

# Gaps in Palliative Care Provision in Saskatchewan, Canada: Learning from Palliative Care Management

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At some time, in some way, we must all face the end of life. And most of us share a common hope – that when death comes to us or to a loved one, it will be peaceful and free of pain. We hope to face death surrounded by those we love, feeling safe, comfortable and cared for.

## Background

- The vast majority of Canadians believe that hospice palliative care has a positive impact.
- The following are statements about hospice palliative care that see a large majority of
- Canadians either agreeing or strongly agreeing. They feel that it:
- Greatly reduces the stress and burden placed on the family (93%);
- Should involve all care providers (94%);
- Improves quality of life for patients (94%);
- Should be provided in the patient's setting of choice (93%);
- Should be integrated for all people with chronic, life-limiting conditions (90%);

Saskatchewan holds the greatest proportion of Canadian farmland at 38%, and in 2011, 33% of its population lived in rural areas. There are 205 First Nations Reserves in Saskatchewan, and by 2011, 16% of the population identifies themselves as having North American Aboriginal origins.



## Method

A longitudinal study utilizing archival survey data from three points in time, 1998, 1999 & 2002. The three surveys were composed of both close-ended and open-ended questions, therefore both quantitative and qualitative analysis were conducted.

## Results

- Results illustrate that there has been no significant improvement to undersupplies and/or understaffed palliative care services in a vast majority of health regions throughout the survey period.
- Concerns regarding the palliative care system, such as, lack of palliative care training programs or clear guidance for nurses and physicians, ineffective communication between facilities as well as communities due to geographic distance, and a lack of functional collaborations within the palliative care team.
- The analysis was also able to identify some primary strategies adopted by palliative care management to improve services in their regions i.e. organizing activities to enhance community involvement and public awareness, establishing an information center to collect resources and develop systematic networks for palliative care support with other health regions especially metropolitan health regions.

## Limitations

- Surveys only targets management personnel thus perspectives from palliative care providers, patients and their family caregivers were ignored
- Differences between rural/remote and urban areas especially in terms of palliative care accessibility and portability are not directly addressed
- Information related to culturally-diverse health practices in care was missing.

## Phase II

- New study is in the process of development to update knowledge in comparison with the current three survey results, and fill the knowledge gaps by using mixed methods, expanding the research population, and adding more explicit questions i.e. palliative care accessibility and portability, cultural diversity as well as health professionals' ability to provide culturally-safe services for palliative care patients.

## Conclusion

Results from the current and new study will provide knowledge to inform health professionals, and policy makers to develop feasible educational and service programs to enhance accessibility, portability, and cultural-safety in palliative care delivery .