue PHO Grand Rds
Compassionate Communities: end-of-life care as everyone’s responsibility

Kellehear A. QJ Med 2013, 106; 1071-75

- Model that engages communities in matters related to death and dying. For example
  - St. Christopher’s Hospice, UK, invite school children to
    - Learn about dying, death, practical care, and grief and loss
  - Osaka prefecture in Japan has a Day Care Centre for persons with dementia to actively participate
    - in designing meal menus, shop, then prepare their meal
    - shop owners learn about dementia and support the program
    - Impact: normalizes dementia, brings responsibility to communities, reducing health services and families stress
http://www.dyingmatters.org

Awareness Week 2014 impact report

This year’s Dying Matters Awareness Week was our most successful yet, with widespread coverage and events and initiatives across England and Wales. Here’s what went on.
http://www.hospicenorthwest.ca/die-alogues
PH approach to PC

• Disease & injury prevention
  – Moving from multiple chronic illness management strategies to ‘whole-person care’ for ‘frailty’

• Population health assessment
  • ex. Identify the dying patient, understand the impact

• Surveillance
  – Palliative Care in the Community: Environmental Scan of Frameworks and Indicators

• Emergency preparedness ???
Quality End-of-Life Care Coalition of Canada,
Canadian Hospice Palliative Care Association,
and Government of Canada

PALLIATIVE CARE IN THE COMMUNITY:
AN ENVIRONMENTAL SCAN OF FRAMEWORKS AND INDICATORS
JUNE 2013

http://www.hpcintegration.ca/media/43475/TWF-Environmental%20Scan%20Report%20EN%20FINAL.pdf
What is GSF?

GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist care providers. This includes care:

- For people considered to be at any stage in the final years of life;
- For people with any condition or diagnosis;
- For people in any setting, in whichever bed they are in;
- Provided by anyone in health or social care;
- At any time needed.

We do this in a wide range of settings by providing a complete package to improve end of life care including:

- Quality improvement training programmes and quality assurance Accreditation
- Tools, resources and guides that are tried and tested
- Measures - evaluations and metrics, comparative and benchmarked and local support for best implementation and cross-boundary integration
DESCRIBE THE POTENTIAL OPTIONS FOR INCREASING EQUITY IN ACCESS TO PALLIATIVE CARE PROGRAMS
• Tackling issues of access to care and services
• ...there are gaps in ensuring seniors have access to a continuum of care – from home to palliative care.
• the level of care varies across Canada
• Underserviced communities may not have the resources to meet the needs of seniors with chronic and/or declining health conditions.
• Assisted living arrangements, long-term care facilities palliative and end-of-life care need to consider how to provide culturally sensitive services that meet the needs of Aboriginal and immigrant seniors.
Homelessness and end of life care

Practical information and tools to support the needs of homeless people who are approaching the end of life, and those who are bereaved

Peter Kennedy, Christina Sarafi and Wendy Greenish

Families caring for a life-limited child are under enormous emotional, physical and financial strain. These families have the same hopes and dreams as others. They are ordinary people leading extraordinary lives.

http://www.togetherforshortlives.org.uk

Are you a parent?

Are you a professional?
Priority 1

Every child should have access to children’s palliative care in the setting of their or their family’s choice and whenever they need it - 24 hours a day, seven days a week.

Life-limiting and life-threatening conditions can be unpredictable and exhausting, and caring for a child with one is a 24/7 responsibility. Yet many carers face a battle to access support outside of office hours, placing greater strain on families and increasing the likelihood of emergency admissions to hospital. The next government can take action by ensuring that:

- the NHS Outcomes Framework includes a new outcome measure to improve the experience of care for children and young people at the end of their lives
- the Clinical Commissioning Group (CCG) Outcomes Indicator Set stipulates that CCGs hold registers of children and record the number with end of life plans who die in the place of their choice
- it is made clear what (i) specialised and (ii) general children’s palliative care services are - and who commissions them

http://www.togetherforshortlives.org.uk
Existing Canadian success stories permission from Dr. Denise Marshall

• Community Capacity Development Model
  - in intervention studies across sectors and geographies
    – Rural and remote communities
    – Long Term Care Homes
    – First Nations communities in Ontario
  • Ex. Mary Lou Kelley CIHR funded research 2010-2015
DESCRIBE HOW PALLIATIVE CARE PROGRAMS CAN BE INTEGRATED INTO POPULATION-BASED SYSTEMS OF CARE
http://www.nhsinform.com/palliativecare
Increasing Equity Access to Palliative Care Programs

• Ontario strategies
  – Provincial Hospice Palliative Care Steering Committee
  – Provincial Hospice Palliative Care Clinical Council
    • Declaration of Partnership

• Canadian Initiatives
  – Quality End-of-Life Care Coalition of Canada, Canadian Hospice Palliative Care Association, and Government of Canada
    • The Way Forward Initiative
  – Canadian Society of Palliative Care Physicians
  – Physician Education
    • Post graduate education: College of Family Physicians of Canada, Royal College of Physicians and Surgeons of Canada
    • Undergraduate medical education in palliative care
ADVANCING HIGH QUALITY, HIGH VALUE PALLIATIVE CARE IN ONTARIO

A Declaration of Partnership and Commitment to Action

December 2011

We are approaching our palliative care partnership as a foundation for broader health care transformation and not just as a unique project for a specialized population.

Our vision

Adults and children with progressive life-limiting illness, their families and their caregivers will receive the holistic, proactive, timely and continuous care and support they need, through the entire spectrum of care both preceding and following death, to:

- help them live as they choose, and
- optimize their quality of life, comfort, dignity and security.

Our top three goals

To focus its efforts to improve health care in Ontario, the Declaration addresses three core system goals.²

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<tr>
<th>Quality:</th>
<th>Population Health:</th>
<th>Sustainability:</th>
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<tbody>
<tr>
<td>To improve client/family,</td>
<td>To improve, maintain and support the quality of life</td>
<td>To improve system performance by delivering better</td>
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<td>caregiver and provider</td>
<td>and health of people with progressive life-limiting</td>
<td>care more cost-effectively and creating a</td>
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<tr>
<td>experience by delivering</td>
<td>illness</td>
<td>continuously self-improving system</td>
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<td>high quality, seamless</td>
<td>ilnesses</td>
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<td>care and support</td>
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INTEGRATING A PALLIATIVE APPROACH INTO THE MANAGEMENT OF CHRONIC, LIFE-THREATENING DISEASES:
WHO, HOW AND WHEN?

Palliative Care Programs Integrating into Population-Based Systems

• International examples
  – Catalonia Spain, WHO PC demonstration project
  – Australia develops HPPC
  – United Kingdom,
    • HPPC, Gold Standards Framework
  – Scotland, 2008, Living and Dying Well
    • A national action plan for palliative and EOL care
  – Germany, France, Italy... through the European
Public Health and Palliative Care Conferences

• Innovations in Palliative Care: Palliative Care as Public Heath
  – McMaster University, Hamilton Ontario
  – November 26, 2014

• International Public Health and Palliative Care
  – May 11 – 16, 2015
  – Bristol, United Kingdom
The Division of Palliative Care
12th Annual Innovations in Palliative Care

“Palliative Care as Public Health: Living & Dying as a Community”

Wednesday November 26th, 2014
8:00am - 4:00pm

Royal Botanical Gardens
680 Plains Road West, Burlington, ON

http://survivornet.ca/en/event/conference_palliative_care_as_public_health_living_dying_as_a_community
4th International Public Health and Palliative Care Conference
Conference 11th - 16th May 2015, UK

Community Resilience in Practice
http://www.eapcnet.eu/Portals/0/Organization/Publications/European%20Insights/EJPC21(3)_Insight.pdf


http://www.dyingmatters.org

http://www.goodlifedeathgrief.org.uk


http://www.hpcintegration.ca/media/43475/TWF-Environmental%20Scan%20Report%20EN%20FINAL.pdf

http://www.phpci.info/#!about1/c1f7j
THANK YOU