BCHPCA FORUM | 2014

SATURDAY MORNING SESSION MAY 10, 2014 9:30-10:30

Political Conversations with public leaders and persons of influence to build relationships and partnerships to advance responsive quality care in British Columbia.

ROUNDTABLE ❶

Political and Public Affairs Conversations

MODERATOR: DONALDA CARSON, BCHPCA President [Incoming] Executive Director, Prince George Hospice Society

INVITED EXPERTS

- DR. MARGARET MACDIARMID, Director, Vancouver Coastal Health Authority; Former BC Minister of Health; Former President, BC Medical Association
- GEORGE ABBOTT, Partner, Circle Square Solutions; Former BC Minister of Health
- MARK REDER, General Manager, Fleishman Hillard

QUESTIONS

BCHPCA invites you to share your perspectives on the following questions. BCHPCA welcomes your personal experience in this discussion.

- the current state of public conversations on death and dying, and planning for care and the paths to opening these conversations
- the current and potential role of hospice palliative care organizations in engaging and educating the public about death and dying, and advance care planning
- the potential for a collaborative of hospice palliative care, other health care and community organizations to promote public and personal conversations on death, dying and advance care planning
- the potential for BCHPCA to partner with government to plan for hospice palliative care in British Columbia

DONALDA CARSON: Well I'm really pleased to introduce our roundtable expert session this morning. And I'm very excited about the three people we have here with us who will be sharing their wisdom with all of us. And so Dr. Margaret MacDiarmid. She's a director of Vancouver Coastal Health [Authority. She's the former Minister of Health for the Government of BC and former President of the BC Medical Association. And next up is Mark Reder. He's General Manager of Fleishman Hillard, and it [the program] says in brackets "Public Affairs". And also I'm happy to introduce George Abbott. Georgie, it's great to see you again. [laughter] We went steady for a little while on behalf of the Prince George Hospice Society when he was [BC] Minister of Health. And I have to tell you he has a great sense of humour. He's a good sport. And he was very helpful with us in our early stages. And he's a partner in Circle Square Solutions.

We do have a list of questions to ask, but it's been their choice to change that a bit and give you a short introduction or short statement and then take questions and answers. So I'll pass the mic to Margaret MacDiarmid.

MARGARET MACDIARMID: Now I'm in control. [laughter] It was actually my idea to … I went to several of the conversations yesterday and I think everybody, most people here, will have done that as well. And I thought given what I know about Mark and George and myself, what might be more helpful for all of you is to be a lot less formal and to give you more opportunities

to ask questions. Mary Collins' remarks were really, I thought, fantastic. And I could see the kinds of things people wanted to know and I think having that kind of discussion would be useful.

Now I thought it would help if we talked a little bit about ourselves but I'm going to talk about George first so. [laughter] That's why I said I'm in control now. So you know now George was Minister of Health. He says I think the longest four years of his life. [laughter] He is a great guy and does have a really good sense of humour. And he sometimes behaves very, very badly. I'm just going to tell you that right now. [laughter] So we'll see what happens today. But he has a depth and breadth in government that is astonishing – way, way, way more than my meager four years. And so if you're thinking about how to have influence at the local level and the kinds of things you could do as well as provincially, and probably George could even comment about federally, he's fantastic about a lot of things but those are the kinds of questions I think he would really shine at.

Mark Reder is a bad guy as well – behaves very badly frequently [humour]. But to be serious, Mark does this thing called government relations which you might also know as lobbying. And for some people that's like "Ooh. Ick." Sorry Mark. [laughter] But he's really, really good at it. And one thing you might not know is a lot of the government relations firms assist not-for-profits and assist them really effectively. So if I'm thinking about myself as a cabinet minister and some people come in to talk to me about something, if they gotten some advice from someone in government relations, they're often just so more focused. They have this almost laser focus of "I've got a short time with this Minister. This Minister looks like she might be having a bad day. I just saw what was written about her in four papers this morning." [laughter] But you come there, you know that what you're going to talk about is really important and you really care about it. But you've also got, you're really organized and your message is really clear. And you're going to use that half hour really effectively. And that's what Mark is … He doesn't come with people, generally speaking. But he and his associates have really helped to get people prepared for that kind of thing. So I think if you think about the kinds of questions you might want to ask Mark.

And one of the things I thought any of us could do is talk about what we've seen as really effective advocacy and maybe not so effective. And that might be useful.

And then I'm just going to talk really briefly about myself. I was an MLA [Member of the Legislative Assembly] for four years. And then I got the silver medal in the last election [laughter]. That's where you lose. So, and I'm now on the Board of Vancouver Coastal Health Authority. So I'm one of the Board members. But I'm deeply, deeply interested in palliative and end-of-life care because of my own personal experience. So the reason I actually ended up elected in the first place is because of the end-of-life care of my father in 2000. And there were a lot of gaps. And I'm not going to tell you this story because just like Renu [Bakshi, Friday morning keynote speaker] yesterday, I will start to cry and weep and it's been fourteen years now. But remember, how many people were here for the first keynote speaker yesterday? So … powerful? So what I took away from that is what I already knew is first of all, we're all going to die. George doesn't like it when I say that.

GEORGE ABBOTT: No, I've come to accept it Margaret. [laughter]

MARGARET MACDIARMID: I was … you know [former Senator] Sharon Carstairs made that … I made that comment at our Cabinet table one time, when I, back when I had my job. And everybody was horrified. The Cabinet, they all hated me after I said that we were all going to die. So it's not a popular thing to say but in fact we are all going to die. And if you have people in your life that you love then there will be some pain and suffering because you will have losses. But what I think everybody here knows from all the work that you do and the valuable work that you do, is sometimes there's really unnecessary pain and

suffering. There's pain and suffering that could have been avoided if people had done advance care planning. If people had access to … if they'd even known about services.

So what I really took from what Renu said and it just renewed my resolve is acknowledging that we will all die, how can we get the best for the most. And it's really pretty simple. But then it gets really complicated – a how you use resources and all those kinds of things. But this is my big thing. This is the reason that I went into government. I'm not in the government anymore but I'm still really interested in trying to see how could I work with people like you and with anybody else that wants to to move this agenda forward, and have us go farther faster. There's already a lot of excellence, and then there's this frustration about if this health authority is doing this and they have these documents then why aren't we all sharing that. So it's how we move that all forward.

And just one little other thing I wanted to mention. There's something new called the [BC] Centre for Palliative Care here in BC. How many people have heard of it? So a few. So I'm hoping that when you have your conference next year, you're going to know about it, it's going to be really valuable to you. And where this came from is last year in March, the provincial [government], when I was Minister [of Health] we announced the funding for what we were then talking about as a Centre of Excellence for Palliative Care. And the idea was a Centre where the Government [of BC] actually provided some funding. There would be research but again very simple goals. And it's come along now where there is an Executive Director, Dr. Doris Barwich. And it's beginning to take off. But it will help us again to move forward faster and better in this area. And to gather that information, not only provincially but nationally and internationally. And see what the best practices are and then really drive those so that all British Columbians can have access to that. So I think that's really exciting.

And I do want to say, I was talking with Mark and George because they haven't been here for the, for yesterday's part [of Forum 2014], is that everyone that I've spoken with here and everyone I've heard ask questions, it's so clear to me how dedicated you are, how much you care, and what great work you're doing. And I really, really want to thank you for that. I sense in some cases real frustration – even though you love what you do and you're making a difference – that you're frustrated with some of the inequities and some of the issues that you're dealing with, and how do we make this better. But you've got all the raw material and you're doing fantastic work. And I really hope you go away from this two days feeling incredibly hopeful and energized about the future of palliative and end-of-life care in the province.

So would you like to ask us questions? Okay. And I'll just pass it [the microphone] to Mark and then to George so they can say a little bit as well. They're not going to say anything about me though, no, not allowed.

GEORGE ABBOTT: [To Mark Reder] You're passing on your opportunity?

MARGARET MACDIARMID: He's going last.

GEORGE ABBOTT: Oh you'll go last. Oh you just want to correct any of the misimpressions I may leave during my comments. First of all, thank you for the opportunity to speak to you today. It's remarkably dangerous putting a microphone in the hands of a recovering politician [laughter] as we have difficulty putting it down. We're always flattered when anyone's interested in anything we have to say as recovering politicians. [laughter] So thank you for that and thank you as Margaret said, thank you for the work that you do. It's hugely important and I appreciate that.

I was actually going to begin with what Margaret already stole from me which was fairly typical of her I must say and that's the observation that the one thing that we all have in common as human beings is that the price of having the opportunity to live

is eventually to die. We all have that in common. And I think one of the interesting points that arises from that is as we look at the demographics of our society, the one thing that stands out is the generation that I'm a part of and a few of you – most of you are younger than me – but a few of you are also part of that great generation of Baby Boomers, post-World War II Baby Boomers. That's the generation of course that began with the birth of Neil Young in 1945, officially ended with the birth of Shania Twain in 1965. [laughter] So if you're somewhere in that period, you are a Baby Boomer as I am. And we're getting smarter, we're getting sexier, but we're also getting older. And that has some implications for the health care system.

And I think it also has some implications – interesting implications – for your group and the opportunity you all have to work with government over the next few years. And we could maybe talk about that demographic challenge, that demographic opportunities. The linkage between health care costs and health and aging is not one to one. My mother is soon to be 92 years old. She lives in Kamloops. She has a 96 year old boyfriend. They dance twice a week. They are living La Vida Loca. [laughter]. It is truly outstanding. So it's not necessarily related but of course. [laughter]

What is related is the incidence of chronic disease is very much related to the cost of health care and in particular multiple chronic diseases are associated with higher health care costs and as we get older the incidence of chronic disease also rises. So there's a challenge there and of course the last couple of years of our lives tend to be the most expensive ones from a health care cost perspective. So you look at the trend, you look at the cost. And government's got a big, big challenge on their hands.

I thought being a health minister from 2005 to 2009 was tough. I can't imagine ten years from now, twenty years from now how tough it's going to be because the business of government is always about the allocation of scarce resources. It's always about a crowded agenda. But this is going to be a big challenge and I think that you have a huge opportunity here in the world of hospice and palliative care around partnering with government and not just provincial government but local government as well as those governments try to meet the challenges of an aging and huge … we're going to be 30% of the population here over age 65 soon. It's not going to be that long. So there's a big, big challenge there for government. And I think your Association can be a part of the answer to that.

A final point here. One of the things I've done – foolishly perhaps is I left politics – I was so desperate not to feel entirely unengaged and unimportant, is that I started a doctoral program in political science at UVIC [University of Victoria]. And one of the good things about doing that is I encountered an American political scientist called John Kingdon who has helped me make sense of this absolutely crazy world of being in provincial politics for seventeen years. And that is, Kingdon looks very carefully, and he looks at the American congressional system. But it's all about why does the government do the things that they do when they do them. Because sometimes people are absolutely puzzled at, they'll get the cold shoulder from government for ten or fifteen years, and suddenly what they're offering in terms of a policy solution is embraced by government. And Kingdon looks at this phenomenon and does an extraordinary research around it.

But there's some remarkable elements of that I think from your perspective in dealing with government in the next few years. I can tell you I just did a brilliant paper – I think it was brilliant anyway [laughter] – on why, and I'm sure as this was for me one of Margaret's favorite times in government, why in hell did the BC Liberal government engage, embrace the harmonized sales tax after ignoring it for twenty years, the opportunity to harmonize the sales tax for twenty years. And there's reasons for that. But there's reasons, I think there's reasons why government will be embracing the opportunity for a more fulsome partnership with hospice and the palliative care sector in the years ahead too. So with that you can correct everything I've said now, okay Mark, if you wouldn't mind. Thank you. [laughter]

MARK REDER: Thanks George. A little intimidating to be on a panel with two former health ministers. So I'm Mark Reder. I'm a consultant. And particularly I'm an advocate. I work for a whole group of different organizations in the private sector, but also not for profits and associations. I've been doing this for about seventeen years in British Columbia, largely focused on government affairs, advocacy, public affairs, issues management and as Margaret mentions, lobbying. And have worked in and with health care and with various different groups for quite a number of years as they engage government.

Actually I met Margaret when you [Margaret] were with the BCMA [BC Medical Association]. I don't think you remember this. The first time you ever, I came to speak to a group of doctors and it was quite intimidating, particularly it wasn't you. I think you were part of the group. But the person who introduced me, introduced me and then just before I began – and I had prepared remarks – he said "Oh, and one more thing. Just don't tell us anything we already know." [laughter] That's true. Which is a really great way to talk. So I hope I don't tell, say anything you know.

So I was thinking, and maybe I can kick this off in terms of the Q&A but one of the things I was … I'm just looking at that screen and that computer and which I guess is the title for this which says "Political Conversations". And thinking about the work that you do and how that relates to government and working with government and having relationship with government. That would be something that I would unpack. Because that is an element of engagement with government. It's a political element. And I think that's very important. But I think sometimes we, I would say there's at least two other considerations to think about and they would be a policy driven element as well as an operational one.

And one of the things I often see in my work is, there's really strong alignment between political, with groups and the political values of a government. But they fall down when they get into policy. So you get to a level with the civil service or certainly in a minister's office. And I think whether people are doing it overtly, everyone is thinking "Does this align with us politically? Is it consistent with the direction we're going from a policy point of view? And if those things are in place, is it going to actually work on the ground operationally?"

So I would almost throw this discussion out, because that something I always look at in an effective engagement with government. Does it have all of those elements in it? Because I've seen many things that look really good and make sense on the ground, but it's completely offside from where government's going. And when I say policy, that things are fiscal policy as well as matters of how things are currently being done or evolving. And so those are things to really look at very carefully, those three components. So maybe that's just something to put out there to stimulate this discussion and I can say other things about effective engagement as well.

MARGARET MACDIARMID: I think we'll go for questions. I think we need to give this microphone up, right Donalda? [we're going to use that one] Oh, okay.

COMMENTOR 1 [Lynn Wood, Oceanside Hospice Society] [no microphone]: Thank you so much for giving us your comments. The question that I have is, I guess I'm old enough to remember when health authorities were created and that the vision was that we would be bringing health care closer to the community. And as a member of a non-profit organization we feel that we do represent the community. And I guess what I'm going to ask you from your experience is how do we position ourselves as hospices who are non-profits as representatives of the community and equal partners … [inaudible]

MARGARET MACDIARMID: That's a very interesting question and comments. To, for any organization, to be an equal partner with a health authority or the provincial government I would say is just not realistic. There, if you think about your health authority, your health authority has a budget of either one or two or three billions dollars and multiple responsibilities and …

But you want to be respected and heard. And so I think getting out to your communities and enlisting support from service clubs, from other groups is one way to do it so there's a more powerful voice. And then also banding together with other organizations which I think you're really looking at doing. And I would be hopeful that the new [BC] Centre for Palliative Care would be one way of doing that. So it is hard to all get on the same page but if your association and others were coming forward to local but particularly provincial government and health authorities where the money really is and had two or three priorities that were really critical to you and you wanted to bring them forward, I think that would be brilliant. And it takes time to do that but I think it would make a really big difference. Now you want to clarify I think.

COMMENTOR 1 [Lynn Wood, Oceanside Hospice Society] [no microphone]: I do because Lorraine just showed us some statistics [inaudible] from the BC Hospice Palliative Care Association where it shows that we as community groups not only have partnerships in the community but we have a value added. And I think that the public doesn't necessarily understand that and I don't think the health authorities understand that [inaudible] very much. And so I guess I'm trying to understand how to further our joint agenda and be seen as bringing value [inaudible]. We bring public and private builders to the table [inaudible] as sponsors and a huge volunteer base [inaudible].

MARGARET MACDIARMID: So I really think you're on a great track here with doing some research now and figuring out how to better collect data from around the province because data is powerful. When you bring that survey to the attention of the local MLA or the Ministry [of Health] or the health authorities and show the number of people – it's kind of like McDonald's – the number of people that have been served. And the huge powering up on the volunteer side. Those things are terrific and more of that kind of data I think is really useful.

But I also think you just can't underestimate the power of coming forward with other partners, especially on – not only just the value of hospice and how it should be supported but also things like your priority of advance care planning. Imagine if the Alzheimer's Society and the Diabetes Association and some of those other groups that for whom it's obviously really, really critical. It's basically important for every British Columbian except for the ones that get run over by a truck today. But the majority of people will really benefit from that.

So I also heard in the last session, the real frustration about the difference between the health authorities. And I already know this that Fraser [Health Authority] as an example has much more funding and many more hospice beds than other health authorities. If you're an average British Columbia and you move from Fraser to Interior, how is that fair or right for you? You don't change that overnight, but you can work to change that. And then within a health authority, like Interior, I'm hearing in some places some funding is flowing and in other places not at all and the health authority is saying "We're not going to fund it."

But you have to remember something that George said about the reality of the budgets today. And I've got to say that as a very recently, in the Ministry [of Health], the government has said, and they're the government now for another three full years, they've said "We're going to balance our budgets and this is how much our health care budget is going to go up." So in a lot of cases I think, and I'm on a health authority board now, so I really know this, it's not going to be a matter of you going and somebody finding new funding. It is a matter of our society, our government, and our health authorities saying "We're re-prioritizing and we're shifting resources." And that's often going to be what you're advocating for. And I just, I want to put that out there because I think that's the reality of it. And I think it's quite realistic to expect health authorities to re-allocate. I really do, so …

MARK REDER: Yeah. Just to pick up on that. When George, when you were health minister and Margaret as well, you, that overall budget was increasing by seven, almost eight percent a year. The current increase, the overall increases are projected now until the end of the government's mandate [in 2017], as you mentioned, is about two percent. So this is effectively a flat lining spending on it. It's increasing. It will increase by six or seven percent over a four year period. But, and those pressures are being contained in the health regions themselves. So, because that's where most of the funding of health care is dedicated to, so/and it's a very big … Back to that policy consideration. It's a very powerful policy consideration that's moving through the Government of British Columbia in terms of restraint.

But I do think that that one of the things that I see particularly now is the absolutely – maybe Margaret you see this is in your health authority – this laser focus on assessments of values and performance. And where there has been a lot of, call it innovations, over the last number of years, looking at how that is performing now and whether that's really providing the dividends that people expected. So I would be, when I hear what you're saying in terms of health authorities, I see actually health regions, when Victoria [meaning the provincial government] and the regions get together operationally, they do make changes very quickly. So they can respond pretty fast in my experience. I've seen some examples of that. But I'm not 100% sure when you raise that question, exactly what you want from your health region.

COMMENTOR 1 [Lynn Wood, Oceanside Hospice Society]: What I want. Well how do we get them, how do we get all the health authorities to view the community piece of it as an equal partner I guess is what I'm asking. And look at, when you have budget problems or you have concerns around delivery of service, looking at the piece that the community can bring to add value. There's no direct planning being done that I'm aware of where that piece of it is looked at in the health authority.

GEORGE ABBOTT: So I'd say first of all there's probably more planning going on than you're aware of. I think a lot of times the planning is masked by the scarce resources that are being allocated. So the planning may be going on but it may not be reflected in the resources on the ground to you. I wanted to start though with where you started with your question which is the change in the health authorities. When I was a lad and little Shep was a pup, every hospital in British Columbia had its own health board, their own health thing. So there was over a hundred I think at the time. Under the NDP [New Democratic Party government from 1991 to 2001] it was reduced to 52; under the BC Liberals [post-2001] it was reduced to six. That was not something that happened just in BC. It happened across Canada. It's really happened around the world where a lot of consolidation of health authorities and health boards and so on. Alberta went to one which has proven to be pretty much a disaster. But I think whether it's six or twelve, whatever, this is the world that we're going to be in for a while.

And I think the challenge that faces you, and it's central I think to your question, [is] getting the attention, getting the understanding of health authorities and the Provincial Ministry of Health. I can tell you as someone who was in that very difficult seat of Minister of Health for four years, that you're up against a few things. One, in [the] Health [Ministry], is an extremely crowded agenda. One day it's primary care, the next day it's residential care or … There's just a host of challenges that face the Ministry and face its budget. So you're up against a crowded agenda. You're up against an extraordinary number of demands. And as my colleagues have noted, I did this when budgets were six or seven [percent] and sometimes even higher percent increases every year. At two percent, with the wage increases which dominate probably eighty percent of the budgets, it's going to be very difficult to just sustain services, I think. So I also think that two percent increases are not sustainable in the long term. And I think as the economy improves, you'll see probably more resources going back in that direction.

So how do you get the attention of government? One of the observations that was made here by my colleagues around partnerships, that's hugely important. I can tell you that there's, if there's one thing that really impresses a minister or really

impresses a government, is when you come to the table not just with your own ideas and your own request for funds but the fact that you have built a partnership with others in the community. And as you say, builders, the corporate sector, all these people can be very powerful allies. And they speak very powerfully to government that this isn't just an association that they're speaking to. They're speaking to more broadly a large section of the community as reflected in the partnership that you've put together. And it's not always money. Money certainly helps. When you bring a partnership that brings, puts some dollars on the table, the proposal that you're bringing becomes that much more irresistible to government. So building partnerships, building alliances.

And I think – and I'll reiterate this point – being there at the right time. And I think, don't be discouraged if your initiative doesn't make it today. Government is up against some things today. And I suppose in five years they'll be up against it too. But the demographic is shifting and the way that government has got to manage that has got to shift as well. So they're going to very keen, I think, to find policy pieces as Mark suggested, find policy pieces that will help them manage the extraordinary demand that come with 30% or upwards of 30% of the population being over age 65. So build alliances, build partnerships. I think those are the way to break through. And never get discouraged because your time will come.

COMMENTOR 2: Hi. Further to the partnership end of things, in a lot of our communities, I'm from Langley and there's, a lot of the language is around the healthy living. So Healthy Living Alliance, there's healthy living committees, there's healthy living partnerships. And they're being embraced by the city, the local officials, the city service providers and the health authority are represented on these. But as you can well imagine, we're not always naturally invited to the table at the Healthy Living Alliance. And I think there's a couple of things there. One in terms of advance care planning. We keep thinking of it as a tool for, only for people who are approaching end of life. And that it really, if anything, is about health – that advance care planning tool is. It's about taking control of your own health at any and stage and having that conversation before you need it.

The second piece is that when you look at hospice, hospice societies, we talk a lot about, and even here about hospice and about palliative care, but we don't talk about the other component of the work that we do which is bereavement and grief support. All of us are going to die, but all of us love and care about somebody. And we're going to lose them, somebody, in our life at some point. And we will be looking for resources and support, wanting to help them through that end-of-life journey but to support us in supporting them. And in the aftermath. And that fits into the economics of health care and all those other things in terms of what pieces of the pie do we already hold and are we helping support.

So I guess my question to you is that how do we not only at a community level, because it's our job to go talk to those communities to provide service providers and supporters and help them see that hospice is about living until the end of life, but how do we talk to, even Mary Collins talked today and many speakers in the room throughout the weekend have been talking again about advance care planning at the end of life, how do we shift the focus to that we are about healthy living and how do we get that part of the conversation in terms of, so that we are invited to the table at the beginning instead of having to battle our way there throughout.

GEORGE ABBOTT: So I'll start off and at the risk of getting way more profound than I can hope to be, say this, that the public policy of government often reflects the societal attitudes, the societal taboos and so on that persist, and which I think are gradually diminishing but persist. And even in my time [as Minister of Health] – 2005 to 2009 – there were a couple that we struggled with. One is mental illness. We love someone who comes, they've been in a football game and they've broken their arm. We put a cast on them, they leave. We love that. We don't like mental illness because it's persistent. And so we were really challenged as a society to get a handle on managing mental illness in the same way that we manage physical illness or physical injury. Because it's a different thing, it doesn't ...

The other challenging area in the room was always death. I think no one wanted me to do anything more as a health minister than to solve the mortality problem that we had. [laughter] It was persistent. It was pervasive. People were dying everywhere when I was health minister. And I couldn't seem to get a handle on it. But, so, but I think there is a very powerful linkage there. We're still struggling with death issues. There's a death issue that's going to the Supreme Court of Canada very shortly. We've just come to the point as a government where we're able to embrace advance care directives where people can actually say "No, don't keep me alive for three years when there's no quality left in my life." So we're just starting to get a handle on that.

So I think part of the challenge that we've had around hospice and palliative care is that people don't want to really admit that it's going to happen. We'd rather think "Let's just get everybody healthy and then we don't have to face this problem anymore. It doesn't matter." So I think, and I'll try to close my answer off here, I think that building the kind of Healthy Living Alliance, healthy living is also about a healthy death. It's all about being my mother at 91 [years of age] and dancing twice a week and making the most of life. We all have different circumstances around our lives and different circumstances around our death. But there's nothing incompatible about death with healthy living. But government's got some way and I think society more importantly has some way to go before we really get there. So hopefully that's a start of an answer here for you.

[inaudible – no microphone]

MARK REDER: This is not the forum to game out practical activities of an association or a group in terms of engagement but I think those are some of the things that you might want to think about. I do think that sometime in, and George and Margaret tell me, but I do think as you engage government, if it's not exactly said, government will anticipate that eventually there will be this very specific ask. That ask may be difficult, it may be costly. And sometimes it may be advantageous to build the relationship absent of a very blunt kind of "We need these sort of resources." And knowing that it's going to be very difficult for government to meet that at that time.

So then really carefully looking at "But what can we work on?" And I don't know, in terms of your experience, but I've seen groups being very frank about that with government and being very successful in that dialogue. So, "Here are the things that are our priorities." And we also understand the things that you're talking about and George just mentioned, are also government's priorities. But which ones, or two, can we really agree today with all of our resources and all of our partnerships in the community, that we can actually put some time and effort into?

That's an exceptionally constructive way of having a working relationship with the government. And I've seen organization who have come and have had to move away from their singularly most important priority because government's been very honest that that's, they're just not going to make a lot of progress in the short term on that. But on something else that they probably can make some progress on.

And I've also seen circumstances where organizations have actually achieved a fair bit in partnership. That's a somewhat overused phrase but in partnership with government around matters of public awareness. Government is exceptionally good at that when they're partnered up with community groups and others. Exceptionally good at that. And it doesn't really cost a great deal of money. And you can actually start to measure some progress out of that. In terms of an ongoing effort of government affairs, that's also very valuable because you can start looking at those things that you're doing with government and say, "We did that very well. We still have these other issues, but we made progress on that. Where does that take us on the next one?" And so that might be something that you take into your strategic planning as an organization.

MARGARET MACDIARMID: Thanks. I think that what Mark said goes a little bit back to your question about being an equal partner and the way that I would think about that more is being a really respected, trusted and valued partner. And I believe you actually already are a really respected and valued partner. So if you decided as an organization that you wanted to put some resources into building those relationships, as Mark has suggested, and that's a question because you can do anything but you can't do everything. So, you figure out how many hours there are in a day.

So I'm just going to throw a couple of things out there in how many hours there are in a day. I've brought some stuff with me and one of them is just one page from the government, from the Ministry of Health's Strategic Plan which came out a few months ago. And I don't know how many people ever could look at this but it's easily available online. It's about 60 or 70 pages. It's really big print. It's a pretty easy read. But it talks about … okay this is a government with a new mandate. It's still the BC Liberals but it's a new Minister of Health [Hon. Terry Lake], a new Deputy Minister and it's a new template for what's going to happen.

And on this, right at the very top "Coping with End of Life". So it's up there with Staying Healthy, Getting Better, Living with Illness or Disability and Coping with End of Life. It's about the government meeting population and patient health needs. It's in there. It's really clear. And the other thing you probably all are aware of is that is in the platform of this government that got elected was "double hospice spaces by 2020."

So now, who knows. I don't have a crystal ball. Who knows what will really happen. Maybe they will be tripled by then. I don't know. But what I do know is when a government says that, it means it actually, it means something. The platform is a pretty big deal. So it gives you a place. And even if your value system isn't necessarily that's what we should do, it it still is the government saying this is important. We understand it's important. We value it. And so what I would say is if you have the time or someone in your organization has the time, have a look at that document. It goes back to what Mary Collins was saying about "What is it we really want to do and how does it align with what the government is planning on doing?" And I just think, I don't want to tell you how to manipulate the government. That would be very bad of me to do that. But sometimes using the same kind of phrases, picking out some language that really fits for your organization and using some of those same words. If we develop common language that's super helpful as well. Granted sometimes the government really needs educate too because sometimes the words actually, you know they didn't quite get it right. But just the same, I think there's value and power doing that.

But I really want to emphasize this to you that although it may feel like nothing is really changed, and I think some people have said to me at this meeting, things are getting worse, "I feel like things are getting worse." This is big that these words on this page in this document. And as to your extremely important point, and it was raised with Mary as well, because Mary is part of chronic disease prevention and healthy alliance, it's like we're playing this gigantic game of "Let's Pretend. Let's pretend that we're not all going to die." It's crazy.

Even when you go into, and I'm a doctor so I can say this, when you go into hospital we say "We saved you. We prevented your death." No, you postponed the person's death because every single one of us, just as we were born, we will die. And that's one of the things too is that it starts getting really serious right? You're going "Oh who wants to talk about that? Let's go back to the BC Children's Hospital. That's way more fun. The little babies and they're so cute and everything."

But, and so, if we could get to the point, and it requires death to be rebranded where everyone understands it's just a natural part of life. It's like we're on this journey. I was at the First Nations conversation yesterday and they had … they're way farther

advanced in terms of how death is, it's natural. We all do it. It's part of life. But it takes some time to get there. But reaching out to the Healthy Living Alliance and the people who are really into prevention and saying "We should be part of that." That we should be part of developing a healthy attitude toward death and those kinds of things.

COMMENTOR 3 [Jo-Ann Turner-Crean, BC Bereavement Helpline]: Hi. I hope I'm not sticking my neck out here but my mind's just going a million miles an hour on, and I'm thinking of what Mark said, if I can call you Mark because I don't know you well, but you said "Don't tell me something I already know." So I'm probably going to say something that everybody knows in the room but I feel like it's an elephant.

In my mind it's sort of an elephant, that the government takes our tax dollars so they're our dollars to begin with. We vote on our government to hopefully make selections that is [are] best for us all. But that remains, whatever. And then we have hospice societies and non-profits who have to go after the public who've already given their money to the government. So then they have to reach into their pockets again and we take that dollar and we stretch that dollar so amazingly far because of the goodness of our hearts and the people that are dedicated and have been running organizations for, on a shoestring budget and the goodness of their hearts. And I really liked what the woman [commentor] had to say over there, that I think there's more in line for partnerships.

And then Mr. Abbott mentioned "Bring your collaborations, bring money to the table – corporate money." Well sometimes corporations have agenda that aren't necessarily in the best interest of the public. They have their own agendas so then that gets questionable that "Why isn't good hearted money that we have to tax anyway to take care of us well, and then all these non-profits that are working their tushes off to stretch those dollars." I don't know. There just seems to be an unfairness.

Speaking of bereavement, I know myself, personally I've been involved with an organization for 26 years, a provincial helpline. And we call ourselves the BC Bereavement Helpline. I know some of you have heard me say this a million times before, especially Kay if she's here. But we've asked the government – I remember writing a letter to Mr. George Abbott and I have a great respect for you – but we got no attention whatsoever. And all we even wanted was some acknowledgment to say that "Wow, you're doing a great job. Well done. And yeah, we'll tell the province about you, to call you because you're doing all this work" and we're helping people find every single hospice that we have in this room to try and put them back in a service. We could not be doing a better job of trying to communicate and help the bereaved and help get the word out on a shoestring budget. And all we want is some acknowledgment and a pat on the back and say "Hey way to go and yeah, "Guess what people? There's this great organization." That's all we're asking and we can't even get that. So thank you for listening. [some applause]

GEORGE ABBOTT: So thank you. I appreciate the point and I appreciate the feeling behind it as well. So I think one of the things that one should do in attempting to understand why government does what it does when it does is to kind of take a little bit of a historical perspective here. Hospices I'm sure have been around for a long, long time. But it's a relatively recent phenomenon that hospices have been funded. When I was Minister, it was very much the convention that folks died in hospital in a wing of each hospital. And I think there was only a very few actually funded hospices in the province in 2005. So it's been growing and I think what you've heard from all of us at front here today is that it will continue to grow.

But I think everyone's been very honest too about the challenges around the limitations of funding and the difficulty of accessing that. Also the challenge of a very crowded agenda. There was a reason why, and I'm not sure what the numbers are today, but when I was Minister of Health, there was one Deputy Minister and there were twelve Assistant Deputy Ministers. And they all had their areas of responsibility. And the reason why there was twelve, and there probably would have been

thirteen except it would have been bad luck, but there's mental health, there's pharmaceuticals, there's all these streams of demand that are coming at the Ministry. And one of the funny things about being a Health Minister when it was 6 -7% annual increases – even then I never heard one time in four [years] except at Treasury Board, I never heard one time over four years that there were too many dollars in the system. Never heard that. There was always an intense competition for the dollars and that will persist and maybe even become more intense with 2%, 3% increase versus the 6 or 7% increase.

So the challenges are ahead. And I think when we talk partnerships and it doesn't matter to me whether you make partnerships with the, one of the local clubs or whoever it is, I think anytime you make a partnership, it makes your voice just a little bit more powerful. So I hope that's helpful in terms of … I sense some discouragement in what you said and you shouldn't feel that way. This is, what you're a part of, is something that will have increasing relevance to government because government responds to societal pressures and societal changes. And this is a profound one that we're just entering into. So I hope these will be good years for you where your ministers will be really, really good and responsive.

MARGARET MACDIARMID: Just really briefly, I want to add to what George has said. I agree with you, the point you have made about where does the money come from. Not all the government money comes from taxpayers. But I certainly tried while I was in government to be very respectful of the fact, like I would go an announce, for example last year, government gave back, decided to invest people's money in $10 million toward end-of-life care, some hospice support, the end-of-life excellence centre [BC Centre for Palliative Care]. That's not my money. That's not the government's money. That is your money. So I totally take your point.

And someone else here has raised this point about fairness. If we think about the geography and the challenges of this province, it's never going to be the same for everybody. When I remember as a very kind of jaded family doctor when this whole "closer to home" thing came with the fifty-two health authorities, those of us who were practicing medicine knew a neurosurgeon can't go and make a house call in Ymir [West Kootenay geographic region] , which is what people thought it meant. You can't do it. So your job is to try to do the best for the most.

And while you can't make it completely fair, if someone says to the government "Why is this really excellent document available in the Fraser Health Authority or the Vancouver Coastal [Health Authority] and we've never heard of it?" that's a really good question. And you don't want to be too mad about it but what you want to do is get to a place where the excellence that is in each of your hospices and each of your health authorities, that there is a place where people can go where that information is and they can have it. And it's easily, it's available for all British Columbians and that we're thinking about it in that way and we're trying to be as fair as we can. So thank you very much for the hotline. And it is hard to be doing such fantastic work and feel that you're not even acknowledged. It's not very good.

DONALD CARSON: Thanks very much. Now I'm sorry. I have to throw a wet blanket out there but we're running late and we really have to wrap this up. But it's just awesome to see the excitement and the interest and questions coming your way and the information you've shared with us. I think this has been a very valuable session and I really don't want it to quit, but we have a schedule to keep. So we're asking participants if you'll go out and get tour coffee break stuff and get right back in for the next session. And I do want to thank Margaret, George and Mark for … I think it's amazing that you came out on a Saturday to do this for us. And you did it out of the goodness of your heart to benefit everyone in this room. So I really appreciate that and we have a gift for you. [applause]

REFERENCES

- BC Ministry of Health (February 2014). Setting Priorities for the B.C. Health System.

http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf

- BC Centre for Palliative Care, Institute for Health System Transformation and Sustainability
  http://ihsts.ca/projects/bc-centre-for-palliative-care/
- BC Healthy Living Alliance
  http://www.bchealthyliving.ca