



BC ELECTION KEY MESSAGING

2024



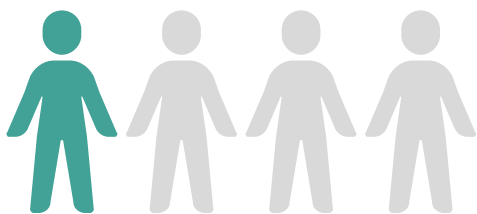
British Columbia
HOSPICE
PALLIATIVE CARE
Association



INTRODUCTION

Since the onset of the COVID-19 pandemic, British Columbians have witnessed exacerbation of longstanding challenges in our healthcare, hospice palliative care, and [grief and bereavement support systems](#)¹. This escalation is attributable to both the [pandemic](#)² and the aging population.

By 2031, it is projected that one in four British Columbians will be [over the age of 65](#)³, further increasing the demand for palliative care services and placing considerable strain on an already burdened system. Consequently, there is a growing need for additional grief and bereavement support to help individuals cope with loss.



“Thank you hospice, for providing a space for me to become whole again, after being totally torn apart by the deaths of my brother and his daughter”



KEY MESSAGING

USER FEES HAVE NO PLACE AT THE END OF LIFE

Hospice beds are a crucial option for people needing care at the end of life. The fixed daily rate of \$43.98.⁷ is a substantial financial barrier for many families⁸ during this difficult time.

Achieving equitable access to hospice services requires alleviating financial burdens on families and supporting hospice societies' operations.

User fees, valued at an estimated \$100,000 to \$200,000 annually per hospice resident⁹, must be replaced by equivalent operational funding in order for hospice societies to continue to provide this vital service.

Transferring patients from an acute care setting to a residential hospice can save the health care system ~\$600/day per patient


WE NEED A HOSPICE PALLIATIVE CARE STRATEGY FOR ALL BRITISH COLUMBIANS

The lack of an integrated comprehensive provincial hospice and palliative care strategy in British Columbia presents substantial challenges as our population ages and the demand for end-of-life and bereavement care increases.

Currently, there are notable gaps¹¹ in the delivery of palliative and hospice care services across the province. Many residents, particularly the unhoused, those in rural and remote communities,¹² Indigenous, black and people of colour¹³ and the differently-abled, encounter barriers in accessing timely, appropriate, and safe care. The absence of a cohesive strategy leads to disparities in service availability and quality of life for individuals seeking these essential services.

Implementing a province-wide approach to palliative care is crucial to address systemic barriers and challenges in ensure equitable access to high-quality services for all British Columbians to ensure that individuals can receive care in the setting of their choice—whether at home, in a hospice residence, in a community setting, or in a hospital. Strengthening caregiver support before and after a death, improving healthcare professional training, and fostering collaboration between community organizations and healthcare providers are essential steps to enhance seamless accessible end-of-life care across the province.

British Columbia's expenditure on palliative care remains low compared to other provinces and equates to approximately 2% of the health care budget. This lack of investment impedes the delivery of comprehensive palliative care services, thereby affecting the quality of life for individuals nearing the end of life and placing additional burdens on their families and caregivers.



“When my husband went into a hospice house, I could stop being his caregiver and become his wife again.”



PROVIDING ACCESSIBLE GRIEF AND BEREAVEMENT CARE WILL ENHANCE THE HEALTH OF OUR COMMUNITIES

The demand for grief care is expanding⁴ as British Columbians experience an increase in deaths occurring at home due to our aging population, alongside the enduring impact of a pandemic marked by traumatic deaths from toxic drugs⁵. Moreover, there is a heightened recognition of the significance of providing effective grief care during childhood⁶. Additionally, there is an imperative to collaborate with Indigenous agencies and communities to address resurging grief stemming from residential school deaths and other traumatic early losses.

Individuals and families coping with grief often encounter profound emotional and psychological challenges that can significantly affect their physical and mental well-being long after the loss of a loved one.

Accessible, compassionate, and culturally sensitive emotional support and counselling for individuals experiencing grief and bereavement will promote the mental health of our communities.

Hospice societies are the grief-care experts in their communities, but care is limited by the changing levels of donor support for these services.

In 2022 the UBCM¹⁶ recognized the role of hospice societies in communities across BC in providing services and innovative programs to enhance the quality of life of palliative patients and their caregivers including supportive bereavement programs. The municipalities recommended core provincial funding for community-based hospice societies to ensure access to these vital programs.

8 million dollars
investment across all
hospice societies for
the next two years



Leading mental health systems in [Australia](#)¹⁷, [England](#)⁸, [Ireland](#)¹⁹ and other parts of the world have demonstrated that offering mental health and wellness services²⁰, incorporating grief and bereavement care, in community-based non-institutional settings enhances accessibility and acceptability, especially among young people.

We propose distributing 8 million dollars across all hospice societies for the next two years to assist individuals in accessing supports in community during their most vulnerable moments and expand grief literacy to the public and interdisciplinary teams.

NOTABLE STATS OR KEY FACTS:

- By 2031, almost 1 in 4 people in B.C. (over 1.4 million people) will be over the age of 65³.
- 58%¹⁰ of 2021–2022 Canadian deaths got palliative care, compared to 52% in 2016–2017.
- 52%¹¹ of those who died in B.C. 2021 - 2022 received palliative care.
- Community-based hospice societies serve nearly 10,000 people a month, saving the public health system approx \$40M annually.²
- \$29.9 million annual cost savings in Acute Care through hospice beds provided by hospice societies⁹
- About \$15.6 million of volunteer workforce hours to the health system are saved annually.⁹
- Hospice volunteers outnumber staff by 10:1, saving the public health care system
- About 71% of hospice funding² is derived from community sources including fundraising, gaming grants, and donations.
- Over 60% of the hospices societies' budget goes into Grief & Bereavement and psychosocial support services.⁹

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