

# BCHPCA FORUM | 2014

SATURDAY MORNING SESSION MAY 10, 2014 10:45-11:45

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

## ROUNDTABLE ①

### Philanthropic and Estate Planning Conversations

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

#### INVITED EXPERTS

- CRAIG HIKIDA, Vice President, Development and Donor Services, Vancouver Foundation
- HUGH MCLELLAN, Principal, McLellan Herbert, Barristers and Solicitors; Past Chair, National Elder Law Section, Canadian Bar Association
- NICK PARNELL, Director and Chair, Communications Committee, Advocis Vancouver (Financial Advisors Association of Canada); Freedom 55 Financial

#### 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, dying, planning for care, and wills and estate planning and the paths to opening these conversations
- the current and potential role of philanthropic, legal and financial estate planning professionals in engaging and educating the public about death and dying, advance care planning and estate planning
- the potential for philanthropic, legal and financial estate planning organizations to partner with hospice palliative care organizations to promote public and personal conversations on death, dying, advance care planning and estate planning
- the potential for philanthropic, legal and financial estate planning organizations to partner with hospice palliative care organizations to advocate for hospice palliative care in British Columbia

RUTH EDWARDS: Alright. We're going to get started very quickly. So if anyone else would like to take their seats, please do so. Okay, we're going to get started. My name is Ruth Edwards. I'm the Executive Director at North Okanagan Hospice Society in Vernon in the Okanagan. And I'm also the incoming representative for the Interior region on the Board of the BC Hospice Palliative Care Association. Our guest speakers today: Nick Parnell on my left, excuse me, on my right. [laughter] Yes, the other left. That's right. Nick Parnell is the Director and Chair of the Communications Committee for Advocis Vancouver [Financial Advisors Association of Canada] and also works with Freedom 55 Financial. In the Centre is Hugh McLellan, Principal of McLellan Herbert Barristers and Solicitors and past Chair of the National Elder Law Section of the Canadian Bar Association. And on my immediate right is Craig Hikida, Vice-President of Development and Donor Services with the Vancouver Foundation.

So our topic today. I will ask each of the presenters to speak. Now the discussion today has been rather lively. If we stay to the proscribed questions, that's great. If the topics veer from that, I'll leave it to the discretion of our speakers as to their comfort level. We may bring it back to the proscribed questions. So the first comments that we would like each of our speakers to

address is the current state of public conversations on death, dying and planning for care in wills and estate planning and the paths to opening these conversations. Okay? Would one of you like to start on that?

HUGH MCLELLAN: Sure I'll start with that. Thanks Ruth. Everybody hear me okay? Alright. I'm a lawyer that practices in Vancouver and my practice is solely in the area of wills and estates and elder law. And the question of getting people to think about doing the wills is a very difficult matter that we've encountered in the whole thirty years that I've been doing this. I find that most people will think about doing wills just before they're about to go on vacation. [laughter] And if they have thought about it before then, it's usually when they just had a child. But other than that, a lot of people don't really turn their minds to the thought of doing a will, perhaps because you're associating that with death and they don't want to think about that.

But statistically, about half the people that die in British Columbia don't have wills. Now obviously if they don't have a will, they don't, they haven't taken advantage of the opportunity that's there to plan for dealing with all of their affairs. And of course of interest to the people in this room, they've, they don't then have the opportunity to make a gift in their will to some association or some group or some charity that they're interested in. So how we get people to do more wills, that's something that lawyers and notaries and other people have been thinking about for years. And certainly we don't have an answer to that other than continuing with education, continuing to promote that whenever we can. So that's where I'll start.

NICK PARNELL: Thanks Hugh. I'll add to that. My experience as a planner too, much down the same path as Hugh is explaining. Part of the planning that we do for our clients is the estate planning side of thing. So whether that's making sure that there's a legacy to leave to a certain charitable organization or to the family, part of that is doing the wills and powers of attorney that are important. And when I start talking to people about that and say "You've got to go see your lawyer. If you don't have one, I can introduce you." Eyes glaze over. We don't talk about it anymore.

So in terms of the current public conversations on it, I say they're not really existant. It's hard to. If we had a conversation or an event with that title in it, I don't think anybody would come. So I think we really need to work on constructive or creative ways to word the titles of those events, have more of those conversations, and really maybe [it's] up to the individuals to work with their advisors, their different advisors such as their lawyers, accountants, planners to open these discussions and have it. I talk about dying with my clients every day. So it's something that I'm a little more comfortable with. We have to have these conversations. So I think that's maybe where it starts. And from there, hopefully leveraging our partnerships. Partnerships has been a big word today. But working with different organizations to, like I said, creatively come up with a way to share that with the public as well.

CRAIG HIKIDA: First of all, our experience at Vancouver Foundation is a little bit different but there are some similarities. It's funny because Hugh mentioned there seems to be this sort of upsurge in the conversation when people are about to get on an airplane. And right about now is when people are starting to think about and putting together their summer plans and booking airplane flights and those types of things. There's a little bit of activity going on in our shop [at Vancouver Foundation] right now because of that.

At Vancouver Foundation it's a little bit different. We have the wonderful opportunity to work with hundreds of noted philanthropists in the city and many who do so quite anonymously. And philanthropists who give money to a number of charitable causes, and one of the conversations that we're very comfortable in having, is that individuals support some charities year after year very loyally and do so with fairly significant sums of money. And we want to make sure that those organizations are supported in the future. That if you consider the charitable landscape, if you consider perhaps your own

organization and the annual struggle for dollars, should a \$5,000 or \$10,000 annual donor pass away, that's hard to replace. That's a lot of \$50 gifts that you've got to make on an annual basis.

So in having these conversations with our donors and asking them, "You've had this long standing loyalty and this great support of charitable organizations, wouldn't you want that to continue in the future? Because whether you like it or not, these charitable organizations now are your dependents and you need to think about them in that manner just as you think about supporting your family and friends. Because these are organizations that are counting on your support." And so we have the wonderful luxury and honor of having those conversations – very intimate conversations – with individuals around that longer term support of organizations, long after we're gone.

RUTH EDWARDS: Thank you. Any questions on that so far?

COMMENTOR 1 [Dr. Joelle Bradley, Fraser Health]: A question for the lawyer and the planner. I'm a hospital physician and whenever I have a patient come into hospital in the emergency department, I say "Do you have any wishes you need me to know about? Any kind of health care you would or wouldn't want?" So I'm gently asking about their advance care planning. And they all say to me "I've done my will." And then they haven't done their advance care planning. And I'm wondering, do you guys ever – I know this is a little bit off topic – but do you guys plant the seed in their head as well about advance care planning?

HUGH MCLELLAN: I can tell you that in my practice, I rarely have a client that's come in to do a will that doesn't also leave with an enduring power of attorney and a representation agreement. It's very rare that somebody would not do that or I can't convince them to do it. I would say that's probably true for most people that are going to see lawyers as well, that they would be having that discussion and saying "Okay, your will speaks from death. What happens if you leave my office and get hit by a bus or you have a stroke or you get Alzheimer's or whatever? Somebody's going to need to manage your affairs and make these decisions for you, so let's do some of that planning." And virtually everybody agrees. It is a rare case when somebody doesn't want those things. So that's my experience.

NICK PARNELL: Sorry, go ahead. It sounds like ....

COMMENTOR 1 [Joelle Bradley]: And I just have to take this opportunity to share that pieces of paper of who is your – it might be your health care representative – don't hold any water. It's about the conversations that they've had when your time is running short or you can't speak for yourself. What do you hope for? What do you fear? What's going to be meaningful? And that is way more important than the piece of paper. And it's not necessarily that you need to do that but I'm wondering if there would be a way of engaging with financial planners and lawyers, that you guys would have a way of connecting with people who can help have those, that's the really important conversation for advance care planning. Not the pieces of paper.

NICK PARNELL: Yeah and I think that's a great point. The piece of paper is the legally binding. These are your wishes "This is what I would like to have happen." So I think that is, it's very important to have done. The conversations that lead up to that are the exact things that you're asking about and when we're working on planning with our clients and we're looking at the long term planning side of things, those questions are addressed. I think they have to be. It's important to have those conversations now. It's advanced advance care planning is the best way to look at it because not only for the tools and strategies that we use in the risk management side of things, but also when they're working with their lawyers and want to put together basically their plan for the future, which should follow their wishes and what they've wanted to have happen.

I also encourage them to have these discussions with their family because you can put the piece of paper together but I, so many times you see things just fall apart because they never had these discussions. And there's contestability and things like that. But having these discussions, having things like the legal documents in place that support this and documentations from your planners that say "No these are the wishes that they [the client] share with me and we've written down." It is an important step and I think it's something that we definitely probably both work on in our practices. So ... it's a good question.

**HUGH MCLELLAN:** Can I add something to that as well? You raise a good point and I don't completely agree with your position. If I have clients that are 25 years old and have just had their first child, if I start talking to them about what happens when they hit 80 years old or 90 years old, they're not going to have any idea. And they're not going to come to any rationale conclusion very likely unless they happen to have gone through it in their own family. And of course in British Columbia, we deliberately did not go to the "living will" situation that other, some other jurisdictions [did]. We have representation agreements where you pick somebody to make the right health care decision.

So I completely agree with your point that that discussion has to take place. But that discussion has to take place with the person who has the legal authority to make the decision, that is the representative. Or if for some reason if they don't choose a representative, the other, the closest family members who might be the substitute decision makers or perhaps if they are going to do an advance care directive and we can talk about that separately. But really, the whole idea of doing a representation agreement is you are picking someone who is going to make a decision based on your current wishes.

So I'm doing representation agreements that may not come into play for twenty or thirty years. And there would be very little point in me taking instructions and putting it in the document to say "These are my wishes" because those wishes may be very different twenty years later. Same with saying "I don't want this particular type of health care."

A doctor had told me a story years ago where he was practicing in a jurisdiction where they did allow living wills and the living will specified that this person did not want treatment for this particular type of health problem. It had to do with her heart and at that time the treatment was that the person would end up in hospital for the rest of their days hooked up to a machine. Now they treat it with a pill and this doctor, because of the living will, was not able to treat this person.

People don't keep up with changing medical technology just like their attitudes towards death and dying and health care will change over the years. So it's fine to have that conversation but from my point of view, that conversation - I'm encouraging that between the representative and that adult that's doing the document.

**RUTH EDWARDS:** So this is going to move into our next set of questions which is around the role of philanthropic, legal and financial planning professionals in engaging in public education about death, dying and advance care planning. Okay, I'll just carry on. I would like to share an experience that we have happening in Vernon right now. I'm a member of the Vernon Estate Planning Council. So once a month, we get together at 7:00 in the morning for breakfast and we talk about all aspects associated with death, dying and the planning thereof. So little did they know when they had a hospice professional as a member of this group that we were actually going to talk about the processes of death and dying and grief and bereavement and how to actually have those conversations.

And as the medical professional experts said yesterday, they're people as well. They are also experiencing their own issues with death. Financial and legal professionals are exactly the same as everybody else. They also have issues with talking about death. And as you bring it to the breakfast table as we do once a month, it starts to normalize. It starts to become a little bit

more easy to talk about. You start to talk about it in some other social settings and next thing you know, those conversations are becoming a little easier.

So the legal documents are absolutely essential. I agree with Hugh on that matter. The conversations need to be happening in addition to that. They don't replace. One does not replace the other. They both need to happen in my opinion. So if I could have you speak again on these topics, that would be great. So it's the public education about death and dying and the advance care planning documents and estate planning documents.

CRAIG HIKIDA: I'll start. So certainly there's a role for the philanthropic sector to promote this and really it is – I'll be very straight up – it's sort of self-serving, without question. We recognize that the Holy Grail of any fundraising shop, and you folks who sort of do us part of the business as well in your shops, you'll recognize that the sort of Holy Grail of any fundraising shop is the planned gift. Generally they're the largest. Generally the most valuable types of gifts that an organization can receive. I say valuable in that most of the time there are very few strings attached to them. There's just a very high level of trust that go along with that. Organizations like the Estate Planning Council, Leave a Legacy, they do wonderful work in this type of promotion.

Our shop I said is a little bit different. We have a very, very small number of donors who are extremely charitable. And we do it in a very simple way and we do it in sort of a one by one storytelling type of fashion. And the way in which we're trying to change sort of the dialogue and get people to understand that it's a conversation that's worth having is, when I try and tell stories or put people in a position where they then can see themselves in that situation.

So I can talk about a couple of donors that we've worked with in the past. A gentleman named Anton who was a paraplegic, and this year at UBC [The University of British Columbia], a Commerce student will graduate because of a wonderful gift that Anton made in terms of a scholarship. Or I could talk about a woman named Marion who was a violinist with the Vancouver Symphony Orchestra. Marion made again a wonderful gift as well and because of her every day, well, excuse me, three days a week after school, kids in the Downtown Eastside [a low income neighbourhood of Vancouver] who could otherwise not afford music lessons are getting free music lessons. The wonderful parts of these stories is that Anton passed away five years ago and Marion passed away eight years ago and these are their enduring legacies that they're leaving in communities.

And so rather than talk about the death and dying piece which we will all experience, it's really about the legacy that you want to leave. What is your legacy here going to be? What's your, what's the importance that you want to place, what issue do you want to place some importance on? What's your passion? And so when we change the dialogue a little bit, it becomes much more palatable for people in the community for sure. So we're all going to die. So let's figure out how we can support these things that you're most passionate about.

HUGH MCLELLAN: A couple of things that I've either experienced or been part of over the years in dealing with various charitable associations is that they'll often have an open house and invite a lawyer. And for your organizations that are outside of the Lower Mainland [larger Vancouver region], I think this is something you might want to explore. Have the lawyer come in and start talking about some of the estate planning and give them a free half an hour lecture on why you should do a will. A lot of the community will react to that. It's an opportunity for them to learn about something and obviously see your organization as well. So that's something to consider.

NICK PARNELL: I'd just add again to that point Hugh just made. I think some of the best ways to really engaging the public viewpoint on educating again on estate planning and those difficult decisions, is just bringing everyone together in a room,

acknowledging that this is something that's going to happen to everybody and you're all going to have to deal with it. If you have parents and grandparents, maybe you're dealing with it two or three times. So it's a reality.

Some things that I've found have been successful, just the way my practice operates is very much one on one. So working with my clients as much as I can. But also trying to put on seminars. And things that I've found very successful are organizations like UBC put on a Next Steps series, or a dialogue series where alumni can be invited out, come out and you're in a big group of people. You have a panel just like this and ask your questions and have those discussions and realize that you're not alone. Everybody's going through it. And I think that's the best way to really engage the public. It's the easiest way anyways.

COMMENTOR 2 [Maria Kliavkoff, Hospice Society of the Columbia Valley]: Hi. I really appreciate everything that all three of you are saying. But I think that there's another piece of the puzzle here. And that is, we've been talking about partnerships and how can hospices partner with other organizations to have those difficult conversations. And I think when we mention advance care planning that perhaps what we mean by advance care planning was not understood by the panel. And the onus is on us to explain what that is.

I'm wondering if there's a way to partner with the Canadian Legal [Bar] Association and the lawyers to explain to them what advance care planning really means. Because it's not about a 25 year old who's making decisions that won't come into play until they're 90. It's actually very different from that. And the Ministries of Health are talking about we want every Canadian to fill out the "My Voices" document and in part they're tasking hospice with doing this. So the question is, is there a way for us to partner with the legal association and educate the legal association because I think you're right – you've got the clientele and maybe there's a way for us to work together.

HUGH MCLELLAN: My suggestion on that would be to contact the Canadian Bar Association, the local BC Branch and suggest that you speak or have a representative speak to the Elder Law Section. The Branch has sections for wills and sections for elder law and criminal law and family law and everything else. But it would seem to be the Elder Law Section would be the appropriate one to do that. And they would, they're always looking for speakers to come out and talk about related issues.

COMMENTOR 3 [Lynn Wood, Oceanside Hospice Society] [no microphone]: Sorry, all I'd like to clarify is it's not just about elders. I live in one of the oldest communities on Vancouver Island but many of the people who die are mid-life or younger. [not using microphone; repeat] I'd just like to clarify is it's not just about elders. That many of the people who are our clients are at mid-life or younger. And so is the Elder Law Section of the Bar Association really the only group that we would want to access?

HUGH MCLELLAN: Well you could also try the Wills and Estates Section. But frankly the lawyers that are most involved would be the Elder Law Section. You'd get the biggest bang for your buck I think, dealing with the Elder Law Section. Because it's, if you're doing Elder Law, that's not the only thing you do. I don't think there's a single lawyer in British Columbia that just does elder law. But they deal with those sorts of concepts.

NICK PARNELL: I would say branch out and talk to financial advisors as well. Part of our responsibility, and what I work on with my clients is "What happens if you die too soon, live too long, or get sick or hurt along the way?" And all the risk management tools and things that we put into people's financial plans are exactly for that. They're exactly to help with that stage of life, help the families around them, make sure that the family is going to be taken care of which I think is probably everybody's wish. And having those discussions.

Now is it more difficult with ... [pause] equipment malfunction, now is it more difficult to have those conversations with someone who is 25 [years of age] and are they going to listen? No, but I think just having that conversation initially saying “This is why it’s important” and sharing with them exactly what your message is. Communicating with an advisor and then I can directly talk to my clients about why it’s important I think just gives another reason to be looking at it. And then again, in our regular reviews we can bring that up and make sure that we’re doing the appropriate things and making sure that’s taken care of.

COMMENTOR 4 [Sandy Cullen, Paul Sugar Palliative Support Foundation]: I’m not sure, quite sure ... any child over 19 years is an adult. If you had a 23 year old son who was hurt in a terrible ski accident and he’s paralyzed, he has ... and he can’t talk, he’s totally paralyzed. He, if he had an advance care plan, it would all be written down on what he wanted his future, his spokesperson to do for him. So it has nothing to do with waiting or whatever. It’s something that’s very important that we all should do, however after, as soon as we’re past 19 [years of age] because we never know if you’re hit by a car or whatever.

NICK PARNELL: It’s a great point. I 100% agree. And that’s the message that I struggle every day to tell my clients. Because, unless you’ve had it happen to someone very close to you or in your family, it’s intangible. It’s really hard to explain that. But, so by giving me that message and sharing that with me, that’s what I’m trying to share with my clients on a daily basis too. And that’s what we’re trying to create plans around, for sure. But I can’t just tell someone to do it and they’re going to do it. We have to share that story.

COMMENTOR 4 [Sandy Cullen]: The government has gone to a lot of, lots of detail, problems over the, putting this all together and I don’t have a copy here but maybe somebody can show you a copy of the whole book [My Voice] and I you can go online. I know you can go online and find it as well. Yeah, it’s called “My Voice”.

NICK PARNELL: Right. And I’m agreeing with you. I share these stories with my clients every day. That’s what I do for a living and I want to make sure if that happened to anybody that they’re fine. Their families would be taken care of as well. And that’s our job.

RUTH EDWARDS: Before we get too offside here, I want to be fair to the panellists. The legal and financial aspects of estate planning give us an opportunity to be opening conversations. One does not exclude the other. So these are professionals that we have invited here today to be sharing our thoughts with, absolutely. However, they have a role in estate planning and end-of-life planning that does not exclude our processes but is in addition to. And I think the intent of the panel here today is to ask questions on how we can forward our philosophy on end of life through these professionals throughout the province. Okay? So if we could move forward with some questions on that, I would appreciate it. Yes.

COMMENTOR 5: For some of us, for a number of us who are in smaller cities and smaller towns, there may not be a community foundation available to us. So is there some way that we can piggyback with a larger foundation and neighbouring, or the Vancouver Foundation for that matter?

CRAIG HIKIDA: The short answer is yes. There are I think last count was 27 community foundations across British Columbia. We’re very fortunate to be the largest community foundation in the country. We have a provincial mandate. So half a step back: community foundations are organizations that look after or support the charitable efforts of a specific geographic region or community. Vancouver Foundation is the only one across Canada that has a provincial mandate. So while we support charitable endeavours across British Columbia, we also support philanthropists across British Columbia as well. So

first and foremost, the question that we would ask any donor is, before they come to Vancouver Foundation, is “Have you explored this opportunity with your local community foundation?” Because they may not know it exists. And then further to that, if Vancouver Foundation is the option that they choose, “We would be absolutely happy to help.”

COMMENTOR 1 [Dr. Joelle Bradley, Fraser Health]: For the panellists up here, in terms of partnering and having you at the table, this is so great. And I really want to thank Nick for what you said about “I tell these young people about advance care planning and they’re not going to listen to me.” But in fact it’s so critical that you have done that because Leslie [Rogers, Fraser Health] and I have this thing about it takes seven asks for someone to hear your message and buy your product, so the fact that you’ve done it, then maybe next year the family doctor does it and a neighbour. So excellent work being one of seven. And another comment for you guys. When you’re talking about this life-long giving and then giving after you die, to leave a legacy, maybe a real cool group – following on Facebook. There’s these child free by choice people. And they don’t have kids to give their money to. And what a neat way to leave a legacy.

COMMENTOR 6 [Luisa Sanchez, Prince Rupert and District Hospice Society]: I’m just learning about this community foundation. I know we have a local one but is there a cost, let’s say for our local foundation, is there an extra cost if let’s say something that we can’t do locally and we go to you, would that be a cost to our foundation?

CRAIG HIKIDA: Every community foundation across the country has a, their independent governance and structure. So there’s one cost for everybody. It would be dependent on the type of service that you were looking for. We have somewhere around 1,600 separate and individual funds now being held at Vancouver Foundation. We treat them all the same. So a fund is a charitable fund. Someone gifts an amount of money, it’s invested in a balanced growth fund and it’s not the capital that we spend, it’s the investment income that’s spent on an annual basis. So it really provides that longer term support for organizations across the country.

At Vancouver Foundation, the all-in cost is 1.15% of the market value of the fund. So we believe it’s one of the lowest in the country. Half of that actually, half of that 1.15% is just simply cost recovery for what we pay, approximately fifteen different investment managers. We have a significant number of investment managers who help to manage the \$900 million plus portfolio that we have. And then the other part of that, so about .65% is our admin. fee on top of that. So again, we’re happy to tell you it’s one of the lowest in the country.

COMMENTOR 7: We spoke earlier about knowing who our audience is – oh sorry, it’s me over here. So when we’re approaching potential donors around supporting this cause that we all care about so passionately, I’m wondering if you have any advice on what typically will motivate donors? What is it that they care about? Because I certainly hear of things like looking at low administration costs for example in your society. But is that important versus public recognition versus leaving a legacy versus having a personal passion around a cause? How do you figure out how to align with someone?

NICK PARNELL: That’s a great question. And Craig’s probably going to be the best person at this table to answer that. But from my view, and working with people when we’re doing the legacy side, the planning side of things is first of all, what are the causes that are important to them? And then how does the organization help those causes? And I think that’s going to really be the underlying basis for if someone’s either going to give a monthly gift or a legacy gift to an organization. And some people do want recognition. That’s fine too. I think you just have understand that too and part of those conversations you should be having with them.

Now the best maybe to recognize maybe who those people are, which I think is maybe your question is, do you guys use anything like a charitable giving survey? Create that and then just in it “What organizations do you give to? What are some causes that are important to you? Why are these causes important to you? Have you heard about this?” And different ideas in there that gets them interested. And then have a conversation more around it instead of just “This is what we do. Would you decide to give a monthly gift to us or leave a legacy to us?” And I think that’s the best way to approach it.

CRAIG HIKIDA: I can’t tell you the number of individuals that sort of walk in through the doors of the Vancouver Foundation and have what they believe is their passion. And they say “I’m going to set up this charitable fund and I’m going to, I love children and I’m going to support BC Children’s Hospital” let’s just say. Not downplaying the wonderful work of BC Children’s Hospital but when we explore a little bit more and we dig a little bit deeper and we begin to poke a little bit and ask “Is it really the .001% of a child’s life at BC Children’s Hospital that you want to support or is it children?” Because there’s much more, obviously in supporting kids than the Children’s Hospital. There are mentorship programs and after-school programming, food programming, all types of things that go into the health and well-being of supporting kids in our community.

Once we begin to ask those questions and explore a little bit more, we really sort of are able to dig at the heart of it. Most of what we do is just asking good questions and listening. And asking “Is this a vehicle that you want to set up because do you really want to teach your kids about philanthropy? Or what are your values? What are you presently volunteer[ing] with? What organizations do you presently support? What are your hobbies?” All of these things lead us to this place where people go through his self-discovery.

Sometimes it takes five, ten years. We had a donor – luckily we keep pretty good records – and we had a donor who established a fund. And this was ten years of dialogue that we had. And it took for him to sort of discover really what his passion was.

But what we’re talking about here is not retail philanthropy. We’re not talking about annual donations. Gifts generally sort of on the annual side, they come from income. They come from your disposable income. What we’re talking about is people dealing with the assets that they’ve accumulated all their life: their investment portfolio, their home, their cottage. You would expect that there’s a much deeper level of conversation that would happen, and it’s not just a decision they make because of a TV ad or an ad they see in a business publication. These are very in-depth conversations with family, with spouses of course, to really dig at the heart of what people’s passions are. So we try and get away from “What charities do you want to support?” “What’s the issues that you want to support? And what’s the cause?” And that really starts to stimulate great conversations and goes through this sort of self-discovery with people.

HUGH MCLELLAN: A couple of other points I want to make. You can advertise in various donor guides but frankly the only benefit of that is that it’s a one stop place for a lawyer to look up the correct legal name of your charity. [laughter] So I really don’t think you’re spending your money wisely if that’s what you’re doing. We can find all that information on the Internet so I wouldn’t bother. Join, consider joining the Canadian Association of Gift Planners. And perhaps there are people in this room through the head organization that are involved in that. There’s lots of good idea that they will have about fundraising and philanthropy.

One thing that hasn’t been mentioned so far is insurance. That is a great way to fund your organization by having donors, staff people, board members take out life insurance. In perhaps the next conversation that you have with a group like this, invite an insurance person to come along and talk about the advantages of doing that. So that’s something else to think about.

COMMENTOR 8: So just an observation. We are very fortunate in that we have a community foundation in the Central Okanagan. And because we have a pretty good relationship with them, when someone comes in to discuss leaving a legacy, we often get a call from them asking what we have that we'd really like now. And so just last week, we were able to discuss with one of their donors directly, who use to give flow through donations through the local [community] foundation, but is now directly donating to us. And the last one was a \$5,000 gift and it's for the garden. If we bought mentions for everybody that wanted to help the garden, we'd be, it would look like a church, it would look like the inside of a church. [laughter] But I'm just saying that the local foundations, and a lot of us have them, can be a really good source to share what you do. And then when they're discussing it with the donor, they know exactly what you do. And we've been very fortunate.

RUTH EDWARDS: On a personal note, I would like to say how important it is for the tax accountants, lawyers, bankers and wealth managers in your community to know who you are. They will get clients in their offices who are preparing their legal documents for end of life and they will ask their legal or financial professionals for advice on where to leave their estates. And if they know who you are and they know that you're doing good work, and they know that your administrative cost are within, well within the advised amounts through Revenue Canada, then perhaps yours will be at the top of the list. Who knows right? But that's definitely an area for partnerships for each of us.

And I would like to speak to Don's [Commentor 5] comment earlier about small communities and small community foundations. We in Vernon have a community foundation. We have some of our endowed funds there. We also have endowed funds through the Vancouver Foundation because of some of the flexibility that the Vancouver Foundation allows us. So you want to make very wise decisions in how those endowments are set up. And I would encourage people to not limit yourselves to your local foundation because there are other options.

So going forward with the next set of questions then, I'm going to ask the panel if there is an opportunity for your professions to be partnering with hospice palliative care organizations to advocate for hospice palliative care within the province of BC?

CRAIG HIKIDA: This becomes a bit of a difficult conversation. Community foundations, typically, we become neutral parties and our role is really helping fulfill the philanthropic interests of donors, donors being corporations, wealthy families, individuals. And so very difficult for us to enhance one issue or cause versus another. It's just a very slippery slope, that if we start to have this very specific promotion of one issue in a community, then of course every organization comes to us and asks for the same and that becomes very difficult for us to do. We recognize that we can't be the community's fundraiser. What we are is very much focused on fulfilling the needs of individual donors should a donor of course be interested in supporting hospice and palliative care of course that's the road we will head down with them and explore. But as neutral parties in the community, that becomes very difficult for us.

HUGH MCLELLAN: Lawyers like taking sides. [laughter] They like being advocates. Get a lawyer of your board. That's my recommendation. [laughter]

NICK PARNELL: I'm going to look at it from two perspectives. Obviously as a financial planner, at least the way my practice operates, I am me. I am self-employed. So I think it's worth reaching out to planners in your community. Find someone who believes in your organization that you represent and is on board and I'm sure they'd be 100% happy to partner with you and help you out. Personally, I'm always happy to come out to organizations and talk on a topic that they think might be of interest to their community and to their donors. I think more information is good, education is good.

Coming back to my position on Advocis as a Board [member] and the Communications Chair, we're here to help the community. That's part of what we do, that's part of our mandate. So if you guys are stuck and you're wondering who advisors are in your local communities or you have certain questions, get in touch with us. We're happy to help. We're here for that. We're not here to try and sell you something. We're an advocacy board. And lean on us if you need that extra help.

RUTH EDWARDS: Okay. Are there any other questions or any final comments?

COMMENTOR 9 [Shelley Stickel-Miles, BCHPCA President-Elect, Incoming] Hi. My name is Shelley and I'm incoming [BCHPCA] President-Elect. And so I want Meg [Milner, outgoing BCHPCA President] to tell me if I'm off topic here when I ask ... So one of the reasons to interface with you is so that we're an option in terms of donations and connections that way.

And I believe another reason to interface with not just you as professionals but we've been talking to doctors and nurses and nursing associations because I think the government has primarily been hoping that hospice will guide people through this booklet called "My Voice". And so it requires not just a hospice worker to sit with someone but a person to go to their lawyer, to their financial people and to their doctor and talk about how they're going to live their life best supported. And hospice is simply guiding people to do that work. And so I guess partly what I'm suggesting is that when we talk to professionals, it's about that financial support piece but also this, "Can we be part of your bag of tricks?" in which you support people by saying "There's these people who will help you, help guide you through a conversation that needs your doctor, your lawyer, your finance. And hospice has that booklet and you can get it from them.

Is that a useful piece?

COMMENTOR 10 [Meg Milner, BCHPCA President, Outgoing]: Even further, to be able to, along with the documentation, to be able to just hand them a "My Voice", hand them the document or refer them to the Ministry of Health website where it lives so that they then ... It's again that one of several different questions before it comes to fruition for people. So it's that question of yes, do you see any way in your roles of linking that to advance care plans beyond the legal, which is absolutely critical in my opinion, to also the legal of the advance care plan at that moment. And to not even have to do it with them, but refer them to the document, give them the document and/or refer them to resources in their community.

NICK PARNELL: Yes. [laughter] I work with a number of people in my practice. Just to give you a bit of background of mine, I've been about five years now, I have about 150 people that I work with on an ongoing basis and the reality is my practice is going to get much bigger. And these things happen to people. And it's part of our discussion. So absolutely, it's very important for me to be aware of this and that this is an option and to be able to share that with people. Because they're going to go through it. And I'm someone that they've built trust with. We've built trust with each other. And they're going to ask me these questions. So whether I'm the right person to answer the questions or not doesn't matter. But I need to know where to send them. So absolutely ...

HUGH MCLELLAN: I would agree also. The problem of course is organizing lawyers to adopt something is like herding cats. It's ... they all have their own ideas about how things should be done so again, probably pushing through the Canadian Bar Association would be the best way to deal with that.

CRAIG HIKIDA: Certainly at the community foundation level, we'd have to ramp up our knowledge on that front. We are having the dialogue with donors around death and dying or part of it happens to be around the charities that they want to support over the long term. But while the dialogue is open, there could be a very real opportunity to have this conversation with the

donors. It would be more of a referral piece so I don't think that we'd be certainly able to house that expertise in house but that's the way communities are built. It's all of us pitching in and doing our part so I do think that there is a role that we could play here.

COMMENTOR 10 [Meg Milner, BCHPCA President, Outgoing]: So I just want to say out loud that my thoughts as the outgoing President of BCHPCA is to flag for Lorraine [Gerard, BCHPCA Executive Director] your interest in having BCHPCA do a presentation to the organizations to start to develop relationships and partnerships specific to this. So thank you. [applause]

RUTH EDWARDS: Okay. I think the questions are finished then. So thank you to our panel: to Nick, Hugh and Craig for your time today on a Saturday morning. Much appreciated. [applause] And we do have a small token of appreciation as well for each of you.

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