

Minister's math is out

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Hospice of Greater Saint John's proposal to open a palliative care home is very precise. Organizers know how many patients are waiting, what the cost of the operation will be, and the dollar value of the benefits it will produce.

Health Minister Michael Murphy's objections are also precise. This is good news for Hospice's supporters, because the minister's cost projections are inaccurate. If cost is the main impediment, we're confident a thorough review of Hospice's proposal will change government's mind.

Hospice officials have calculated that their home will cost \$300 per patient per day to operate. Hospice is prepared to cover \$100 per patient if the provincial government pays \$200.

Mr. Murphy doubts the facility could provide care so cheaply. This seems a bit presumptuous. It is also a moot point, if the cost to the province is locked-in at \$200 per patient per day. This is little more than half the \$385 per day Mr. Murphy says it costs to keep patients in palliative care beds. For patients occupying acute care beds, the cost savings rises to about \$800. A 10-bed hospice taking 200 patients a year out of the hospital would free up \$2.28 million in acute care funding.

Mr. Murphy disputes the idea that 200 patients die in acute care beds in greater Saint John each year. We do not. Dr. Chris O'Brien is the medical director of the palliative care unit at Saint John Regional Hospital and honorary medical director of Hospice Greater Saint John. If anyone is in a position to understand how many patients are in need of palliative care, how they are treated, and at what cost, it is Dr. O'Brien.

Hospice's cost projections are credible, and so is the range of expertise that has gone into crafting its proposal. In addition to Dr. O'Brien and oncologist Dr. Nancy Grant, Hospice has sought advice from Tony Clement, former health minister in Ontario and, until recently, federal minister of health. Mr. Clement oversaw the creation of a hospice network in Ontario.

Hospice's proposal has also received the support of Liberal Senator Sharon Carstairs, who was given national responsibility for improving palliative care under prime minister Jean Chrétien.

Hospice of Greater Saint John's proposal is founded on a precise analysis of the cost of care in New Brunswick and modeled on hospices that have worked elsewhere.

Since the minister of health's critique is strictly numerical, we respectfully suggest the government take a closer look at its figures. Mr. Murphy has not met with Hospice officials to discuss their offer. Until some senior minister does so, we are not prepared to close the door on the proposal.

The hospice model could be employed in every community that houses a regional hospital. The savings it generates could be used to cut the cost of health care or to reduce delays for surgical procedures produced by a shortage of beds.

New Brunswick needs this innovation. It's up to the Premier and minister of health to figure out how to employ it.