



British Columbia  
**HOSPICE**  
PALLIATIVE CARE  
Association

Hospice Palliative  
Care in BC & Yukon

# 2022 KEY FACTS & BACKGROUNDER

December 2022

# How to Use this Document

This document is a collection of current statistics and knowledge of hospice palliative care in British Columbia, and Yukon. Whether you are receiving care, are a healthcare professional, a caregiver, researcher, policy maker or are interested in learning more about hospice palliative care in BC, and Yukon. We'd like to acknowledge CHPCA, whose fact sheet we referenced in creation of this backgrounder. BCHPCA hopes this document is helpful.

Please note that this document is not all encompassing, rather it represents a sweeping look at hospice palliative care in BC, and Yukon. If you conduct research, or have information you'd like to share for next year's fact sheet, please send to [office@bchpca.org](mailto:office@bchpca.org).

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*The BC Hospice Palliative Care Association (BCHPCA) recognizes the traditional land of the First Nations, Métis and Inuit peoples who have walked before us and minded the lands we now call home for time immemorial. Hospice Societies have been able to support, aid and care for many people on these same lands.*

## Death & Dying in 21st century BC

- In British Columbia (B.C.), there is approximately one death every eleven minutes.<sup>1</sup>
- Despite increases in the life expectancy of British Columbians over the decades, the quality of life for many is not ideal due to chronic and degenerative diseases.<sup>2</sup>
- By 2027, the number of deaths in B.C. is projected to increase to 44,700, and to 54,700 by 2037.<sup>3</sup>
- Of the British Columbians who die each year, over 70% die of chronic illness, such as cancer, heart disease, lower respiratory diseases, diabetes, Alzheimer's, liver disease, Parkinson's, or hypertension.<sup>4,5</sup>

## Access to Hospice Palliative Care in BC & Yukon

- In 2015-2016, there were 16,143 palliative home care clients in B.C., while in the Yukon, there were between 24 to 39 palliative home care clients.<sup>6</sup>
- In 2021-2022, 52% of the deaths in British Columbia and 50% of the deaths in the Yukon received palliative care.<sup>7</sup>

## The Aging Population

- Canadians between the ages of 45 and 74 are more likely than younger adults and older seniors to receive palliative care.<sup>6</sup>
- Young seniors, age 65 to 84 at the death, are the group most likely to receive palliative care. In contrast, older seniors (85 and older) are less likely to receive palliative care even when compared to younger people.<sup>7</sup>
- By 2037, the average life expectancy at birth for women in B.C. will be 87.5 years and 83.9 for men.<sup>8</sup>
- Approximately 75% of all new cancer cases and 87% of cancer deaths in B.C. occur amongst individuals 60 years and older.<sup>9,10</sup>

# Chronic & Life Limiting Illness in BC & Yukon

- In 2021, seniors (aged 65 and older) comprised 20.3% of B.C.'s population and 15% of Yukon's population.<sup>11,12</sup>
- With the aging population in B.C., cancer incidence is expected to grow by 57% from 2012 to 2030, which will result in a greater demand for palliative care services.<sup>13</sup>
- B.C. has the lowest prevalence of chronic diseases of Canadian provinces and territories, however, the estimated prevalence of multimorbidity (3+ chronic conditions) in BC has increased by 75% over ten years from 5.2% in 2001/02 to 9.1% in 2011/12.<sup>14</sup>
- B.C. incidence (per 100,000 population) for the leading chronic conditions in 2020/21 for all ages:<sup>15</sup>
  1. Mood and Anxiety Disorders (2438)
  2. Hypertension (1623)
  3. Ischemic Heart Disease (767)
  4. Diabetes (708)
  5. Osteoarthritis (704)
  6. Osteoporosis (593)
  7. Chronic Kidney Disease (552)
  8. Alzheimer's Disease and Other Dementia (492)
  9. Asthma (491)
  10. Chronic Obstructive Pulmonary Disease (459)
  11. Substance Use Disorder (357)
  12. Heart Failure (341)
  13. Gout (272)
  14. Stroker, Hospitalized (128)
  15. Rheumatoid Arthritis (95)
  16. Schizophrenia and Delusional Disorders (73)
  17. Epilepsy (66)
  18. Parkinsonism (58)
  19. Multiple Sclerosis (17)
  20. Juvenile Idiopathic Arthritis (4)

# Pediatric Hospice Palliative Care in BC & Yukon

- Twenty-two percent of children (aged 0-18 years) have at least one chronic condition. The most common chronic condition amongst children is asthma.<sup>16</sup>
- In B.C., the prevalence of children living with life-threatening conditions (LTC) is estimated at 17 per 10,000 individuals between the ages of 0-24 years old.<sup>17</sup> LTCs are defined as conditions for which there is a likelihood of death before adulthood, due to there being no standard curative treatment available or where the available standard treatment has a high failure rate.<sup>17</sup>
- B.C. uses a pediatric palliative care program delivered by a freestanding pediatric hospice, called the Canuck Place Children's Hospice (CPCH), to care for referred children across the province.<sup>17</sup>
- B.C. Children's Hospital works in partnership with the CPCH and uses the hospice as its palliative care program to help children and families living with progressive life-threatening conditions (LTC).<sup>17</sup>
- The CPCH provides care to over 818 children and families from B.C. and the Yukon.<sup>18</sup> This unfortunately still does not meet the needs of all the children living with LTCs, as there are an estimated 1397 children in B.C. each year living with an LTC.<sup>17</sup>
- Deaths by Taxonomy for the CPCH provincial program (2019-2020):<sup>19</sup>
  - 31% CNS Condition
  - 23% Congenital Syndromes/Multi-Organ/Chromosomal
  - 22% Cancer
  - 16% Cardio Pulmonary
  - 3% Neuromuscular
  - 3% Metabolic/Biochemical
  - 2% Immunologic Infections
- Over a period of 10 years, the Ministry of Health and Ministry of Children (BC) and Family Development funded only 26% of the CPCH costs, despite the hospice alleviating some of the burden on the public health care system by reducing admissions to B.C. Children's Hospital.<sup>17</sup>



## Funding for Hospice Palliative Care Programs

- In 2017, B.C. signed a bilateral agreement with the federal government, developing an action plan to use federal transfer funds on palliative and end-of-life care. Between 2017 to 2022, over \$60 million was funded.<sup>20</sup>
- The 2023 B.C. Budget includes nearly \$6.4 billion in new investments over three years for public health care to improve cancer treatment, expand the workforce, and better support healthcare workers and family doctors. This also includes \$1 billion in new funding to strengthen mental-health and addictions services.<sup>21</sup>
- According to the 2023 B.C. Budget, one of the key objectives is to improve access to home support, caregiver supports, and palliative care for seniors.<sup>22</sup>

## Potential Cost Savings in the Health Care System

- Compared to other high-income countries (Belgium, England, Germany, Netherlands, Norway, and the United States), Canada has the highest mean per capita hospital expenditures in the last 180 days of life (end-of-life care) and the highest proportion of individuals who die in acute care hospital settings. Despite this spending, Canada yields poorer end-of-life care results compared to most of these other nations.<sup>23,24</sup>
- In contrast to the usual acute care, hospital based-palliative care can save the health care system approximately \$7,000-\$8,000 per patient.<sup>25</sup>
- Outpatient-based palliative care services consistently yield direct health care savings of around 30 percent.<sup>25</sup>
- Transferring patients from an acute care setting to a residential hospice can save ~\$600/day per patient.<sup>25</sup>
- In Ontario, home-based palliative care can save an estimated \$4,400 per patient in health care costs and \$191 million-\$385 million annually if expanded to individuals currently not receiving such services.<sup>25</sup> Proportional savings would be anticipated if similar programs were employed in British Columbia.

## Raising Awareness

- Hospice Month - May is hospice month in B.C and the Yukon. During this month, BCHPCA honours B.C. and Yukon Hospice Societies by raising funds and spreading awareness on hospice palliative care services.
- National Volunteer Week - National Volunteer Week takes place in April and celebrates volunteers in B.C., Yukon, and Canada who support hospice palliative care.
- Advanced Care Planning Day - April 16 is National Advanced Care Planning Day. The BC Centre for Palliative Care provides training and educational materials in Advance Care Planning.
- Throughout the year, BCHPCA is committed to organizing events and campaigns to raise awareness and funds for hospice and palliative care in the region.

## Government Research in BC & Yukon

- In 2015, the B.C. Centre for Palliative Care received funding from the BC Ministry of Health:
  - \$1.1 million was allocated to augment research, promote public awareness and participation in Advanced Care Planning, and improve the capacity of health care providers to engage in Serious Illness Conversations.<sup>26</sup>
  - \$825,000 was used for education of health care providers and the development of innovative tools and resources to promote excellence in the field of palliative care.
  - Examples of research include: a project designed to enhance Advanced Care Planning in primary care practices (iGAP Project), assessment of the feasibility and efficacy of community educational interventions on Advanced Care Planning, and a study that sought to improve the use of Advanced Care Planning in primary care settings.<sup>26</sup>
- The B.C. Centre for Palliative care recognizes the relative scarcity of research specifically catering to marginalized populations, such as First Nations and culturally diverse communities, and plans to expand research and practice networks for these underserved communities.<sup>26</sup>

# Settings of Care

## Residential Hospices

- There are currently 12 residential hospices run by hospice societies in B.C., and over 50 government led hospices and health units that focus on the palliative and end of life care. In the Yukon, there is one residential hospice funded by the ministry.
- Short-stay (typically 3 months) hospice care is publicly subsidized and is available for \$43.98 per day in BC.<sup>27</sup>
- Palliative care services offered by long-term care homes and clients receiving short-stay services include:<sup>27</sup>
  - Pain and symptom assessment and management
  - Psychological care
  - Loss and grief support for family caregivers
  - Access to specialized prescription medication, supplies, and equipment

## Community Hospices

- There are currently 64 community hospices in B.C. and 1 community hospice in the Yukon.
- There is no cost for community nursing services or community rehabilitation services if you are receiving care at home.<sup>27</sup>
- B.C. Palliative Care Benefits supports B.C. residents who want to receive palliative care at home, rather than being admitted to a hospital. Patients are able to access the same drug benefits, and some medical supplies and equipment from their health authority.<sup>27</sup> 'Home' includes a person's current place of residence, which includes their own home, family or friends, assisted living, or a hospice that is not already a licensed care facility.<sup>27</sup>



# The Role of Caregivers in BC & Yukon

- In B.C., there are approximately 1.1 million family and friend caregivers.<sup>28</sup>
- Unpaid caregivers render approximately 75% of all in-home care. This relieves about \$3.5 billion in health care costs for B.C., which would otherwise have to be spent on paid caregivers.<sup>29</sup>
- 91% of primary caregivers are family members:<sup>29</sup>
  - 58% are adult children
  - 21% are a spouse
  - 12% are other family members
- 64% of home support clients are female, however:<sup>29</sup>
  - When the caregiver is a spouse, the majority of clients (58%) are male
  - When the caregiver is an adult child, the majority of clients (78%) are female
- In 2015, 29% of B.C. caregivers were experiencing distress (defined as feeling distressed, angry or depressed). In 2017, this number rose to 31%.<sup>29</sup>
- Client factors that impact caregiver distress:<sup>29</sup>
  - Mild cognitive impairment doubles the risk of caregiver distress; severe impairment triples it.
  - Mild Instrumental Activities of Daily Living (IADL) impairment increases the risk of caregiver distress by two-thirds; moderate-to-severe IADL impairment nearly triples the risk.
  - Clients experiencing symptoms of depression increase the risk of caregiver distress.
  - Clients with dementia increase the risk of caregiver distress by 25%.
  - Clients experiencing behavioral and psychological symptoms of dementia increase the risk of caregiver distress by 75%.

# The Role of Caregivers in BC & Yukon (cont.)

- Caregiver factors that impact caregiver distress:<sup>29</sup>
  - Non-spousal caregivers living with their client pose a 40% increased risk of distress, while spousal caregivers living with their client are at an 80% increased risk.
  - High amounts of care hours (informal/unpaid) are associated with a mild increase in risk of caregiver distress.
- 42% of caregivers living with their clients express distress.<sup>29</sup>
- 24% of caregivers not living with their clients express distress.<sup>29</sup>
- The only factor associated with a significant decrease in risk of caregiver distress was client access to self-directed care funds.<sup>29</sup>
- Caregivers of clients receiving assistance from the Choices in Supports for Independent Living (CSIL) program are at a 50% lower risk of distress.
- The COVID-19 pandemic exacerbated the stress on caregivers in B.C.:<sup>28</sup>
  - More than 50% of caregivers reported worsening mental health.
  - Over 40% reported declining physical health.
  - Levels of caregiver anxiety, as expressed by feelings of concern, nervousness and anguish, increased by 19%.

# Professionals: Training and Education

- The BC Centre for Palliative Care provides training and education to spread innovations and best practices of palliative care in the health system and community.<sup>30</sup>
- Volunteers of hospice palliative care in B.C. and the Yukon are equipped with training programs provided by the BCHPCA and additional training is updated and provided as needed.
- Life & Death Matters, a B.C. based organization, provides palliative care education, resources, and materials for palliative care providers including nurses and personal support workers, for example.<sup>31</sup>
- Victoria Hospice offers courses and training in palliative care for physicians, nurses, pharmacists, counsellors, social workers, and other health care providers.<sup>32</sup>
- Along with Douglas College, the First Nations Authority in B.C. has an End of Life Doula Certificate Program that trains individuals to provide support to family and community members for their final journey to the Spiritual World.<sup>33</sup>
- The British Columbia Bereavement Helpline provides training programs in grief and bereavement. In addition, the British Columbia Bereavement Helpline also provides public education seminars on how to cope with grief and loss.<sup>34</sup>
- 40% of University of British Columbia resident physicians report receiving between zero and four hours of education in palliative care, while 16% reported zero hours. Of these resident physicians, 75% had received no education about physician assisted death.<sup>35</sup>

## Medical Assistance in Dying (MAiD)

- There has been a total of 6,704 MAiD deaths in B.C. from 2016-2021.<sup>36</sup>
- The average age of persons who received MAiD in B.C. was 77.8 (2021), which is the highest in Canada.<sup>36</sup>
- B.C. had the highest rate of MAiD use in Canada (4.8% of total deaths attributed to MAiD in 2021).<sup>36</sup>
- More men (50.1%) received MAiD in B.C. than women (49.9%) in 2021.<sup>36</sup>
- In B.C, the most common setting in which MAiD was received was at home (46.6%) in 2021.<sup>36</sup>
- MAiD was primarily provided by physicians (85.8%) in B.C., particularly those in Family Medicine (76.6%); nurse practitioners provided 12.9% of MAiD (2021).<sup>36</sup>
- A cancer-related condition (62.1%) was the most common reported underlying medical condition of patients who received MAiD in B.C. (2021).<sup>36</sup>

## Grief and Bereavement in Hospice Societies

- 45% of hospices have between 1 to 5 full-time equivalent (FTE) staff. Of these hospices, 23% of these FTEs provide grief and bereavement counselling alone, while 26% of these FTEs provide grief and bereavement counselling and coordinate volunteers. In addition, only 32% of these FTEs provide grief and bereavement counselling as regulated professionals.<sup>37</sup>
- In B.C., there is only one counsellor that is trained in complicated grief, and their services are offered with Victoria Hospice.<sup>37</sup>
- 83% of hospices provide bereavement support programs which are delivered both virtually and in-person.<sup>37</sup>
- The annual budget for grief and bereavement programs in hospices greatly varied depending on the size and type of hospice. Residential hospices had a considerably higher budget compared to community hospices. In community hospices, 31% had a budget below \$5,000, 38% had a budget between \$5,000 to \$45,000, and 29% had a budget above \$100,000.<sup>37</sup>
- Lumara Grief and Bereavement Care Society provides grief and bereavement services with a focus on child and family grief.<sup>38</sup>

# About BC Hospice Palliative Care Association

## Our Mission

To provide collaborative leadership on behalf of our members and the public by informing policy and promoting awareness, providing education opportunities, supporting knowledge exchange, and best practices in pursuit of qualitative hospice palliative care and bereavement services for the people of BC and the Yukon.

The BC Hospice Palliative Care Association is a not-for-profit, membership organization, which has been representing individuals and organizations committed to promoting and delivering hospice palliative care to British Columbians for over 34 years.

Our members provide a broad range of hospice palliative care programs and services to British Columbians all across the province of BC and the Yukon who are dying, their loved ones who are grieving and caregivers. The services hospice societies deliver are accessible to all, regardless of the type of illness, age, sex, sexual orientation, race, culture and religious beliefs. BCHPCA respects and adheres to the Framework on Palliative Care in Canada, published by the Government of Canada, and The Way Forward Initiative of the Canadian Hospice Palliative Care Association (CHPCA), with respect to equitable accessibility and inclusiveness. This includes paying special attention to ensure that under-served populations, including Indigenous peoples, are taken into consideration as we aspire to universal access to hospice palliative care.

## BCHPCA Core Strategic Areas

1. Policy & Knowledge Transfer
2. Public Awareness and Health Care System Navigation
3. Education and Training
4. Membership Support and Sector Development

## Our Values

- Respects relationships and partnerships
- Compassionate, caring and trustworthy
- Progressive and focused
- And driven by public well being



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