Provinces must expand access to palliative care before Boomers need it

**Ottawa, Canada, June 25, 2013** – Ontario could save between $247 million and $2.1 billion by 2036 by making palliative care more available, according to a report released today by the Institute of Marriage and Family Canada.

The report, *Why Canada needs more palliative care*, investigates the need from a cost perspective.

Palliative care staff is highly trained in keeping a patient comfortable rather than fighting to stave off death through sometimes damaging interventions. This less intrusive approach has the additional benefit of cost savings.

Unfortunately, access to palliative care across the provinces is limited. As a result, more individuals die with unnecessary suffering.

The shortage of beds will only grow as the population ages. In Ontario, the number of citizens over 65 is expected to double by 2036.

The vast majority of those dying in Canadian hospitals today die by default in acute care or in the intensive care unit, at a much higher cost.

Currently only 6% of hospital deaths in Ontario occur in palliative care. The report estimates, based on international research, that between 9.4% and 36% could have died in palliative care, were it available.

The cumulative cost savings of having 9.4% of hospital deaths occur in palliative care from 2012 to 2036 is projected at $247 million. The cost savings of having 36% of hospital deaths occur in palliative care is projected to be $2.1 billion.

Derek Miedema, the report author, states, “Since palliative care is better suited to end of life than acute or intensive care, provincial governments should make every effort to expand access to it in their jurisdictions. The fact that it is also less expensive is an added bonus. This will be especially important as the Baby Boomer generation moves toward old age and death.”

The study can be found online at: [http://www.imfcanada.org/issues/why-canada-needs-more-palliative-care](http://www.imfcanada.org/issues/why-canada-needs-more-palliative-care).

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