



Sandy Johnson, left, Dr. Chris O'Brien, centre, and Dr. Nancy Grant are looking to partner with the province to establish the first hospice residence in Atlantic Canada at 385 Dufferin Row. Hospice of Greater Saint John is holding an open house Saturday from 1:30 p.m. to 3 p.m.

## **Residential hospice: The right thing to do Health care Group making strong pitch for province to change way it delivers palliative care**

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**SAINT JOHN** - A group pushing for a residential hospice in Saint John is certain that Health Minister Michael Murphy believes the idea is a good one.

In fact, Hospice of Greater Saint John is so confident that it has taken a huge leap of faith and purchased a West Side building at a rock-bottom price from the Sisters of Charity.

It makes sense that the group is so optimistic.

It's not only the right thing to do, says Dr. Chris O'Brien, who the director of the Saint John Regional Hospital's palliative care unit and honorary medical director for Hospice, but the plan to open a homey residence where dying people can spend their last days is cost-effective.

O'Brien says it would help free up 200 of the Regional Hospital's acute-care beds - beds that are now being used by palliative care patients and cost \$1,000 a day when occupied. Compare that to the cost of caring for a patient at a hospice is \$300 per day, say proponents, because, apart from medical staff, many workers are volunteers.

A residential hospice provides holistic palliative care in a home environment - a place that provides comfort and treatment to make a dying person's final days comfortable for both the patient and the family.

An innovative cost-sharing scheme that Hospice has suggested to the province is modelled after one that is working well in Ontario, which has 30 residential hospices, and one that federal Health Minister Tony Clement knows inside and out, since he was that province's health minister when the program was implemented.

Clement told Murphy last spring that he would support piloting a residential hospice in Saint John and that Murphy was welcome to use some of the \$26 million he committed to New Brunswick via the federal government's wait-time guarantee trust fund.

"If your provincial government supports this, I will look very seriously at this' - those were his exact words," says Dr. Nancy Grant, founder and honorary chairwoman of Hospice. "In the end it didn't happen. I'm not sure what went awry there."

Local advocates have taken the Ontario model a step further, suggesting that funding doesn't have to come totally from the health department; it could come, in part, from departments, like Family and Community Services.

Hospice of Greater Saint John has also offered to cost-share the residence with the province.

"Using the Ontario model, the operational costs of a 10-bed residential hospice is \$800,000 a year," said Grant. "We can't raise that kind of money so we're asking them to do as Ontario does and fund 70 per cent of that. We're asking them to fund \$580,000 a year and we'll pick up the other \$220,000. It seems like it's a small step towards self-sufficiency."

The Hospice executive has agreed, said Grant, that it is just not comfortable asking patients to co-pay their stay at the residence.

"That's something we can't ask people to do in the last few weeks of life. We'll pay the co-pay. We're not saying to the province, 'give us something.' We're saying, 'please participate with us in providing quality care to these people'."

Grant, O'Brien and Hospice executive director Sandy Johnson are at a loss to understand why Murphy hasn't pledged any funding, especially since it fits perfectly into the province's long-term health care strategy and seniors plan due to be released next month.

There are two issues, says Grant - quality of care and better use of health care dollars.

"What we're talking about is increasing access to good, hospice palliative care and increasing access to acute-care beds," she said.

Hospice of Greater Saint John began talking to government about the need for a residential hospice about five years ago.

"At that time, we were talking only quality of care and the right thing to do. What they wanted to hear was the dollars and cents," said Grant. "So we decided to tackle it from the business aspect, from the aspect of not only quality of care but cost-effective care."

If Saint John's residential hospice gets up and running, it would be the first in Atlantic Canada.

"Eventually, government is going to have to do this because of the numbers of aging people and people dying of chronic illnesses," says Grant. Of 1,000 deaths in Greater Saint John per year, 800 were palliative, as opposed to sudden, according to statistics gathered by Hospice. By 2025, that number is expected to more than double.

In addition to the 200 people dying each year in acute-care hospital beds, there are 200 dying at the Regional Hospital's palliative-care unit.

"It seems to make sense to do it now in partnership with an organization that's willing to cost share and already has an established program in the community, a good profile and the ability to do this with government."

Hospice is hosting an open house Saturday from 1:30 p.m. to 3 p.m. at the residence, located at 385 Dufferin Row. It has asked Murphy several times to visit the building it hopes to transform into a residential hospice, says Johnson, with no response.

"He supports it in principle," said Johnson. "He sees it the way we see it. But they just don't have the money, so to speak, to fund it and he's trying to find a way around that."