

Saskatchewan Hospice  
Palliative Care Association

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Saskatchewan Hospice Palliative Care Association

Spring 2006

## Board Highlights

"It's only when we truly know and understand that we have a limited time on earth – and that we have no way of knowing when our time is up, we will then begin to live each day to the fullest, as if it was the only one we had."

*Elisabeth Kubler-Ross*



- The Board held their regular meeting on May 5<sup>th</sup>.
- The Annual General Meeting & Education Day is set for **June 9<sup>th</sup>** at the **West Harvest Inn, Regina, Saskatchewan** - 4025 Albert Street, Regina, Saskatchewan.
  - All members please review the SHPCA Bylaws which will be discussed at the meeting.
- We are actively seeking nominations for Board membership. Elections will be held at the Annual General Meeting.
- New funding initiatives will presented at the AGM.
- Proposals were considered for a two day educational forum and Annual General Meeting in 2007 and will be presented for feedback at the Annual General Meeting.
- A flurry of activity has been occurring in the past several months and we would like you to notice we have an:
  - Updated website & new address – [www.saskpalliativecare.ca](http://www.saskpalliativecare.ca)
  - New phone number – **(306) 861-2568**
  - New email address – [info@saskpalliativecare.ca](mailto:info@saskpalliativecare.ca)
- We would like to extend our gratitude to Donna Wilkinson for all she has done for Saskatchewan Hospice Palliative Care over the years. We wish her well in her future endeavours.
- We would like to welcome Melanie Hartness to the SHPCA as our new Admin Assistant.
- We are anxiously awaiting a positive response from the Community Care Branch of Saskatchewan Health regarding our request for funding. We know that Palliative Care is on their radar screen.

*Stella Swertz*

President  
SHPCA



## Only 9% of Canadians discuss their end-of-life wishes with their doctor<sup>1</sup>

Advance Care Planning (ACP) is the process by which individuals can decide what they desire for end-of-life care. ACP guarantees a clear understanding of patients' wishes when they are no longer able to voice their opinion. The Canadian Hospice Palliative Care Association (CHPCA) is encouraging Canadians to undertake ACP to ensure a say in the decisions that will dictate their end-of-life care. This ensures that their family and friends are not asked to make those difficult decisions alone.

National Hospice Palliative Care Week is an occasion for Canadians from all walks of life, beliefs and values to reflect on the importance of quality of life right to the end. This year marks the start of a multi-year campaign focusing on ACP ([www.hospicepalliativecare.ca](http://www.hospicepalliativecare.ca)). This year's theme: "*My Living, My Dying. Informed, Involved and In-Charge... Right to the End*" captures the pressing need for Canadians to discuss their end-of-life wishes with their loved ones, friends, family and doctor. The need for this campaign is supported through a survey of 1,055 Canadians conducted by Ipsos Reid, and commissioned by CHPCA and GlaxoSmithKline Inc. to better understand attitudes and level of awareness of hospice palliative and end-of-life care.

**Sharon Baxter**  
Executive Director, CHPCA  
613-241-3663 ext. 224

"Just over 4 in 10 Canadians talk to their family members about their last wishes and only 1 in 10 discuss the issue with their doctor. Statistics show that there is room for improvement, especially in talking to doctors and health care professionals about end-of-life wishes." said Sharon Baxter, Executive Director of CHPCA. "This is why this campaign is needed. It encourages Canadians to step forward and discuss these sometimes difficult issues with their loved ones and healthcare professionals. It also demystifies a subject that is too often silenced by taboo and convention."

"Although discussing advance care planning with your loved ones is a difficult thing to do, it is a step forward in guaranteeing that your last wishes are observed and respected no matter what." said Pat Van Den Elzen, CHPCA President.

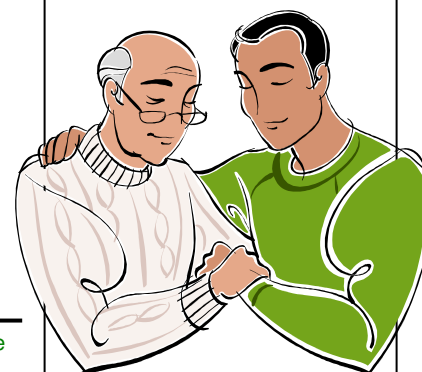
CHPCA is the national voice for Hospice Palliative Care in Canada. Advancing and advocating for quality end-of-life/hospice palliative care in Canada, its work includes public policy, public education and awareness. Established in 1991, its volunteer board of directors is composed of hospice palliative care workers and volunteers from Canadian provinces and territories as well as members-at-large.

**Jean-Bruno Villeneuve**  
Project Coordinator  
613-241-3663 ext. 224

Between 5% - 15% of Canadian have access to hospice palliative care services.



A 2004 Ipsos-Reid survey reported that on average, Canadians estimate that 54 hours per week would be needed to take care of a dying loved one in their homes.



<sup>1</sup>This telephone survey was conducted by Ipsos-Reid from December 9<sup>th</sup> to 11<sup>th</sup>, 2003. With a sample of 1,055 the results are considered accurate to within  $\pm 3.1$  percentage points, 19 times out of 20, of what they would have been had the entire adult Canadian population been polled. These data were statistically weighted to ensure the sample's regional and age/sex composition reflects that of the actual Canadian population according to the 2001 Census data.



The Canadian Hospice Palliative Care Association (CHSPCA) is opposed to legalized euthanasia and assisted suicide.

We call instead for hospice palliative care services to be accessible to all dying persons in Canada, their families and caregivers.

Comprehensive hospice palliative care addresses the pain and suffering of persons living with life threatening illness and their families. In Canada, people have the right at any time to refuse or stop treatment.



# The Values of Life

by Pastor Dennis Serfas,  
Director of Spiritual Care  
Prince Albert Parkland Health Region

Sometimes we don't like to think about the future to avoid having to make decisions. Some have everything planned to the smallest detail; others have never put much or any planning into it at all. However, life is something that happens whether we have made plans for it or not, it is out of our control. It would be nice to know that there are at least some things we can have control over. Our health will not doubt change, if it hasn't already, whether we want to think about it or not. It can give us a sense of independence when we have thought about, discussed, and implemented a plan of action so that our family members and we are all on the same page so to speak. It is much easier to make difficult decisions in advance than during a crisis when there might be little or not time for discussion or agreement. That's the main purpose why most Health Regions and encourage patients and families to talk about their health wishes and translate those discussions into a written document known as a Living Will or Health Care Directive.

It basically comes down to our attitude and our values about life. Sometimes our values are in conflict. The good we are looking for is often accompanied by the very thing we wish to avoid but cannot. Indeed, there are times, when we cannot separate the wheat from the weeds. The answers to the question of what is the best thing to do under certain circumstances are not easy. When we make difficult decisions we should not do it in isolation of our spirituality. Spirituality is about relationships. Spirituality has been

defined as the Upward, Inward, and Outward aspects of a relationship, which connects us to something other than ourselves.

The Upward relationship is having a connection with something larger or higher than you and me. The Upward aspect carries with the idea of the person searching and at the same time the anticipation of finding and establishing that connection.

The Inward relationship is more about the balance in one's life due to a belief system. It asks the questions: "Who am I? What is my purpose? Does what I believe bring me hope, peace and assurance?" Thomas Moore wrote, "Spiritual emptiness doesn't lead to resignation or depression; on the contrary, it gives hope and frees us from the anxiety of having to be in control. Emptiness is the essence of religion and the spiritual life."

The Outward relationship affects our life in the community. The community from which we come influences who we are. There comes a time, especially in illness, that we have no control over what comes next. But we do have options in how we cope with whatever comes next. Often the crisis of illness awakens the spirituality within us.





# Saskatchewan Palliative Care Contacts



This is not a complete list and will continue to be updated as information becomes available. If there are any errors or omissions please let us know by phone at (306) 861-2568 or by email at [info@saskpalliativecare.ca](mailto:info@saskpalliativecare.ca).

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## Keewatin Yatthé RHA

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## Prairie North Health Region

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## Sun Country Health Region

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## Sunrise Health Region

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## Did you Know?

- Canadians living in remote and rural areas, or those living with disabilities, have severely limited access to hospice palliative care services.
- Government funding of community-based hospice palliative care has not increased proportionately, leaving a significant gap in the health care system.
- Only two provinces and one territory cover the cost of all medications for home-based care, leaving a significant gap in health care and increasing the financial cost to caregivers.
- As a leading-edge company, GlaxoSmithKline offers 13 weeks paid leave to their employees who require time off to take care of a relative.