

Make a commitment to Hospice proposal

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No provincial government in recent memory has been more vocally committed to the principles of innovation, rational problem solving, and partnership between the Legislature, the private sector and the community. When it comes to translating innovative ideas into reality, though, the Graham government is still falling short of its inspiring rhetoric.

The slow progress toward an anglophone medical training program is one example. Hospice of Greater Saint John is another.

For several years, Hospice has lobbied the provincial government to fund a 10-bed residential facility to care for the dying. Hospice would pay \$100 per patient day, the province, \$200. Offering end of life care in a residential setting is more soothing, and it frees up hospital beds for acute care patients, such as those recovering from surgery. Hospice has calculated that their residence would allow the province to reallocate \$2.28 million a year to treating acute care patients.

This proposal has attracted interest from Health Minister Michael Murphy and Social Development Minister Mary Schryer - yet neither the government's four-year health plan nor its 10-year seniors' care plan offered a definite commitment. It's not as though this is a radical idea. Seven provinces host residential hospices or hospice networks, with some governments providing up to 90 per cent of the operational costs. The investment is paid back many times over elsewhere in the health care system.

Hospice officials hope a meeting later this month with Minister Schryer will produce results. So do we.

A government that asks for innovation and partnership, as this one has, must follow through, or risk alienating the public it is trying to engage.