



### New QELCCC Report: Provinces and Territories Making Progress in Providing Palliative Home Care but Inequalities in Access Still Exist

With a rapidly ageing population and a rise in the number of individuals being diagnosed with advanced illnesses such as cancer, it is vital that all Canadians have access to programs, support and treatments that will provide them with comfort and dignity at end-of-life; however, results of a new Progress Report show that at least two thirds of Canadians (63 per cent) who are dying, do not have access to adequate hospice palliative care. Hospice Palliative Home Care in Canada: A Progress Report, released May 13 by the Quality End-of-Life Care Coalition of Canada (QELCCC), reveals that 13 jurisdictions across Canada have in fact made progress in improving access to palliative home care services (case management, nursing, personal care and pharmaceuticals) – but there is still much more work to be done.

*If all variables remain the same, Canada can expect to have more than 750,000 people in need of palliative home care in just over 30 years*

“We gathered information from the provinces and territories through the Pan-Canadian Gold Standard for Palliative Home Care survey, and compiled it into the Progress Report in order to help jurisdictions report on the progress made in providing palliative home care,” said Sharon Baxter, QELCCC Secretariat and Executive Director, Canadian Hospice Palliative Care Association. “We have seen significant improvements in palliative home care across the country, but access to comprehensive services in most jurisdictions is limited by the lack of nurses and physicians who are trained in palliative care. While this remains problematic in most urban areas, it is even more so in rural areas.”

There is a growing trend toward Canadians wanting to die at home, yet 60 per cent of deaths in Canada occur in hospitals.

*continued on page 4*

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# President's Letter

## Larry Librach, President of CHPCA



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#### CHPCA

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#### Advocacy: A Responsibility for All

In this edition of AVISO, Sharon Baxter reviews an important aspect of the work of CHPCA, our involvement and leadership with the Quality End-of-Life Care Coalition of Canada (QELCCC) and the Pan-Canadian Gold Standard in Palliative Home Care project. The CHPCA's current Mission Statement states that we will strive to achieve our mission through, in part, "advocacy for improved hospice palliative care policy, resource allocation and supports for professional, informal and family caregivers." This means that the CHPCA must take action to promote and protect the interests of the people we care for, dying patients and their families. There is a balance that we must keep in doing so. A harsh, adversarial approach often generates backlash and may actually make the situation worse. The approach taken in the newly released document, *Hospice Palliative Home Care in Canada: A Progress Report*, has been a collaborative one: the CHPCA worked with members of the QELCCC to produce it, and also worked with the provincial associations to gain their input as well as to assist in using it to its full advantage. The report itself holds nothing back in terms of displaying the facts of both positive and negative aspects of home palliative care across the nation. So now what?

All of you involved in providing palliative care need to assume a role of advocacy in this area. The report was prepared with input from government sources. So, the questions you need to ask as you review the report are as follows:

- Does this report reflect accurately what is happening at the home bedside in your province?
- If your provincial government is talking about improved home care services, are they actually delivering that service?
- What are the continuing deficiencies or gaps you are finding in palliative home care in your province?
- What do other provinces have that you would want in your province?
- What possible solutions might actually improve the situation?
- How can we achieve better integration of home palliative care with the rest of the health care system and the palliative care continuum

in your province?

- How do you want your provincial association to respond to this report?

Without your advocacy locally, this report (and others like it) may just gather dust with a lot of other reports. System change requires local and vocal champions. You need to make your views known through your provincial associations, through publicity to enhance public awareness, through letter writing, e-mails and other tactics to keep the issue alive with system leaders, hospice palliative care agencies and programs and politicians. It is a continuing role for the CHPCA and the QELCCC to monitor this issue. If you have comments for the CHPCA, please send an e-mail to info@chpca.net or write to Sharon Baxter or me at the CHPCA. We will collate your responses and keep the issue of palliative home care front and centre in our overall quest for the best quality hospice palliative care.

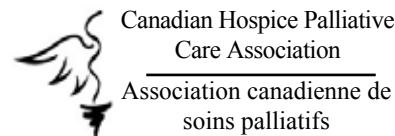
Looking more internally, the CHPCA Board of Directors has been working hard on two initiatives that you should be aware of: a strategic plan and a Memorandum of Understanding.

In the fall, the Board of Directors of the CHPCA will begin developing our next strategic plan for the Association. A web-based consultation process is being developed as a means to gather comments, suggestions and guidance from you, our members. We need to hear from as many of you as possible, so please stay tuned for this important piece of upcoming work.

The development of a Memorandum of Understanding (MOU) between the CHPCA and the provincial associations has been a work in process for over 18 months now across the country. We are pleased that we are closing in on a final draft now, and hope to launch the new MOU at the next Canadian Hospice Palliative Care Conference.

On that note and in closing, I would like to remind you of the 2008 Canadian Hospice Palliative Care Conference coming up October 26-29, 2008 in Charlottetown, PEI (see page 11 for more information). I hope to see many of you there.

# News from the Provinces



Canadian Hospice Palliative  
Care Association  
Association canadienne de  
soins palliatifs

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### Alberta

In April 2008, the Alberta Hospice Palliative Care Association (AHPCA) hosted a formative meeting for the Quality End of Life Care Coalition of Alberta (QELCCA). Representatives from various sectors were invited to attend, and Sharon Baxter, CHPCA Executive Director lead the discussion and facilitated the day-long meeting.

Participants came from across the province including Edmonton, Calgary, Lethbridge, Red Deer and Fort McMurray, and represented a cross section of disease-specific groups, regional health authorities, hospitals, seniors, hospice organizations, and social worker, nurse and physician associations.

The workshop groups unanimously agreed that there would be an advantage to an Alberta Quality End-of-Life Care Coalition, and together identified key end-of-life issues in Alberta, and discussed priorities and strategies.

The group identified over 20 key issues at the meeting and focused on developing strategies for the top five priorities. Emerging issues included: rural issues; navigation/case coordination/caregiver issues; integration between settings of care – cycling, private sector; health human resources – staffing, volunteering, education for providers; awareness and education – public engagement and community development.

Leadership for the QELCCA will come from within, and the AHPCA will act as the Secretariat for the group. Over the next couple of months, its Steering Committee will create terms of reference, goals and objectives. To keep interest high and the momentum moving, the group hopes to form Working Committees to review priorities and roll out plans to undertake one or two goals that can be achieved over the next year.

The first meeting has led to the beginning of many significant partnerships, and together the QELCCA will make a difference.

### New Brunswick

During the spring session of the New Brunswick Legislature, two important documents were presented by their respective ministers – a new Health Plan by the Honourable Mike Murphy, Minister of Health, and a new Long Term Care Strategy for Seniors, by the Honourable Eugene McGinley, Minister of State for Seniors. While the Long Term Care Strategy makes specific mention of the delivery of hospice palliative services, both documents need to be read hand-in-hand to get a sense of where hospice palliative care fits into the grander scheme of things. Of course, the NBHPCA is pleased to see both of these documents, and pleased that part of these frameworks was based on our input.

The NBHPCA Annual Conference and Annual General Meeting was held in Moncton on April 18th with guest speakers Dr. Russell Goldman, Assistant Director of the Temmy Latner Centre for Palliative Care (Toronto), Dr. Andrée Lirette, Radiation Oncologist (Moncton), and Dr. Catherine McNally, Palliative Care Physician from the Annapolis Valley, Nova Scotia.

At the Annual General Meeting following the conference, acknowledgement was made of the contribution of retiring Board Members, Dr. Syd Grant (Vice President), Jane Van Horne (Secretary), Apryl Jewett (Region 3 – Fredericton area) and Carmen Bouchard (Region 6 – Bathurst area). Dr. Grant has given tirelessly of his time and effort in promoting hospice palliative care in New Brunswick for as long as the NBHPCA has existed. We welcomed Karen Ouellette, St. Stephen, Executive Director of Hospice of Charlotte as the new VP, Mary Hitchman of Miramichi as the new Secretary, Manon Goupil (Region 6) and Brenda Haslam-Layden (Region 3).

*continued on page 7*

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### Member-at-Large

Solange Lévesque  
(Montreal, Quebec)

Andrea Taylor  
(High River, Alberta)

*continued from page 1*

One of the main reasons that people need to be hospitalized at end-of-life is to gain access to the medications they need with no financial burden for their families. Almost all of the responding jurisdictions provide palliative home care teams with access to treatments and medical supplies; however, access is limited in rural areas.

“Although provincial and territorial governments have made considerable progress in improving access to treatments and medical supplies, provincial drug plan programs must offer access to a broader range of medications,” said Ms. Baxter. “This will help to ensure that palliative home care patients experience reduction in pain and suffering at the end of life.”

Only four of 13 jurisdictions (Ontario, New Brunswick, Nunavut and Yukon) report tracking wait times for patients in need of palliative home care. All jurisdictions have some form of eligibility criteria, yet several indicated that being eligible for palliative home care does not necessarily mean that patients will receive that level of care in a timely manner.

“The wait times for these essential services are not being tracked or managed by most of the jurisdictions that were surveyed – this is a serious issue given that palliative care patients are in their final moments of life and should not have to wait for care. While progress has been made in home care settings, at best, no more than 37 per cent of Canadians dying are receiving the kind of care that they require. It is clear that more needs to be done to provide care in hospitals, long-term care homes, residential hospices and on the street,” said Ms. Baxter.

### **Key Progress Report Highlights**

All jurisdictions have a standard process to assess clients’ hospice palliative care needs as well as eligibility criteria for hospice palliative home care and all report that clients receiving hospice palliative home care and their families have access to advice from pharmacists

Twelve out of 13 report covering the cost of some medical supplies and equipment

or providing equipment lending service, and educating the public about the hospice palliative care services available in their province and territory

Eleven out of 13 provide coverage for a wide range of pharmaceuticals for people receiving end-of-life care at home; and the two that do not cover the cost of medications for hospice palliative home care are moving to do so

Eleven out of 13 promote a team based approach to care but only eight out of 13 provide some form of interprofessional education and training on hospice palliative care

Only nine out of 13 have policies on the distribution, storage, handling and disposal of pharmaceuticals administered in the home, and 11 out of 13 educate families on how to administer medications and monitor equipment

Only four out of 13 have explicit policies about ensuring access to case management, and six of 13 have policies about providing nursing and personal care services 24 hours a day, seven days a week; however, 11 out of 13 have or are already developing an information system to support case management, 10 out of 13 report having methods in place to give people equitable access to case management services regardless of where they live in the jurisdiction

Seven out of 13 support hospice palliative care research to some extent

### **About Hospice Palliative Home Care in Canada: A Progress Report**

In 2004, the federal, provincial and territorial First Ministers made a commitment to provide funding for certain palliative home care services and the CHPCA also made a commitment to report on the progress of end-of-life care at home. The CHPCA took the issue to the QELCCC who in turn asked the First Ministers to complete a survey based on The Pan-Canadian Gold Standard for Palliative Home Care.

Responses were received from 12 provinces and territories (Quebec did not participate). The federal government supplied a response

for one program (Veterans Affairs Canada), but did not provide a response that addressed the other populations for which the federal government has responsibility (such as First Nations and Inuit peoples and prisoners).

These responses provided an overview of palliative home care services in Canada to determine whether jurisdictions were meeting the urgent needs required by patients dying at home.

### **About the Quality End-of-Life Care Coalition of Canada (QELCCC)**

The QELCCC believes that all Canadians have the right to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice. The Coalition believes that achieving quality end-of-life care for all Canadians requires a well-funded, sustainable national strategy for palliative and end-of-life care. The QELCCC members work together in partnership to achieve this goal.

### **Coming in October! New Look for CHPCA Website**

The Canadian Hospice Palliative Care Association (CHPCA) has a great problem. The CHPCA website, last re-designed several years ago, has outgrown its structure. We feel that it is important to continue to house the many documents that currently reside on the website, but the quantity of those documents has increased as well in the past several years.

Therefore, over the summer, we will be busy re-structuring and re-designing the look of the CHPCA website. The new site will be launched at the Canadian Hospice Palliative Care Conference, October 26-29, 2008 in Charlottetown. We look forward to serving you better through improved navigation and document classification.

# National Office Update

Sharon Baxter, Executive Director



Hello everyone! Isn't spring wonderful, especially after the fairly harsh winter in many areas of Canada. It makes me realize just how immense a country we have. I am asked to speak at many venues, including some out of the country, and I always start with a slide of Canada and then superimpose the country of interest onto Canada – to date these countries include the United Kingdom, Ireland, Cuba and France. None of them added up to even half of one of our mid-size provinces. I always comment, "Just try providing quality services to all Canadians dying in every one of those tiny towns and villages!" Providing services to the big urban centres has some stresses and challenges but providing services to rural Canada definitely poses some unique challenges. I know we are up to the challenge.

On the policy/advocacy front, the Canadian Hospice Palliative Care Association (CHPCA) continues to work with the Quality End of Life Care Coalition of Canada (QELCCC) to pressure the federal government to not only consider a funded national strategy on hospice palliative care but also to ensure that existing strategies include end of life care in their planning and implementation strategies. Currently, the CHPCA is working with the Canadian Partnership Against Cancer in regards to hospice palliative care services. I hope to write more about this initiative in the fall of 2008.

By now, everyone in Canada should have heard about the report released by the QELCCC, *Hospice Palliative Home Care in Canada: A Progress Report*. This report provides an update based on the Pan-Canadian Gold Standard on Hospice Palliative Home Care (released by the CHPCA and the Canadian Home Care

Association in December 2006, which in turn was based on the commitments that governments had made to improving palliative home care services in the 2004 Health Accord). The federal, provincial and territorial governments were asked to measure themselves against the four standards published in the Pan-Canadian Gold Standard on Hospice Palliative Home Care. The report was released on May 14th, 2008 to much interest. So far, over 11 million Canadian watchers, listeners and readers have been informed of the results of the report. Media interest continues as well, with some outlets choosing to use the report as the spur to more in-depth articles.

Larry Librach eloquently spoke about advocacy in his column in this edition of AVISO, so I won't repeat anything here except to reiterate that we need all of your voices. If you would like to know how you might get involved, please contact Sharon Baxter via e-mail at [sbaxter@scchs.on.ca](mailto:sbaxter@scchs.on.ca).

The last few months have been busy at the CHPCA. We had a very successful Hike for Hospice Palliative Care, and an exciting National Hospice Palliative Care Week (NHPCW) with many things going on in communities across Canada. This coming year, the CHPCA hopes to launch a five-year project dealing with Advance Care Planning separate from the NHPCW. I would like to take this opportunity to thank our funders for supporting all of this outstanding work, as it allows local groups and associations to continue the important work they have at hand. For a list of sponsors, please turn to page 7.

Planning for the next Canadian Hospice Palliative Care Conference in Charlottetown, PEI, October 26-29, 2008 is exciting and the conference is shaping

up into a terrific educational opportunity. Please join us there.

I would like to close with a personal reflection. On May 14th, 2008, my grandmother passed away at the age of 93, after living with dementia for a number of years. She had a massive heart attack about a week before she died and we, her family, were very quickly thrust into a 24-hour a day caregiving situation. It was an honour for us to be able to provide this care for her, as she had spent most of her life caring for her family. It wasn't until after the fact that I reflected on just how intense this period of care was. We had terrific support and advice from the local hospice palliative care team, although she died so quickly that we didn't need to take advantage of some of the services I know are out there. On further reflection, I thought how glad I was that we as a family had clearly talked about her end of life wishes (advance care planning) and felt that we knew them – so there was no conflict.

It also makes me think how many caring people could and should be around a dying loved one to ease this journey, and I am concerned about our frail elderly who sometimes live in isolation in the country. For all of you caregivers and hospice palliative volunteers – a big thank you and a wish for this area to flourish in the future. We need you – Canadians need you.

A handwritten signature in cursive script that reads "Sharon Baxter".

# Volunteer Connection



## Volunteers Backbone of Day Program at Hospice Wellington

*Submitted by Evelyn Smith MacKay, Volunteer since 1984, Wellington Hospice, Guelph ON*

Volunteers are the backbone of Hospice and Palliative Care, no matter the location. We know and appreciate that and I hope they hear it often!

Volunteers make a huge contribution to our Day Program at Hospice Wellington, in Guelph, Ontario. It was begun a few years ago as many programs are, in response to a need expressed by clients. They wanted to have an opportunity to meet with others who were experiencing life challenges similar to their own; they felt the need to share and to gain some insights about coping with the changes they were going through, to find out if others were coping differently or simply to compare life events.

We started with a walking program, because during walks, clients could talk together as well as enjoy being outside in the fresh air. That didn't catch on, so we moved on to a program of meditation, following the lead of Dr. Alistair Cunningham, of Princess Margaret Hospital in Toronto. One of our staff had participated in that Toronto experience, knew of its positive results and we felt it could work for our population. We worked the chat time into this time period, either before or after the meditation, whatever worked.

Soon, we found that the best place to chat was over food and a once-a-month luncheon just seemed to happen! We found church groups and restaurants that were happy to provide a luncheon on a once-per-year basis, which meant we needed only 12 providers, so we soon were offering lunch every month to as many as 40 people. You know the story... entertainment was added. Local artists volunteered to come and sing or tell stories; sometimes clients were involved, sometimes they listened. Frequently, a client would tell the story of their life. That's a very important event, really, to have the value of your life confirmed by

friends at a time when full activity has become a memory, because being ill has a way of diminishing everything but the illness. So the telling of stories has become an interesting and insightful part of the program.

The meditative process proved to be a positive, relaxing experience and included clients (both palliative and bereaved), caregivers of loved ones who came for a few minutes of calm and quiet, and volunteers who came to offer their support. The program was successful. However, clients wanted even more! Some, who had already benefited from Therapeutic Touch as an outreach program, asked if they might have a treatment since they were at the offices anyway! So we added that...and then, some gentle exercise was suggested, so we found a wonderful volunteer to teach some Tai-Chi.

Since then, we have expanded to include Reiki treatments and as well, students offer massage treatment to those who have permission from their attending physician. The program is facilitated by volunteers, as is the complementary therapy. Some who came to Hospice as bereavement clients have taken volunteer training and stayed on to help.

This Day Program has been running for more than ten years, has survived a move and will soon undergo another. Our Hospice has bought a church which is soon to be converted to a free-standing, ten-bed Hospice! It is a very exciting time for everyone involved.

Clients and volunteers agree that this Day Program, held now every Wednesday, is a keeper!

### Ribbon Magnet Draw Winner!



Thank you to all who forwarded suggestions for items to include in the the CHPCA Marketplace. Congratulations to Nathalie Leclair, Near North Palliative Care Network in North Bay, ON, whose name was drawn for a complimentary ribbon magnet.

### ADVERTISE WITH US!

Whether you are looking for staff for your programs or would like to publicize your local conference or event, why not consider AVISO as part of your promotional plan? The CHPCA offers advertising rates that will work for you! With two rate plans, one for members and one for non-members, we can help get your message out.

Call the CHPCA today for more information at 1-800-668-2785 or send an e-mail to [info@chpca.net](mailto:info@chpca.net).

## Nova Scotia

### Advocacy Campaign a Success

The Advocacy Campaign undertaken by the Nova Scotia Hospice Palliative Care Association (NSHPCA) has resulted in the recent announcement of the hiring of a provincial palliative care coordinator who will be responsible for rolling out a provincial program. Thanks to national work in the form of standards, report cards and updates; to our public in the form of petitions; and to an unrelenting provincial board, the association can now get to the work of working with the province to ensure access to equitable quality end-of-life care for Nova Scotians.

### NSHPCA News

NSHPCA held its annual general meeting at the end of April with an exciting slate of new board members. Joining the board are: Louis Brill, Executive Director, Lung Association of Nova Scotia; Mary Hatcher, Executive Director, ALS Society of Nova Scotia; Kathryn Phillips, retired educator and palliative care volunteer; Monica Flynn, palliative care consult nurse; Gay Harley, Hospice Director; Mark Scales, Manger Palliative Care Services; Peter McDougall, Manager Palliative Care Services; Gerry Helm, Hospice Volunteer; Nancy Cameron, Palliative Care Nurse; and Dr Ann Francis d'Intino, Palliative Care Physician. Board members who are continuing their terms are Grace McConnell; Nancy Castlebury; Janet Carver; Krista McMullin; Tracey Meade; Judy Simpson; Maggie McGee; Alyson Currie; Marianne Arab; and Dr. David Henderson, who takes on the role of president.

Honorary Life Memberships were awarded to Bishop James Hayes for his pastoral leadership and support in palliative care in Halifax and to Gail Gordon for her palliative nurse leadership in the Kentville.

### Sydney Cape Breton Has a Palliative Care Unit "An Cala"

The An Cala Palliative Care Unit was officially opened on April 8 at the Cape Breton Regional Hospital. An Cala is Gaelic for The Harbour, a safe haven and a place of comfort. Health Minister Chris d'Entremont was on hand for the ribbon cutting ceremony for the new nine-bed unit. In recent years, a total of \$700,000 was raised by the Cape Breton Hospice Society and through memorial donations. The major fund raiser was the "Win the Cottage" Lotto which raised an additional \$300,000.

Thank you to the following CHPCA supporters:

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## Websites\*



[makingadifference.bmj.com](http://makingadifference.bmj.com)

[www.qualityoflifecare.com](http://www.qualityoflifecare.com)

[doulaforthedying.com](http://doulaforthedying.com)

[www.edmarc.org](http://www.edmarc.org)

[www.umanitoba.ca/outreach/vpnet/index.htm](http://www.umanitoba.ca/outreach/vpnet/index.htm)

[www.perinatalhospice.org/Perinatal\\_hospices.html](http://www.perinatalhospice.org/Perinatal_hospices.html)

\* Disclaimer: The content and opinions expressed in the web sites listed in this section are those of the authors and do not necessarily reflect those of the Canadian Hospice Palliative Care Association.



## National Hospice Palliative Care Week 2008

*“Advance Care Planning: Let’s Talk About It”*

National Hospice Palliative Care Week 2008 took place from May 4th to May 10th. This year marked the third year of a three-year campaign on Advance Care Planning, a process by which patients, families and health care professional(s) discuss an individual’s wishes about their health care choices at the end-of-life. Many Canadians believe that if they are healthy, they do not need to think about advance care planning. This year’s theme: “Advance Care Planning: Let’s Talk About It” emphasized the importance of having those conversations.

The Canadian Hospice Palliative Care Association (CHPCA) distributed national posters and other National Hospice Palliative Care Week (NHPCW) resources to over 500 hospice palliative care programs and services across Canada. The NHPCW resources were all available on the CHPCA website, including the posters. Communities throughout Canada held a variety of successful events, including hospice open houses, public lectures and dramatic presentations.

NHPCW is nationally coordinated by the CHPCA, with financial assistance from Bayshore Home Health, The GlaxoSmithKline Foundation, Health Canada, Valeant Canada Limited and Wyeth. The CHPCA is the national association which provides leadership in hospice palliative care and end-of-life care.

If your program or service is not registered with the CHPCA’s Canadian Directory of Hospice Palliative Care Programs and Services, please do so and you will automatically receive a NHPCW package in the future. The Directory can be found at [www.chpca.net/canadian\\_directory\\_of\\_services.htm](http://www.chpca.net/canadian_directory_of_services.htm), and registration directions are included on the website.

Please contact Linda Truglia, Project Coordinator, at 1-800-668-2785 ext. 228 or email her at [ltruglia@scohs.on.ca](mailto:ltruglia@scohs.on.ca). for more information on NHPCW 2008 or for ideas for next year’s NHPCW or visit our website at [www.chpca.net](http://www.chpca.net).

Thank you to all of you for making National Hospice Palliative Care Week a great success. Continuing to raise awareness around hospice palliative care is essential in providing high quality end-of-life care.

## Hike for Hospice Palliative Care 2008

**Over \$1 million raised across Canada**



Sunday May 4th, 2008

Weather conditions varied, but spirits were high on Sunday, May 4, 2008, as thousands of Canadians in more than 90 sites across Canada together raised over \$950,000 in the 6th Annual Hike for Hospice Palliative Care – an increase of more than \$150,000 over last year. Thanks to the generous support of founding sponsor The GlaxoSmithKline Foundation, home care exclusive sponsor Bayshore Home Health, and this year’s new sponsor Wyeth Pharmaceuticals, all proceeds remain in the local Hike site community.

Support for the 2008 Hike for Hospice Palliative Care was strong at all sites:

- In Woodstock, ON, Myrtle, an inspiring 84-year-old woman who promised her dear friend Leah, who passed away in VON Oxford -Sakura House, that she would raise funds for the Hike this year raised \$8,520.00.
- Another fabulous individual Rene, raised \$8,000.00 for the Hike this year.
- An amazing \$4,257.00 was raised in Brantford, ON, from a six-year-old fundraising for St. Joseph’s Lifecare Foundation.
- In the small community of Oliver, BC, Hike coordinator Hank O’Handley of Desert Valley Hospice, shared his story “I was working in my hardware store and one of my volunteers from another organization that we are both involved with walked into my hardware store and gave me a personal pledge of \$500.00. This man is not involved with hospice in any way but was moved by learning about what we are all about.”

The next Hike for Hospice Palliative Care is planned for May 3, 2009. Organizations interested in hosting may contact Linda Truglia at the Canadian Hospice Palliative Care Association either by phone at 1-800-668-2785 ext. 228 or by e-mail at [ltruglia@scohs.on.ca](mailto:ltruglia@scohs.on.ca).

## Tending Toward Silence

New Film by Hospice Volunteer Arlin McFarlane

Hospice volunteer Arlin McFarlane has a dream. She dreams of folks talking about how they might orchestrate their own last journey in life if they could. She is curious about how that might look. And to stimulate that discussion she has made a film.

Set in the Yukon, Canada, Tending Toward Silence weaves a story of three different moments: time in the hospital, a summer spent collecting rocks for a very special purpose, and a final leave taking.

The film took McFarlane six years to make, and was completed in September 2007.

"It takes about two years to find some money because film-making is not cheap," she explained. "And then one year, we ran out of weather and had to wait for the next year to shoot again."

McFarlane is developing a Study Guide with Hospice Yukon. She hopes to find a philanthropic sponsor to purchase copies of the films to donate to teaching schools and palliative care organizations.

"We'll see," McFarlane says, "It has taken six years to get this far."

Presently the film is going out to film festivals in Canada and Europe. Then McFarlane is hopeful that it might earn a spot at conferences on end-of-life issues.

Tending Toward Silence is a first film by theatre director Arlin McFarlane. The film was screened at the Dawson City International Short Film Festival in April 2007 where it won a MITY (Made in the Yukon) award for Best Emerging Filmmaker.

The film proposes that mental and imaginary realities can sustain us through difficult times. It attempts to bridge the world between life and death and suggests that our last journey has possibilities that we may not have considered.

## Room217 in the CHPCA Marketplace!

Room217 CD's available for purchase in  
the CHPCA's on-line Marketplace:



Each CD is \$18.99 plus shipping and handling. To order, visit [www.hospicepalliativecare.ca](http://www.hospicepalliativecare.ca) and click on the "CHPCA Marketplace" link. Audio samples available on-line at the Marketplace.

The Marketplace accepts MasterCard, VISA or cheque.



**The CHPCA Marketplace  
- Come Shop with Us!**

(cut here)

**With your help we can make a difference.**

If you would like to help our association ensure that all Canadians have access to quality end-of-life care, please complete the form below, make your tax-deductible donation payable to Canadian Hospice Palliative Care Association and mail along with this form to:



**CHPCA** Name: \_\_\_\_\_  
**Annex B, Saint-Vincent Hospital** Address: \_\_\_\_\_  
**60 Cambridge Street North** City: \_\_\_\_\_ Province: \_\_\_\_\_  
**Ottawa, ON K1R 7A5** Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_  
**Canada**

**Your generosity is greatly appreciated.**



## The GlaxoSmithKline Foundation

### Investing in Communities

Established in Canada in 1989, The GlaxoSmithKline Foundation is dedicated to making a positive difference in the quality of life of Canadians.

The Foundation is committed to the continued evolution of the hospice palliative care movement in Canada. Our support of the Canadian Hospice Palliative Care Association continues to facilitate a Canadian network striving for policy change and improvement in services, support and access to quality end-of-life care.

Living Lessons®, a partnership initiative between the Canadian Hospice Palliative Care Association and The GlaxoSmithKline Foundation, continues to help raise awareness and provide resources for patients, caregivers and healthcare professionals involved with end-of-life care in Canada.

[www.gsk.ca](http://www.gsk.ca)  
[www.living-lessons.org](http://www.living-lessons.org)



Available at the CHPCA Marketplace!

Pleased to be the official distributor of Living Lessons® materials.



**NEW!**  
**Influencing Change: A Patient and Caregiver Advocacy Guide (booklet)**

**You Are Not Alone (brochure)**



**Caregiver's Guide (booklet)**



To order any Living Lessons resources: visit [www.chpca.net](http://www.chpca.net) and click on the "CHPCA Marketplace" link. Shipping and handling charges apply. The CHPCA Marketplace accepts VISA, MasterCard or cheque.

The CHPCA Marketplace - Come Shop with Us!

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## Post-Basic Nursing Practice

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## Task Group Inukshuk: Linking Together with Canadian Council on Health Services Accreditation

*Submitted by Jerry Rothstein, Chair, Task Group on Best Practices and Quality in the Volunteer Component*

During the five years (2002-2007) that the Secretariat on Palliative and End-of-Life Care operated under Health Canada's Primary Care Division, a number of important initiatives were supported and completed. The Best Practices and Quality Working Group (BPQWG) was responsible for two, inter-related projects that have now come to a point of collaboration and synergy.

The first endeavour was a partnership between the BPQWG and the Canadian Council on Health Services Accreditation, the independent organization responsible for assessing and accrediting health services according to a set of standards and an evidence-based approach.

The CCHSA launched its standards, performance measures, and accreditation of hospice palliative and end-of-life care (HPEOLC) services in 2006, funded by Health Canada. The standards and accreditation process places emphasis on the volunteer component, which is essential to many HPEOLC services.

The second project was Task Group Inukshuk, which, through consultation and collaboration with volunteers, volunteer managers and educators, and representatives of other components of care, developed a model that includes standards of practice and tools for using them.

Representatives of CCHSA, the Task Group and the Palliative and End-of-Life Care Unit of Health Canada (that replaced the Secretariat in 2007) met in Ottawa in March, 2008, to explore the possibility of linking the two projects more strongly.

The meeting reached a strong agreement that envisions an on-going process to link the parallel efforts to educate practitioners about standards and how to achieve them:

- Some of the Task Force Standards will be directly incorporated into the CCHSA program.
- Extensive cross-referencing between the two models will be included.
- The CCHSA emphasis on Quality Indicators will help the Volunteer Model to evolve consistently.
- Practitioners will be introduced to the entire scope of practice needed to achieve accreditation.

This is a very encouraging step in the evolution of a quality and best practices focus, not only for the Volunteer Component but also for all components of the HPC Interdisciplinary Team.

For further information you may contact [taskgroupinukshuk@comcast.net](mailto:taskgroupinukshuk@comcast.net)

### Registration Fees

	<b>Regular (July 8 - Sept 30)</b>	<b>Late (Oct 1 and later)</b>
Member	\$575	\$625
Non-member	\$650	\$700
First Author/Presenter	N/A	N/A
Volunteer	\$425	\$450
Student	\$425	\$450
Daily	\$325	\$350

### Hotel Accommodation

A limited number of rooms are available at the:

Delta Prince Edward  
Charlottetown, PEI

Reservations: 1-888-890-3222

Special conference rate for all rooms booked by September 16, 2008 (pending availability, plus taxes), starting at \$149.00 (single) and \$169.00 (double).

Please make your own reservations, referencing the 2008 Canadian Hospice Palliative Care Conference, Group Block CD1024 to access the special room rate.

### Program Features

- CHPCA Interest Group Meetings
- CHPCA Annual General Meeting
- Satellite Meetings
- Plenary Sessions
- Concurrent Abstract Driven Workshop Sessions and Oral Presentations
- Concurrent Challenge Panel Sessions
- Poster Presentations
- Exhibit Hall
- Welcome Reception
- Memorial Celebration of Life
- Banquet

*For sponsorship and exhibit opportunities, contact:  
Jennifer Kavanagh (ext. 231) at 613-241-3663*

**October 26-29, 2008**

For more information, please visit: [conference.chpca.net](http://conference.chpca.net)

 Canadian Hospice Palliative Care Association  
Association canadienne de soins palliatifs



Hospice Palliative Care  
Association of PEI

# Yukon Palliative Care Program

Following years of planning, Yukoners can now access an integrated, multi-disciplinary care team specializing in hospice palliative care.

The Yukon Palliative Care Program is the product of a long-term collaboration between the Whitehorse General Hospital, First Nations Health Program, Yukon, Health and Social Services, Hospice Yukon Society, a palliative medicine physician, primary health care providers, and other local organizations, all of whom support individuals and families in need of hospice palliative services.

The program coordinates hospice palliative care services offered to Yukoners. The development and design of the program are based on CHPCA's "A Model to Guide Hospice Palliative Care" (March 2002). This model of care is designed to be a "program without walls," meaning people are supported, as much as possible, to access the care they wish to receive, when they wish to receive it, and in the setting they wish to receive it.

The Palliative Care Resource Team is well-suited to support integrated service across care settings and includes: a Clinical Resource Nurse, Clinical Resource Social Worker, Volunteer Coordinator, a manager, a Palliative Physician Leader and a Spiritual Care Associate.

The Volunteer Coordinator works with volunteers in rural and remote communities to complement the volunteer support available in the Whitehorse area through Hospice Yukon Society.

Palliative care resource team members will visit Yukon communities on a regular basis to provide public education sessions and information on supports available to both the public and primary health care providers.

The Yukon Palliative Care Program's number is (867) 456-6807.



## Improving Lives Through Innovative Products

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Home Health

## Extra palliative care could be just a phone call away

When palliative care is needed in a home setting, there can be concern over the amount of care available and potential financial burden.

While government programs typically provide this service, people sometimes need more than what's available. But the cost can be considerable.

Bayshore Home Health may be able to help you get the extra care you need. We are a national home care provider with more than 40 years of experience. Our experts understand the Canadian home care system and how it functions in each province.

Through established relationships with national insurers, we'll investigate if your personal or workplace policies cover palliative home care. We can also find out if you are receiving the full service available through your government program.

Extra palliative care could be a phone call away.

To find out more, please call our National Service Centre at 1.866.265.1920.

### Call for Papers - Aboriginal Hospice Palliative Care

The Canadian Hospice Palliative Care Association (CHPCA) and the Centre for Education and Research on Aging and Health (CERAH), Lakehead University, are working together to promote and facilitate a thematic issue of the Journal of Palliative Care on the topic of Aboriginal Hospice Palliative Care. Together we are promoting information about this thematic issue to a Canadian and international audience, and are encouraging researchers, clinicians and others who are knowledgeable about Aboriginal hospice palliative care to prepare journal manuscripts for submission to the Journal of Palliative Care. There are several different formats available for submissions, for example, case reports, research articles and forums. The CHPCA is facilitating the submission process; however, manuscripts are to be sent directly to the Journal of Palliative Care for peer review.

Since this is a highly specialized body of knowledge, the CHPCA and CERAH are requesting your assistance to distribute this call for manuscripts widely to people who are knowledgeable about Aboriginal hospice palliative care. Please contact Greg Adams ([gadams@scohs.on.ca](mailto:gadams@scohs.on.ca)) at the CHPCA with the names of any people you know of who might make submissions for this thematic issue (including your own name should you want to submit) and he will follow up with further information. Also advise Greg Adams if you know of others he could contact who might be well-placed to encourage submissions. Dr. Mary Lou Kelley of CERAH would be happy to discuss ideas with people about submissions ([mlkelley@lakeheadu.ca](mailto:mlkelley@lakeheadu.ca)).

This thematic issue is set to appear in September 2009. In order to meet publication deadlines, the Journal of Palliative Care will need to receive manuscripts by mid-February 2009 at the latest. All manuscripts submitted will be peer-reviewed.

#### REGINA PALLIATIVE CARE INC.



### Executive Director

*Regina Palliative Care Inc. (RPCI) is a group of individuals who share a common interest in the development and enhancement of programs and services in palliative care. These programs offer quality of life, comfort and care for those dealing with a life limiting illness throughout the period of bereavement. RPCI has a positive, collaborative relationship with the Regina Qu'Appelle Health Region and community partners and is recognized as a strong advocate for palliative and bereavement care for the community.*

We are currently seeking a talented and dedicated individual to fill the newly created role of Executive Director. This position is available on flexible full-time basis dependent on the needs of the successful candidate and RPCI.

The Executive Director, reporting to a volunteer Board of Directors is responsible for providing leadership in achieving RPCI's vision, mission and values. He/she will be responsible for the organization leadership and stewardship through the development and execution of strategic and operational plans. This individual will play an integral role in ensuring the development of good working relationships and collaborative arrangements with community groups, funders, government, and the public to help promote the goals and objectives of the organization.

Excellent communication, negotiation, and leadership/coaching skills are required. Also necessary is the ability to develop a strong sense of teamwork and to motivate and encourage a strong sense of commitment among team members.

RPCI offers a salary commensurate with qualifications and experience supplemented by an excellent benefit plan.

Qualified and interested applicants are invited to send resumes to:

Regina Palliative Care Inc.  
4F - 4101 Dewdney Avenue  
Regina, Saskatchewan S4T 1A5  
Office: (306) 766-2300

Alternatively, you may forward your resume by email to [contact@rpci.org](mailto:contact@rpci.org).

*(RPCI appreciates your interest in this position; however, only those applicants considered for an interview will be contacted.)*

# *2008 Award of Excellence*

***Do you know someone in hospice palliative care who is making a difference?***

***Take time to recognize their efforts—Nominate them today!***

## ***Award Purpose:***

- To recognize the outstanding national contribution of a CHPCA member who exemplifies professional and/or personal commitment and achievement in the field of hospice palliative care within Canada.
- To publicly acknowledge, celebrate and highlight exemplary efforts in the field of hospice palliative care.

## ***Award Spirit:***

Accomplished, Dedicated, Committed to Excellence, Champion, Compassionate and Knowledgeable

## ***Award Eligibility:***

The nominee is an exemplary CHPCA member whose excellence is devoted to hospice palliative care in Canada in either a paid or voluntary capacity. To be a recipient of this award, the nominee must have made an impact at the national level and contributed to the mission of CHPCA by enhancing the quality of life for individuals and their loved ones who are facing a life threatening illness and bereavement.

The Awards Selection Committee will also review nominees' contributions and leadership in the following areas:

- Key accomplishments in hospice palliative care
- Personal and/or professional commitment
- Volunteerism in service of advancing hospice palliative care in Canada
- Leadership in areas of hospice palliative care program development, policy and advocacy
- Development and involvement in hospice palliative care educational initiatives
- Community hospice palliative care outreach and development
- Advancement of hospice palliative care in areas such as best practices, interdisciplinary team and service delivery
- Research impacting hospice palliative end-of-life care

The award will be presented to only one individual in a given year and it is possible that it may not be granted every year.

## ***Nominations:***

For further details and to nominate an individual for this award, please go to [www.chpca.net](http://www.chpca.net) and follow the link to the Award of Excellence.

Submitted nominations must include the nomination form (including the signed consent of the nominee), two letters of support (i.e., from team members, families, colleagues) and a current CV of the nominee.

***Deadline for nominations: September 12th, 2008***



## Educating Future Physicians in Palliative and End-of-Life Care Project (EFPPEC) Draws to a Close

Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) strives to bring education in palliative and end-of-life care to all undergraduate medical students and clinical postgraduate trainees at Canada's seventeen Medical Schools so they will graduate with competencies in these areas by the year 2008. As of March 31, 2008 the EFPPEC Project has completed its objectives and has come to an end.

EFPPEC was established in early 2004 as part of national efforts to address the crucial need for appropriate education and training for all health professionals who are involved in providing palliative and end-of-life care.

Over the course of the project, EFPPEC has:

- Supported the development of consensus-based palliative and end-of-life care common competencies for undergraduate trainees in medicine and postgraduate trainees in key clinical specialties (e.g., internal medicine, surgery, family medicine, critical care).
- Established a national project team to act as a resource to support palliative and end-of-life care education across the country.
- Developed a network of palliative and end-of-life care educators (champions/opinion leaders) across the country that have helped develop, implement and evaluate education programs in palliative and end-of-life care.
- Developed an interprofessional team at each university to identify the gaps and opportunities related to education in palliative and end-of-life care (at their university), develop a strategy to address the gaps and implement the strategy. These Local Teams have been vital to the success of the Project.
- Facilitate the introduction of curriculum based on common competencies for all undergraduate and clinical postgraduate trainees at each medical school.
- Encouraged the introduction of palliative and end-of-life care questions in licensing and certification exams.
- Held a series of Educational Symposia designed to provide an opportunity for participants from all across Canada to share their ideas and information about curriculum development and educational research for physician education in palliative and end-of-life care.
- Organized a number of videoconferences as opportunities for Local Teams to network and learn more about each other's work.
- Developed an Advance Care Planning curriculum module, Facilitating Advance Care Planning: An Interprofessional Educational Program which includes an accompanying Teacher's Guide
- Developed an online repository for educational resources in palliative and end-of-life care. Intended as a forum for sharing curriculum and teach programs.

All resources are available for download from the Project website at [www.efppec.ca](http://www.efppec.ca) and the Palliative Learning Commons at [www.people-sp.ca](http://www.people-sp.ca).

### 2008 Canadian Hospice Palliative Care Association (CHPCA) Annual General Meeting

The CHPCA Board of Directors invites you to attend the Association's Annual General Meeting taking place on:

**Sunday, October 26th, 2008**

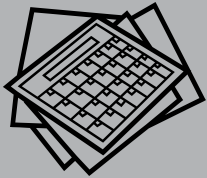
**3:30 – 5:30 pm**

**Confederation Centre for the Arts, Charlottetown, Prince Edward Island**

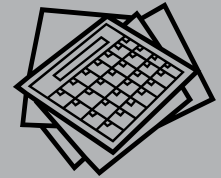
Highlights include:

- Presentation of the Annual Report and Audited Financial Statements
- President's Report and Executive Director's Report
- Election of Members-at-Large
- Presentation of Proposed Amendments to the CHPCA By-Laws
- Presentation of the Award of Excellence, Champion Award, Leadership Award and Media Award
- Guest Speaker: Senator Sharon Carstairs

Please plan to join us as we celebrate our achievements and reflect on the future of hospice palliative care in Canada. For further information please contact [info@chpca.net](mailto:info@chpca.net).



# Mark Your Calendar



Year	Date	Event	Information
2008	July 10-13	Compassion and Wisdom at the End of Life: Perspectives and Practices for Caregivers Santa Fe, New Mexico	<a href="http://www.upaya.org">www.upaya.org</a>
2008	August 17-22	12th World Congress on Pain [The International Association for the Study of Pain] Glasgow, United Kingdom	<a href="http://www.iasp-pain.org/2008Congress.htm">www.iasp-pain.org/2008Congress.htm</a>
2008	August 26-27	Hospice & Palliative Care in Developing Countries Fresno, California, USA	<a href="http://www.hindshospice.org">www.hindshospice.org</a>
2008	September 10-13	Hospice Association of Ontario Conference Georgian Bay, Ontario	<a href="http://www.hospice.on.ca">www.hospice.on.ca</a>
2008	September 11-12	Hospice & Palliative Care Manitoba's 18th Annual Conference <i>The Many Faces of Palliative Care</i> Winnipeg, Manitoba	<a href="http://www.manitobahospice.ca">www.manitobahospice.ca</a>
2008	September 23-26	17 <sup>th</sup> International Congress on Palliative Care Montreal, Quebec	<a href="http://www.pal2008.com">www.pal2008.com</a>
2008	October 1-5	Presence & Compassion: Contemplative End-of-Life Care Santa Fe, New Mexico	<a href="http://www.upaya.org">www.upaya.org</a>
2008	October 26-29	2008 Canadian Hospice Palliative Care Conference Charlottetown, Prince Edward Island	<a href="http://www.conference.chpca.net">www.conference.chpca.net</a>
2008	November 22	14th Annual Conference: The Science & Art of Pain and Symptom Management Toronto, Ontario	<a href="http://events.cmetoronto.ca/website/index/ONC0802">http://events.cmetoronto.ca/website/index/ONC0802</a>

**DISCLAIMER:** The Canadian Hospice Palliative Care Association provides information on hospice palliative care programs, services and events, both in Canada and internationally. The Canadian Hospice Palliative Care Association, its employees, Board of Directors, and members do not endorse any of the events listed above, and therefore are not responsible for the content and the opinions expressed within the events.

## New! Palliative Learning Commons

The Educating Future Physicians in Palliative and End-of-Life Care (EFPPEC) Project, in collaboration with the Pallium Project and the Canadian Hospice Palliative Care Association, is pleased to announce the completion and launch of the Palliative Learning Commons.

Please visit: [www.peolc-sp.ca](http://www.peolc-sp.ca) to begin using the Palliative Learning Commons!

The Palliative Learning Commons has been created as a repository for resources on health professional education in the area of palliative and end-of-life care.

You can browse the Commons or search using key words.

### Sharing Resources

You can share resources in the commons in three different ways:

- upload a resource to the commons
- provide a link to another website
- describe the resource and provide your contact information

When you upload your resource, the administrator (EFPPEC Project Staff) reviews the submission before it is added. We will contact you if we require any more information. Please note, this process may take up to a week and the resource will not be available to others until it has been reviewed.

To add a resource, you must register as a user. Your personal information will not be shared with anyone.

The site also contains a Peer Review function. This allows users of the site to post and review comments concerning the resource

being searched. When viewing the details of a resource, you will be able to view the comments and overall rating the resource has received. In addition, you will also be provided with the option to include your own remarks.

The Learning Commons will now be maintained by the Canadian Hospice Palliative Care Association. Because the Commons is in its initial stages of use, we will be working continually to improve and expand its functionality. If you have any comments or suggestions, please feel free to share them with us.

Remember, the success of this initiative will depend on its use and your participation! Log in today!