

Hospice economics lost on government: senator

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SAINT JOHN - Unless governments can shut down acute care beds and save cold, hard cash, it's hard to convince them of the economics of paying substantially less to palliate patients in a residential hospice, says a Canadian senator who has been instrumental in putting palliative care on the political agenda.



Cindy Wilson/Telegraph-Journal

Senator Sharon Carstairs says only 37 per cent of Canadians have access to quality end-of-life care and the problem is going to get worse as the population ages.

"If you could take 10 beds and put them in the hospice, will that mean 10 less acute-care beds in your hospital?" Sharon Carstairs said in an interview on Wednesday.

"Probably not. Because somebody will want those beds for something else, so that the pressure on the health care dollar doesn't ease.

"That's the fear of government.

"That's where the economics become a difficulty."

Carstairs was in the city to speak to a luncheon meeting sponsored jointly by the Saint John Board of Trade and Hospice of Greater Saint John.

Hospice contends that palliative care patients occupy more than 200 acute care hospital beds each year - beds that are meant for emergency room admissions and post-operative care.

Because palliative care patients in hospital cost the province \$800 more per patient per day than better care in a hospice would, a palliative care residence would allow more than \$2.28 million a year to be reallocated to acute care services, they say.

Still, Hospice has received no long-term commitment from the province to fund the beds.

"You have to have a minister of health and board who say, 'We will be prepared to change the dynamic,' to close two or three beds in the hospital in order to end up with these hospice beds because, otherwise, there will be no savings to the system," she said.

Hospice of Greater Saint John is renovating a stately residence at 385 Dufferin Row that will provide palliative care for people suffering from terminal medical illnesses such as cancer, heart and kidney disease or severe stroke.

The hospice board is adamant that there will be no co-pay to patients; under its plan, the government would fund \$200 a day per patient, with Hospice providing the additional \$100.

The funding dilemma is not unique to Saint John or New Brunswick, Carstairs said.

Only 37 per cent of Canadians have access to quality end-of-life care, she told the group, and it is going to get worse as the population ages. By 2026, she said, one in five Canadians will be over age 65 and New Brunswick, statistics say, will have the second-highest percentage of seniors.

"What's going to happen when, in this city, twice as many people are dying each year? Does that mean 18 per cent will have access to quality end-of-life care? That's the dilemma we are facing," Carstairs said.

Some people may see euthanasia or assisted suicide as their only "out," she said and, although there may be room for debate on the issue, citizens should at least have a choice, she said.

"If they know their pain can be managed, they might not be so quick to choose the 'ultimate option.' "

The voices of Hospice Saint John and other proponents of a residential hospice must be the voice of the dying, she said.

"Our health care system is not designed to look after people who are dying," she said. "It is designed to help people get well."

Keeping up political pressure on Health Minister Mike Murphy is the only way to convince him to fund a residential hospice, she said.

"It's a political decision. It's also, in my view, a good economic decision.

"Keep on pushing because, once that hospice is built, it's going to be difficult for the province to refuse to fund it."