

Interfaith Statement on Palliative Care

As faith communities, we call on all levels of government to address the urgent need for high quality palliative care across Canada, including initiatives to:

- Develop a pan-Canadian palliative and end-of-life care strategy, to address the need for high quality care for all Canadians;
- Increase the availability and accessibility of essential hospice and palliative care services in all settings;
- Improve the quality and consistency of palliative and end of life care;
- Provide more support for family caregivers, in the form of flexible financial and tax benefits; and
- Ensure that the health care system respects the psycho-social and spiritual needs of patients and their families in the dying process.

Health Canada defines palliative care as a “multidisciplinary approach to healthcare for individuals and families who are living with a life-threatening disease. Regardless of the diagnosis or stage of illness, palliative care focuses on improving quality of life through the prevention and relief of physical, psychosocial and spiritual suffering, with treatment plans tailored to the needs of the patient and their family. Palliative care can involve: pain management; social, psychological, emotional and spiritual support; and caregiver support.”¹

We agree with the majority of palliative care specialists in Canada who do not accept medically-hastened death as part of palliative care. This has been central to the philosophy of palliative care. According to the World Health Organization, palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers a support system to help patients live as actively as possible until death;
- Offers a support system to help the family cope during the patient’s illness and in their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- Will enhance quality of life, and may also positively influence the course of illness; and
- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.²

¹ <http://healthycanadians.gc.ca/health-system-systeme-sante/services/palliative-palliatifs/palliative-care-soins-palliatifs-eng.php>

² <http://www.who.int/cancer/palliative/definition/en/>

We affirm the inherent worth and dignity of every person, regardless of circumstance, ability or status. We understand the importance of caring for those who are vulnerable, including those at the end of life. We believe the appropriate response to persons who are near the end of life is to offer comfort and peace; to ensure they are supported with love and care; and to provide holistic care which includes pain control as well as psychological, spiritual and emotional support. This cannot be achieved without improving and increasing resources for palliative and home care.

Our traditions instruct that there is meaning and purpose in supporting people at the end of life. Visiting those who are sick, and caring for those who are dying, are core tenets of our respective faiths and reflect our shared values as Canadians. Compassion is a foundational element of Canadian identity, and it is accordingly incumbent on our elected officials at all levels of government to support a robust, well-resourced, national palliative care strategy.

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