



Newfoundland and Labrador Provincial Council of The Council of  
The Catholic Women's League of Canada

*One Heart, One Voice, One Mission*

Communiqué No. 1

Date: September 14, 2015

To: Chairpersons of Education and Health, Parish Presidents, Provincial Table Officers,  
Life Members

From: Margaret Fitzpatrick, Chairperson, Education and Health  
(Attachment: Palliative Care Motion)

After the summer, I hope you all have renewed energy to get back to work on the many issues of concern. Welcome to new parish chairpersons - many of you I have already met and I look forward to working with you all. While new to Education and Health, it is already familiar as Resolutions and Legislation encompasses all the standing committees.

The League's initial mandate was to help new citizens of Canada – a country that is honoured as one of the best countries in which to live. Health care and education are but two of the reasons Canada is held in such high regard. (Executive Handbook, Education and Health Standing Committee) I include this statement as food for thought given the current crisis with migrants fleeing Syria.

It seems that respect for life is the basis for our actions - from protection for the unborn to end-of-life considerations, with all life issues in between. National Chairperson of Education and Health, Nancy Simms encourages all members to take action as soon as possible on two issues:

1: The abortion pill RU 486 has been approved for use in Canada and will be available in January, 2016. We can express our disapproval of this law and ask that it be revoked. (See also National President, Barbara Dowding's letter to Prime Minister Harper on the national website).

2: The government is drafting legislation on physician assisted suicide and has established a panel for public consultation at <http://ep-ce.ca/en/home>  
Our voices need to be heard! Instead of a law allowing doctors to end or help end lives, we should urge the government to provide more and better hospice and palliative care.

At our provincial convention in June, a motion was brought forward and approved asking the government of Newfoundland and Labrador to establish a provincial End-of- Life Care Strategy. Please find motion attached with action plan.

Of the five resolutions passed at the national convention, three come under Education and Health.

2015.01: Increased Early Intervention and Access to Children and Youth Mental Health

**Services**

**2015.02: Ban Plastic Microbeads in Personal Care Products**

**2015.03: Ban the use of Neonicotinoid Pesticides**

**Further information as well as action plans will be found in the fall issue of The Canadian League.**

**Please refer to: 2015 Federal Election Guide (CCCB) Making Our Voices Heard for direction as to questions we can ask candidates in the upcoming election on major social issues eg. respect for life and human dignity, justice and peace, a healthy environment, etc., from the standpoint of Catholic and moral social teaching.**

**May the Holy Spirit and Our Lady of Good Counsel continue to guide us.**

**Margaret Fitzpatrick**

## **Motion:**

**That the Newfoundland and Labrador Provincial Council of the Catholic Women's League of Canada at its 35<sup>th</sup> Annual Convention request the Government of Newfoundland and Labrador to establish immediately a provincial Palliative and End of Life Care Strategy that respects the dignity of each human life at every stage of existence and, furthermore, takes into account**

**a) the geographic diversity of rural and urban Newfoundland and Labrador ,**

**b) the province's first nation people, and**

**c) the aging population of the province, to ensure all citizens of the province, including children, have equal access to high quality and consistent home-based and hospice end-of-life palliative care.**

## **Rational**

1. **A report** by Fiona O' Shea, completed in the fall 2008, for the Dr H Bliss Murphy Medical Cancer Centre found that "palliative care is currently a specialized service available to less than 10% of the people who die in Newfoundland and Labrador. This is bound to become more serious as a higher percentage of the population becomes more elderly and there is a rise in cancer and cardiovascular disease".

Furthermore the report states, "They (the most vulnerable, terminally ill and those with lifetime illnesses) struggle daily for medications and services such as home care, nursing and medical care. They struggle through the bureaucratic rollercoaster of endless paperwork for admission to acute care, respite care, palliative care and long term facilities... because of the lack of some of these basic services in their individual communities". (CBC, June, 2009)

2. **Peter Dawe** ( executive director of the Canadian Cancer Society) reacting to the O' Shea report told CBC News (2009) that he recommends that palliative care teams be set up throughout the province because "only then can each member of the public

be assured of a peaceful and comfortable death regardless of where they live in Newfoundland and Labrador.....Most people in the (province) do not have the financial resources to care for loved ones properly, as they go through some of these end of life issues” (CBC, June, 2009).

3. **Dr. Susan MacDonald (Director Palliative Care, Eastern health)** in an email to Rita Janes (May 30, 2015) said: “It would be GREAT if your membership (*CWL*) can support palliative care. We need all the help we can get!!!”

She also says she cannot give current numbers for those who have access to palliative care in the province “That’s one of the problems: no numbers.”

Dr. MacDonald also says that the Canadian Society of Palliative Care Physicians has just completed a massive project looking at how palliative care is practiced in Canada and the results were launched publicly on May 28th. The project found that palliative care access is significantly affected by location (province, rural vs urban, etc). The survey was not designed to count physicians so it can’t be used to say “we have X many MDs for a population of Y”. What it does say however, is that much palliative care is provided by MDs who spend very little of their clinical practice in palliative care and often don’t belong to palliative care interdisciplinary teams.” It should be noted that this report included all provinces and territories of Canada and no specific data for Newfoundland and Labrador.

This report does note that physicians need more education on how to provide palliative care and need to be adequately compensated when they do so. Advocacy around this issue is needed to ensure better, more accessible palliative care in the province.

5. On March 5, 2015 Pope Francis addressed members of the Pontifical Academy for Life, who were meeting in Rome for their General Assembly. The theme of the Assembly was addressing the elderly and palliative care. Pope Francis said to them: “Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness.” “Palliative care”, Pope Francis said, “recognizes, at the end of life, the value of the person”. He called on all those involved in palliative care to preserve this spirit of service, and to remember that “all medical knowledge is truly science, in its most noble sense” only if it has in view the

true good of the human being, a good that can never be achieved when it acts contrary to human life and dignity. He said: “It is this capacity for service to the life and dignity of the sick, even when they are old, that is the measure of the true progress of medicine, and of all society.”

**Canadian Conference of Catholic Bishops (CCCB) on Palliative Care:** “We again call on provincial and territorial governments to ensure good-quality palliative care in all their jurisdictions”. (Taken from Statement by CCCB President on Supreme Court judgment on physician-assisted suicide, Feb 06 2015).

**Catholic Women’s League March 2015:** A letter from Barb Dowding, National President, reacting to Supreme Court of Canada Ruling on Physician Assisted Dying (Feb 06, 2015) says: “ For its part, The Catholic Women’s League of Canada will continue to advocate for a national palliative care strategy... League members will continue to daily bear witness to the dignity of each human life at every stage of existence from beginning to natural end, and to desire a compassionate country that values each citizen, especially those who feel they have no choice but to commit suicide because of loneliness, loss of autonomy, a sense of burden to the family, or the fear of pain and suffering without friends or family”.

**Archbishop Martin Currie (Feb 2015)** said: “Today, we recognize that effective and compassionate palliative care is a very important element of health care. When we talk about ‘dying with dignity,’ I would encourage each and every one of us to think about effective and meaningful palliative care. Palliative care is about supporting a dying person, relieving pain and giving a dying person the best possible quality of life.... A compassionate person, and a truly compassionate community, will advocate for and ensure that a person who is in the final stages of life receives palliative care. The aim of palliative care is to help people to live well, and so to die with dignity surrounded and supported by a community of faith, informed and assisted by good medical practice.” (Taken from a letter to parishioners addressing the Supreme Court Ruling on Physician Assisted Suicide February 2015).

**Canadian Medical Association** (July 2014) reported comments by members that focused on the link between inadequate palliative care services and calls for legalization of physician-assisted dying. Physicians also spoke about the lack of palliative care services outside of major urban centres, the lack of training of family physicians and others in proper palliative care and the lack of proper remuneration for providing palliative care services. The report states: “Palliative care, which can be offered in conjunction with treatment for a disease or as a patient is dying, focuses on helping patients maintain quality of life by treating pain and preventing suffering. Even though surveys show most Canadians want to die at home, the majority die in hospitals while hooked up to machines, unable to spend quality time with family members or friends. Too often the health-care system is focused on technology, machines and curing or treating disease rather than the emotional and physical well-being of the patient” (End of Life Care A National Dialogue CMA Member Consultation, July 2014.)

**Canadian Medical Association** (May 27, 2015) in a Cross Canada Review of Palliative Care Models reports that a “ national palliative care strategy would be a key component to an overall national seniors strategy, helping Canadians to get high-quality care in their homes or elsewhere in the community rather than being hospitalized”.

**Canadian Hospice Palliative Care Association** (CHPCA) states that it works in close partnership with other national organizations and will continue to move forward with the goal of ensuring that all Canadians, regardless of where they may live, have equal access to quality hospice palliative care services for themselves and their family.

### **Action Plan**

1. Engage all council members in writing letters to their Member of the House of Assembly, the Minister of Health, the Premier, Leaders of the Opposition Parties to lobby for high quality accessible palliative care in the province.
2. Provincial Chairs of Resolutions and Education and Health prepare draft sample letters (referenced in #1) for councils for reference purposes when writing letters, not to copy.

3. Since provincial elections are supposedly scheduled for fall 2015 be prepared to ask the candidates running in your district their position on palliative care and medically assisted dying.
4. Keep members abreast of what is happening in palliative care in the province and your region.
5. In May 2014 members of Parliament expressed near unanimous support for a motion calling on the federal government to work with the provinces and territories to ensure access to high –quality home based and hospice palliative care. This political will must now be put into action. Ask your federal candidate (Fall 2015) their position on federal support for palliative care.
6. Invite all parishioners to join your council in Action Plans #s 1 to 5.
7. Forward a copy of the Motion to each diocese and ask for them to promote in all parishes.
8. Forward a copy to the Centre for Life and request they share with their members and friends.

## **References**

O' Shea, Fiona. Report on Palliative Care CBC News June 05, 2009

Dr. Susan MacDonald. Canadian Survey on Palliative Care

<http://www.cspcp.ca/wp-content/uploads/2015/04/PM-Survey-Final-Report-EN.pdf>

Catholic Women's League Letter from President Barb Dowding to Justice Minister Peter MacKay..

<http://cwl.ca/letter-from-national-president-barbara-dowding-to-the-hon-peter-mackay-minster-of-justice-and-attorney-general-of-canada/>

Archbishop Martin Currie. Letter to parishioners re Supreme Court ruling on Dr. Assisted Suicide

<http://rcsj.org/news/20-02-2015/archbishop-currie-letter-parishioners-re-supreme-court-ruling-dr-assisted-suicide>

Canadian Conference of Catholic Bishops

<http://www.cccb.ca/site/eng/media-room/archives/media-releases/2014/4008-with->

[cccb-support-and-collaboration-colf-launches-campaign-for-palliative-and-home-care-and-against-euthanasia-and-assisted-suicide](#);

<http://www.cccb.ca/site/eng/media-room/statements-a-letters/4108-statement-by-ccb-president-on-supreme-court-judgment-and-physician-assisted-suicide>

**Canadian Hospice Palliative Care Association** (CHPCA). <http://www.chpca.net/>