



ALBERTA
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Palliative Care Network Initiative

The Palliative Care Network Initiative Looking Back; Moving Forward

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List of Acronyms

| | |
|----------------|--|
| ACB: | Alberta Cancer Board |
| ACF: | Alberta Cancer Foundation |
| AHW: | Alberta Health & Wellness |
| AIDS: | Acquired Immune Deficiency Syndrome |
| CCS: | Canadian Cancer Society |
| CHPCA: | Canadian Hospice Palliative Care Association (formerly CPCA) |
| CPCA: | Canadian Palliative Care Association |
| CSCC: | Canadian Strategy for Cancer Control |
| HIV: | Human Immunodeficiency Virus |
| MACO: | Medical Affairs and Community Oncology |
| PCAA: | Palliative Care Association of Alberta |
| PCNI: | Palliative Care Network Initiative |
| RHA(s): | Regional Health Authority (ies) |
| SWOT: | Strengths, Weaknesses, Opportunities, and Threats |
| TBCC: | Tom Baker Cancer Centre |

Table of Contents

| | |
|--|----------|
| 1. Introduction | 1 |
| 2. Historical Context of the PCNI | 1 |
| 3. Goals of the PCNI | 1 |
| 4. Work to Date (October 1998 – June 2002) | 2 |
| A. Collaboration | |
| B. Education | |
| C. Regional Palliative Care Program Development | |
| 5. Direction of the PCNI: Influences | 4 |
| A. Alberta Cancer Board Business Plan | |
| B. Alberta Health Palliative Care Policy Framework | |
| C. Palliative Care Association of Alberta | |
| D. Canadian Hospice and Palliative Care Association Model | |
| E. Canadian and Provincial Cancer Control Strategies | |
| F. Canadian Strategy on Palliative and End-of-Life Care | |
| G. Premier’s Advisory Council on Health Report (Mazankowski Report) | |
| H. The Health of Canadians – The Federal Role (Kirby Report) | |
| I. Building Values: The Future of Health Care in Canada – Final Report (Romanow Report) | |
| J. Pallium Project | |
| 6. Statements of Opportunities and Challenges | 8 |
| 7. Potential Direction: Initial Thoughts | 8 |
| 8. Endnotes | 9 |
| Appendix: Initial Thoughts on the Future Direction of the PCNI | |

1. Introduction

The Palliative Care Network Initiative (PCNI) is a provincial program funded by the Alberta Cancer Foundation (ACF). The Alberta Cancer Board (ACB) Medical Affairs and Community Oncology (MACO) Division oversees the initiative. This document summarizes the PCNI background and work to date and provides some initial thoughts on its future direction.

2. Historical Context of the PCNI

In early 1997, Dr. Eduardo Bruera and Janice Chobanuk initiated some groundwork within the Alberta Cancer Board to promote palliative care in Alberta for cancer patients, including improving access to palliative care in the province. A provincial scan of services in the health regions was conducted¹. This scan identified the needs for improved access to palliative consultations, standardized education, and standardized tools for pain and symptom assessment and management in the province.

This led, in July 1997, to a proposal entitled *Development of a network for the delivery of palliative cancer services by the health regions of the province of Alberta*². It outlined a model that included a provincial inventory of physicians willing to provide palliative care, the development of an educational strategy and the implementation of standardized palliative care assessment tools.

In October 1998, the PCNI was officially established to realize some of the recommendations made in the proposal. Two Program Coordinators (one full time equivalent) were hired: Pam Oftinowski and Nancy Summers. Pam Oftinowski was responsible for Northern Alberta and Nancy Summers liaised with stakeholders working in Southern Alberta. Two medical advisors (Dr. Eduardo Bruera and Dr. Neil Hagen) and the ACB Regional Health Authority Liaison Officer (Wendy Mackenzie) joined the PCNI Team for further development of the program. In 1999, Dr. Bruera moved to the United States and his position in the PCNI was taken over by Dr. Robin Fainsinger.

In August 2000, the Program Coordinator for Northern Alberta resigned from her position. Her responsibilities were taken over by the Program Coordinator for Southern Alberta. In August 2001, the Program Coordinator position became vacant. A delay in filling the position followed due to a hiring freeze in the ACB. In early 2002, recruitment resumed and in June 2002 the position was filled again by Marie-Josée Paquin. Dr. José Pereira took over the medical leadership role.

3. Goals of the PCNI

As an ACB initiative, the PCNI reflects the organization's vision and mission³:

Vision: *excellence in cancer control*

Mission: *reduce the burden of cancer through prevention, screening, diagnosis, treatment, palliation, education, and research*

As a provincial player, the role of the PCNI is aligned with the *Alberta Health Palliative Care Policy Framework*⁴. Each regional health authority (RHA) is to determine the specific palliative services and programs that will be provided in its region⁵. While palliative care services are within the mandate of the regional health authorities, the PCNI works in collaboration with them to help optimize palliative care in the province. Since 1998 the program goals are as follows⁶:

- To ensure that all regions share a common language in the design of their palliative care programs.
- To work in conjunction with regional programs to develop regional palliative care standards of practice.
- To support the development of coordinated and comprehensive or seamless palliative services delivery consisting of local support with links to tertiary care centres.

Several strategies, activities, measures and targets were set for the period of April 2001 to March 2004⁷ but only few of them were realized due to the departure of the Program Coordinator in August 2001.

4. Work to Date (October 1998 – June 2002)

The work done to date has been categorized in three broad areas: collaboration, education and regional palliative care program development.

A. Collaboration

The PCNI collaborated with different organizations by:

- Participating at meetings (Palliative Care Association of Alberta, Palliative Care Research Initiative, Pallium and the Health Telematics Unit-University of Calgary)
- Reviewing course curriculum for Portage College
- Leading the Health Innovation Fund project at the Tom Baker Cancer Centre (TBCC)
- Identifying research priorities in the area of palliative telehomecare

Nancy Summers was identified by the Palliative Care Association of Alberta (PCAA) as the “provincial champion” to promote the use of the national standards/norms of palliative care of the Canadian Palliative Care Association (CPCA). Pam Oftinowski and Nancy Summers worked with national members on the CPCA Standards Committee and coordinated province wide input in the development of a national model for hospice palliative care.

The PCNI Coordinators participated in the establishment of the ACB Palliative Care Research Initiative. Also, they were members of the Project Advisory Council for the Pallium project⁸.

The PCNI initiated discussions with palliative care leaders from six regional health authorities (RHAs 1,3,4,6,7, & 12) and held brainstorming sessions to identify research priorities in the area of palliative telehomecare. The PCNI committed to collaborate with Dr. Marilynne Hebert (Health Telematics Unit, University of Calgary) in the implementation of a pilot study⁹, including the development of palliative telehomecare protocols based on the CPCA national standards, pending funding.

In January 2000, the PCNI, in collaboration with the Chinook Health Region, submitted a proposal to the Alberta Health & Wellness (AHW) Health Innovation Fund: *Facilitating seamless transition to primary care services for palliative patients*. The proposal was driven by a need to improve the exchange of information between the TBCC and regional palliative care services in Southern Alberta¹⁰. Funding was granted for the period of April 1, 2000 to October 31, 2002. Project Director responsibilities were assigned to the PCNI

Coordinator for Southern Alberta. The goal of this project was to integrate palliative cancer patients seen at the TBCC with the regional palliative care services and family physicians through a formal referral process. This referral process was achieved by establishing a position for a palliative care Clinical Nurse Specialist at the TBCC.

B. Education

The PCNI facilitated the editing and the distribution the *Alberta Palliative Care Resource*¹¹ (1999 & 2001 editions) and was involved in the development of the PCAA publication *A Caregiver's Guide: a handbook about end of life care*¹².

In March 2000, the PCNI hosted an evidence-based workshop in collaboration with the Alberta Consultative Health Research Network. The workshop involved palliative care administrators and planners from all RHAs to facilitate the development of evidence-based strategies for regional palliative care programming. Funding for the workshop was received from the ACF, PCAA and numerous drug companies. One of the workshop activities was the completion by participants of a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. Participants identified the following barriers to palliative care program development: a lack of regional standards and limited trained palliative care staff. Participants also reported that further work is needed in the areas of: transition for patients in small rural areas, advocacy, palliative care assessment, evaluation, and program planning¹³.

C. Regional Palliative Care Program Development

Between 1998 and 2001, the PCNI provided consultation to regional rural teams (RHAs 3,5,6,7,8,11, and 16) related to the development of their palliative care program. The PCNI proposed a *Glossary of palliative care terms*¹⁴ and suggested the following 6-step process¹⁵:

- Step 1: Who should be involved?
- Step 2: Getting Started
- Step 3: Assessing existing program
- Step 4: Developing strategies
- Step 5: Implementation and linking resources
- Step 6: Maintaining Quality

Within this process, RHAs were encouraged to use the CPCA working document *Palliative care: Towards a consensus in standardized principles of practice*¹⁶. The PCNI developed a *Palliative care service matrix*¹⁷ based on this document. The matrix facilitated a comprehensive approach to assessing existing programs and included the following areas of assessment:

- Delivery of care
- Pain and symptom management
- Psychosocial and spiritual support
- Loss, grief and bereavement
- Collection of outcome measures
- Continuity between care settings
- Linkages and partnership between care settings and ACB
- Right of choice
- Governance and administration
- Planning of provision of services/resources
- Evaluation
- Promotion and access
- Funding

- Education
- Research

The outcomes of this process in terms of rural program development were not measured. In 2000, the PCNI developed a follow-up document that outlined key thoughts on developing regional palliative care programs¹⁸.

5. Direction of the PCNI: Influences

In future deliberations regarding the direction of the PCNI, some key players, initiatives, documents and reports need to be considered. These include:

A. Alberta Cancer Board Business Plan

For 2002-2005, the ACB proposed different strategies to achieve the goals and performance measures applicable to provincial cancer services. In the area of palliative care, the ACB states the following¹⁹:

Strategy

Improve access to RHA palliative services regardless of geographical location and establish common standards of care based on clinical evidence.

Targets

- *Planning activities between the RHAs and the PCNI will be renewed to meet the PCNI vision and goals for the next few years.*
- *Through 2002 to 2004, dialogue will be initiated between the PCNI and relevant stakeholders, including rural palliative care coordinators and leaders. Web-based communication technology will be initiated to generate a community of practice and cooperation with palliative care education projects.*

B. Alberta Health Palliative Care Policy Framework

Alberta Health developed a policy framework in 1993. This policy is currently under review. Meanwhile, the document outlines²⁰:

“Palliative care should be provided according to the resources available within the health system. The role of each facility and program in palliative care should be considered when role statements are being developed and discussed. Collaborative initiatives between publicly funding service providers, voluntary and community organizations, should also be considered.”

C. Palliative Care Association of Alberta²¹

The Palliative Care Association of Alberta provides leadership and support for the enhancement of hospice palliative care. In accordance with its guiding principles, PCAA:

- Promotes the use of national standards/norms of hospice palliative care for individuals and their families
- Facilitates public awareness and knowledge of hospice palliative care
- Advocates for improved hospice palliative care policy and resource allocation
- Supports hospice palliative care research and education

- Collaborates and promotes unity with other groups involved in hospice palliative care

D. Canadian Hospice and Palliative Care Association Model²²

Over the last 10 years, individuals, committees, associations and governments across Canada worked together on a model to guide hospice palliative care in Canada. The final version of the model was published in March 2002. The consensus-based model developed by the Canadian Hospice Palliative Care Association (CHPCA) presents a lexicon of commonly-used terms, the values on which hospice palliative care is based, the principles and norms of practice, and the conceptual frameworks to guide each of the activities related to it. The model can be used to:

- Guide the patient and family care provided by both primary and expert caregivers.
- Guide the development and function of hospice palliative care organizations.
- Develop core competencies, comprehensive curricula and examinations.
- Develop accreditation and minimum/licensure standards.
- Allow organizations to compare (benchmark) their practices to nationally accepted norms of practice; as well against other palliative care organizations.
- Guide research in hospice palliative care.
- Ensure consistency in advocacy, communication and marketing strategies.
- Promote laws, regulations and policies that facilitate rather than obstruct the provision of hospice palliative care.
- Develop funding and service delivery strategies that will ensure access to hospice palliative care when needed.

E. Canadian and Provincial Cancer Control Strategies

Over the past 3 years, Albertans have participated in and provided leadership to the development of the *Canadian Strategy for Cancer Control (CSCC)*²³. A National Palliative Working Group led by Dr. Neil Hagen presented recommendations in the area of program delivery, cancer control, education, and research. The Working Group based its recommendations upon the following tenets²⁴:

- Palliative care is a core component of cancer care and should be integrated throughout the cancer illness.
- Cancer control involves strategies in three interconnected core processes: generation of new knowledge, transformation of knowledge into practice, and provision of care.
- The process of creating an improved, integrated model of cancer care entails the adoption of new or revised programming into existing structures, both within cancer organizations and within the larger community of health care services.
- All cancer patients should be able to access consistent and effective approaches for the relief of their symptoms whether they are in a tertiary cancer centre or their home community.

The recommendations from the Palliative Care Working Group were integrated into the CSCC and were articulated into five priorities for action²⁵:

- **Standards and guidelines** – establish mechanisms and improve capacity for collaborative guidelines and standards development.
- **Primary prevention** – establish integrated prevention system.
- **Rebalancing focus** – improve resources and systems for delivery of supportive care/rehabilitation and palliative care.
- **Human resource planning** – establish human resource planning database and coordinated approach to planning.

- **Research priorities** – establish national priorities for strategic investments in cancer research.

Support for the Canadian Strategy was voiced at the Alberta Cancer Control Strategy “Kick Off” conference held in Edmonton in June 2002. This meeting was sponsored by the ACB, AHW, and the Canadian Cancer Society (CCS). The need for a comprehensive plan, with particular attention placed on integration of supportive and palliative care, was emphasized for the Alberta context²⁶. A Steering Committee and working groups are currently developing the content for an *Action Plan for Cancer Control for Alberta*. The PCNI Coordinator and the Director for Cancer Control Programs (CCS) will co-chair the provincial working group on Rebalancing Focus. The working group will include representation from palliative care²⁷.

F. Canadian Strategy on Palliative and End-of-Life Care

A Secretariat on Palliative and End-of-Life Care was established in June 2001²⁸, as the first step in Health Canada’s work to coordinate the development of a national strategy on palliative and end-of-life care. This stemmed from two previous reports by subcommittees^{29,30} of the Canadian Senate.

In March 2002, the Secretariat brought together over 150 national, provincial and territorial and regional practitioners, researchers, and decision-makers in end-of-life care for a three-day action-planning workshop held in Winnipeg. Participants from across Canada considered the following seven areas of priority for end-of-life care³¹:

- Availability and access to services
- Education for health care providers
- Ethical, cultural and spiritual considerations
- Public education and awareness
- Research
- Surveillance
- Support for family, caregivers and significant others

Stemming from this, the Secretariat has established five working groups³²:

- Best practices and quality care
- Education for formal caregivers
- Public information and awareness
- Research
- Surveillance

These working groups, overseen by a Coordinating Committee are currently developing and implementing projects to further palliative care in those areas. The first set of outcomes is expected in February 2004.

G. Premier’s Advisory Council on Health Report (Mazankowski Report)³³

In December 2001 the Report of the Premier’s Advisory Council on Health in this province provided the first of 3 health reports to be produced in Canada over a one-year period. The themes within the report were around various aspects of system operations and performance, and not focused on any particular substantive targets. Themes of long term strategies that focus on staying healthy, being quality focused and accountable for use of resources, being innovative with respect to financing the system and delivering services, and having a patient oriented system demonstrating fair and equitable access were evident. Although, there was no direct mention of palliative or end-of-life care, some of the recommendations have relevance for palliative care:

- Put ‘customers’ first (e.g., new models of care and comprehensive approaches).

- Electronic health records (e.g., may have the potential to aid palliative care, which often involves coordination and movement of patients and families between various components of the system).
- Re-configuration of the health system (e.g., may encourage or enable revisiting roles and responsibilities in palliative care to lead to a better system).

H. The Health of Canadians – The Federal Role (Kirby Report)³⁴

The Senate Standing Committee on Social Affairs, Science and Technology released a report in October 2002 entitled *The health of Canadians – The federal role*. The report includes a chapter on palliative care and outlines five main recommendations around end-of-life care³⁵:

- A \$250 million per year national Palliative Home Care Program – co-funded 50-50 with the provinces and territories.
- Six weeks Employment Insurance Benefits for Canadians who choose to take leave to provide palliative care services to a dying relative at home.
- Expanding tax measures already available to people providing care to dying family members or to those who purchase such services on their behalf.
- That the federal government amend the Canada Labour Code to allow employees leave to care for a dying family member and to encourage the provinces to make similar changes to provincial labour codes.
- To enact changes to the Treasury Board legislation to ensure job protection for its own employees caring for a dying family member.

I. Building Values: The Future of Health Care in Canada – Final Report (Romanow Report)³⁶

The report released in November 2002 clearly identifies many components that are required to provide comprehensive hospice palliative care, including home care and pharmacare. It highlights the need to provide financial support for the caregiver and 24/7 access to hospice palliative care professionals. Some of these components are outlined in the following recommendations³⁷:

Recommendation 34

The proposed new Home Care Transfer should be used to support expansion of the Canada Health Act to include medically necessary home care services in the following areas ... palliative home care services to support people in their last six months of life should also be included under the Canada Health Act.

Recommendation 35

Human Resources Development Canada, in conjunction with Health Canada should be directed to develop proposals to provide direct support to informal caregivers to allow them to spend time away from work to provide necessary home care assistance at critical times.

The report also recommends substantial changes in accessing hospice palliative care services in remote and rural areas. The information relevant to palliative care is detailed in the following chapters of the report³⁸:

- Chapter 4 – Investing in health care providers
- Chapter 6 – Improving access, ensuring quality
- Chapter 7 – Rural and remote communities
- Chapter 8 – Home Care: the next essential service

- Chapter 9 – Prescription drugs

J. Pallium Project

Pallium is an inter-jurisdictional project (Alberta, Manitoba, Saskatchewan and the Northwest Territories) to develop and implement a strategy to provide palliative care education in rural and remote areas.

6. Statements of Opportunities and Challenges

Opportunities

- The need to improve palliative care and access palliative care services is recognized and has been voiced by several players.
- Palliative care is a priority in national and provincial cancer control strategies.
- The CHPCA Model sets the stage for a standardized approach to patient and family care and organizational development across Alberta.
- The Palliative Care Association of Alberta plays an important leadership role in the promotion of the CHPCA Model across the province. This provides an opportunity for the PCNI to collaborate with the PCAA in the development of tools related to the practical application of the model.
- There is a core group of RHAs in Alberta (urban, semi-urban and rural) that has developed comprehensive models of palliative care (primary, secondary and tertiary levels of care). This provides the opportunity to share information between regions and strengthen the provincial network.
- Mutual concerns for palliative care issues are shared between all players in the province. This provides the opportunity for collaboration among the various players and the coordination of their efforts.

Challenges

- As Alberta's population ages and rates of diseases such as cancer, HIV/AIDS, congestive heart failure and other chronic illnesses continue to rise, demands on hospice palliative care programs will increase dramatically.
- Designated funding for regional palliative care programs in Alberta is often lacking, especially in rural/remote areas. At the time of writing this document many RHAs are in a period of budgetary restraint and reorganization with many urgent health care needs competing for limited resources.

7. Potential Direction: Initial Thoughts

On February 21, 2003, the PCNI hopes to seek valued input from stakeholders in the province regarding its future direction. Palliative care projects and programs within the Alberta Cancer Board have to be consistent with the ACB's vision and mission and also with the resources and funds available to the PCNI. Therefore, budget, availability of resources along with opportunities for collaboration will need to be considered. Some initial thoughts are provided in Appendix to help start the process.

8. Endnotes

¹ Chobanuk, J., & Bruera, E. (1997). *Development of a network for the delivery of palliative care cancer services by the health regions of the province of Alberta*. Edmonton: Authors.

² Ibid.

³ Alberta Cancer Board. (2002). *Alberta Cancer Board Business plan 2002-03 to 2004-05*. Edmonton: Author.

⁴ Alberta Health. (1993). *Palliative care: A policy framework*. Edmonton: Author.

⁵ Health Canada Working Group on Continuing Care in Consultation with Provincial and Territorial Government Officials and Others Involved in Palliative Care Services. (1997). *Overview of provincial and territorial palliative care services*. Ottawa: Author.

⁶ Summers, N. (2000). *Palliative Care Network Initiative- Three year plan- March 2001 to March 2004*. Edmonton: Alberta Cancer Board, Palliative Care Network Initiative.

⁷ Ibid.

⁸ Further information about Pallium is available at: <http://www.pallium.ca>

⁹ Hebert, M. (2002). *Pilot study of success measures for "video-visits" in palliative homecare – Proposal submitted to Alberta Cancer Board Bridge/Pilot/Limited Term research project funding*. Calgary: Author.

¹⁰ Summers, N., & Brewin, M. (2000). *Facilitating seamless transition to primary care services for palliative patients- Proposal submitted to the Alberta Health & Wellness Health Innovation Fund*. Calgary: Authors.

¹¹ Pereira, J., & Bruera, E. (2001). *Alberta palliative care resource*. Edmonton: Alberta Cancer Board & Alberta Cancer Foundation.

¹² Macmillan, K., Peden, J., Hycha, D., & Hopkinson, J. (2000). *A Caregiver's Guide: a handbook about end of life care*. Ottawa: Palliative Care Association of Alberta & The Military and Hospitaller Order of St. Lazarus of Jerusalem.

¹³ Palliative Care Network Initiative & Alberta Consultative Health Research Network. (2000). *Evaluation for the workshop on evidence based program in palliative care*. Unpublished document. Calgary: Authors.

¹⁴ Hagen, N., Bruera, E., Otfinowski, P., & Summers, N. (1999). *A glossary of palliative care terms*. Edmonton: Alberta Cancer Board, Palliative Care Network Initiative.

¹⁵ Otfinowski, P., Summers, N., Mackenzie, W., Bruera, E., Hagen, N., & Vopel, R. (1999). *Steps in developing your regional palliative care program*. Edmonton: Alberta Cancer Board, Palliative Care Network Initiative.

¹⁶ Canadian Palliative Care Association. (1995). *Palliative care: Towards a consensus in standardized principles of practice*. Ottawa: Author.

¹⁷ Summers, N., & Otfinowski, P. (1999). *Palliative care program matrix*. Edmonton: Alberta Cancer Board, Palliative Care Network Initiative.

¹⁸ Hycha, D., Otfinowski, P., & Summers, N. (2000). *Thoughts on...development of a model for delivery of a regional palliative care service*. Edmonton: Alberta Cancer Board, Palliative Care Network Initiative.

¹⁹ Alberta Cancer Board. (2002). *Alberta Cancer Board Business plan 2002-03 to 2004-05*. Edmonton: Author.

²⁰ Alberta Health. (1993). *Palliative care: A policy framework*. Edmonton: Author.

²¹ The information outlined in this section was retrieved February 11, 2003 from the World Wide Web: <http://www.albertapalliative.net/APN/PCAA/MissionStatement.html>

²² The information outlined in this section is excerpted from Ferris, F.D., Balfour, H.M., Bowen, K., Farley J., Hardwick, M., Lamontagne, C, Syme, A, & West, P. (2002). *A model to guide hospice palliative care: Based on national principles and norms of practice*. Ottawa: Canadian Hospice Palliative Care Association. The CHPCA Model can be found on the World Wide Web at: <http://www.chpca.net>

²³ The *Canadian strategy for cancer control* is available on the World Wide Web at: <http://www.cancercontrol.org>

²⁴ Palliative Care Working Group. (2002). *Canadian Strategy for Cancer Control- Final report*. Ottawa: Author.

²⁵ Health Canada. (2002). *Canadian Strategy for Cancer Control-Priorities for action*. Ottawa: Author.

²⁶ Excerpts from Fields, A. (2002). Executive summary in Alberta Cancer Board. (2002). *Proceedings from the Alberta cancer control planning forum*. Edmonton: Author.

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- ²⁷ Information related to the *Action Plan for Cancer Control for Alberta* is to be posted on the Alberta Cancer Board web site: <http://www.cancerboard.ab.ca>
- ²⁸ Further information about the Secretariat on Palliative and End-of-Life Care is available on the World Wide Web at: http://www.hc-sc.gc.ca/english/care/palliative_secretariat.html
- ²⁹ Special Senate Committee on Euthanasia and Assisted Suicide. (1995). *Of life and death*. Available on the World Wide Web at: <http://www.parl.gc.ca/english/senate/com-e/euth-e/rep-e/lad-tc-e.htm>
- ³⁰ Subcommittee to update "Of life and Death" of the Standing Senate Committee on Social Affairs, Science and Technology. (2000). *Quality end-of-life care: The right of every Canadian*. Available on the World Wide Web at: <http://www.parl.gc.ca/36/2/parlbus/commbus/senate/com-e/update-e/rep-e/repfinjun00-e.htm>
- ³¹ Health Canada Secretariat on Palliative and End-of-Life Care. (2002). *Discussion paper (a working draft) in preparation for the national planning workshop on end-of-life care- March 2-4, 2002, Winnipeg, Manitoba*. Ottawa: Health Canada.
- ³² Health Canada Secretariat on Palliative and End-of-Life Care. (2002). Canadian strategy on palliative and end-of-life care. *Secretariat news, December*.
- ³³ The "Mazankowski Report" is available on the World Wide Web at: <http://www.health.gov.ab.ca/reform/index.html>
- ³⁴ The "Kirby Report" is available on the World Wide Web at: <http://www.parl.gc.ca/37/2/parlbus/commbus/senate/com-e/soci-e/rep-e/repoct02vol6-e.htm>
- ³⁵ Canadian Hospice Palliative Care Association. (2002). *Media release- Hospice palliative care community endorses palliative care recommendations in senate report*. Ottawa: Author.
- ³⁶ The "Romanow Report" is available on the World Wide Web at: <http://finalreport.healthcarecommission.ca>
- ³⁷ Canadian Hospice Palliative Care Association. (2002). *Media release- Romanow commission report recommends hospice palliative care to be included in Canada Health Act*. Ottawa: Author.
- ³⁸ Canadian Hospice Palliative Care Association. (2002). *Romanow report review re hospice palliative care November 29, 2002*. Ottawa: Author.