

## End-of-Life Care

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End-of-life care refers to the “*care that is associated with advanced, life limiting illnesses and focuses on comfort, quality of life, respect for personal health care treatment decisions, and support for the family, psychological and spiritual concerns.*”<sup>1</sup> While end-of-life care is often used synonymously with palliative care, according to the Canadian Institute of Health Information (CIHI, 2011), its definition is broader than palliative care, and includes any type of care such as respite and home care etc.

### Background

British Columbians have recognized the importance of ensuring end-of-life care be made a top priority among government’s agenda. In B.C., the Ministry of Health and health authorities, along with health care providers plan and deliver hospice, palliative and end-of-life care for British Columbians. While there is consensus among government and care providers that there is a strong need to increase the accessibility and availability of community based services that deliver integrated end-of-life care that is sensitive to the changing needs of both patients and families,<sup>2</sup> nursing recognizes that currently, there is an inadequate level of comprehensive and integrated end-of-life care services to meet the needs of British Columbians. Through ARNBC’s consultations with nurses around medical assistance in dying, many nurses have indicated the need to continue to increase access to palliative care services not only for British Columbians whose death is foreseeable, but for individuals living with serious life-threatening illnesses as well.

As the province with the fastest growing rate of seniors, which is expected to reach a quarter of the total population by 2036, the discussion around end-of-life care is even more important to British Columbians. While the majority of British Columbians prefer to die within their homes and in their communities surrounded by family and friends, most are spending their last days in hospitals and long term care facilities.<sup>3</sup> In a study conducted in 2008 by CIHI about healthcare usage at end-of-life among British Columbians, between 2003 and 2004, the majority of deaths were attributed to life limiting diseases. However, only 15 percent of patients received palliative care. Moreover, while healthcare usage peaked during the last three to six months, individuals with chronic conditions and/or cancer had a significant need for a wide range of complex services before their final months of life.<sup>4</sup>

Further supporting the case for change is that a significant portion of end-of-life care is provided by informal caregivers, who report that a lack of support has negatively impacted their mental and physical health, and contributed to financial strains. While there continues to be strong shift towards community care, the inadequate level of resources within the community to support this shift is leading many British Columbians to fall through the cracks. The Select Standing Committee on Health’s<sup>5</sup> consultations with stakeholders across the province also indicate a greater need to invest in the palliative model of care, provide supports and services for patients, families and caregivers, invest in training, recruitment and retention of care providers to address end-of-life care needs, and focus on advance care planning.

1 BC Ministry of Health. (2013). *The province end-of-life care action plan for British Columbia: Priorities and actions for health system and service redesign.*

2 BC Ministry of Health. *End-of-Life Care.* (2017).

3 Canadian Institute of Health Information. (2008). *Health care use at the end-of-life in British Columbia.*

4 BC Ministry of Health. (2013). *The province end-of-life care action plan for British Columbia: Priorities and actions for health system and service redesign.*

5 Select Standing Committee on Health. (2016). *Improving End-of-life Care for British Columbians.*



# Issues Brief

## Key Messages:

- The majority of British Columbians wish to die at home and in their communities, however, end-of-life care services in B.C. are not meeting the growing demands, and as a result, most people die in hospitals or long term care facilities.
- Greater supports must be in place not only for individuals whose death is foreseeable, but for British Columbians living with serious life-threatening illness as well.
- Informal caregivers contribute significant time and money to caring for those who are dying, and must be better supported by government.
- While some progress has been made in the area of end-of-life care in B.C., continued advocacy is needed to ensure these issues are kept on the political agenda so that all British Columbians have access to readily available end-of-life care.

## Questions For Nurses:

1. How can the nursing workforce be better utilized to meet the growing needs of end-of-life care?
2. What key elements around end-of-life care should nursing schools across B.C. integrate within their nursing programs?
3. What professional development opportunities would you like ARNBC to develop and provide around end-of-life care nursing?

## Further Reading

- Select Standing Committee on Health. (2016). [Improving End-of-life Care for British Columbians](#).

