

Alberta Doctors' Digest

Palliative care has come a long way in the Edmonton Zone

This year marks an important milestone for the Edmonton Zone Palliative Care Program, the third oldest palliative care program in Canada. The program was developed during the harsh fiscal climate in Alberta 25 years ago as a means of saving health care costs while providing comprehensive, integrated palliative care services. The early Edmonton leaders in palliative care realized that appropriate care for patients at the end of their lives was important, yet was haphazardly provided.

The Palliative Home Care Program focuses on maintaining patients in their own homes for as long as feasible for the patients and families, serving approximately 2,000 homebound patients annually. During the COVID-19 pandemic, more patients have been staying at home for much longer, and more patients and families have opted for a home death, which has resulted in increased demands on the Palliative Home Care team.

Palliative care units in Montreal and Winnipeg had been newly established 25 years ago based on the principles developed by the doyenne of the modern palliative care movement, Dame Cecily Saunders, in England in the 1960s. Using the same principles, the Edmonton group, under the leadership of Dr. Eduardo Bruera, had the vision that a specialized palliative care program would best serve patients if it could bring care to the location of the patient's choice. It was also recognized that there had to be an alternative to end-of-life care in the home when required and that there would be circumstances when intensive palliative care in an acute care setting would be needed.

In contrast to the subsequent development of other palliative care programs in Canada, the Regional Palliative Care Program was established as a comprehensive, integrated service across sites of care from the very start. This included designated acute care palliative care consult teams, an outpatient palliative care clinic at the Cross Cancer Institute, a community consult team, hospice spaces, and a tertiary palliative care unit. After implementation of the model in Edmonton and later in Calgary, analysis showed that the use of palliative care services had increased, while the cost to the health care system remained neutral by shifting end-of-life care from acute care to the community and hospices.¹

A strong academic component for education and research and a comprehensive database were part of the initial development. The program's database has been the envy and model for many other programs internationally. The Division of Palliative Care Medicine in the Department of Oncology, University of Alberta, has produced many seminal research studies and is a recognized leader in clinical palliative care research both nationally and internationally.

Standardization meant the use and development of palliative care specific clinical tools; today the revised Edmonton symptom assessment system is widely used in clinical practice and research worldwide. Many palliative care experts and leaders across

Canada and the world have received their training in the Edmonton Zone Palliative Care Program – nothing wrong with a little healthy pride!

As part of the continuing care portfolio, the current program has strengthened and expanded on those initial concepts with the addition of further acute care teams and consultants, hospice sites and spaces, and increased tertiary unit beds. Consult provision in the rural areas of the Edmonton Zone was formalized, and the significant initiative was taken to move the Palliative Home Care team under the auspices of the Palliative Care Program.

Now, 25 years later, there are 85 private rooms available at six hospice sites, and the 20-bed tertiary palliative care unit provides intensive symptom management and psychosocial support to nearly 300 patients annually. The palliative care consult teams provide more than 5,000 consults per year across the zone, including the occasional visit to a patient living in a motel or a humble tent.

It is well recognized that the bulk of palliative care medicine is provided by family physicians in the community, working closely with the Palliative and Integrated Home Care teams. The Edmonton Zone Palliative Care Program has worked in partnership with community-based family physicians and other partners for the past 25 years and continues to strengthen these relationships. We are part of a broader provincial palliative care network including collaboration with the other four zone palliative care programs in Alberta.

The Edmonton Zone Palliative Care Program has embraced the broadening definition of palliative care to include any incurable illness, not just cancer (modern palliative care was born from the paucity of end-of-life care for patients with advanced cancer), and the concept of early palliative care interventions to improve quality of life. The program is working with several other medical specialties such as neurology, hepatology and cardiology, to provide joint clinics and break down the barriers that exist between services. We strongly believe that the care for a palliative patient should be built around the patient not around the system. As the Palliative Care Program has shown before, this patient-centered focus can be achieved even during times of health care spending restraints.

On this 25th anniversary, the Edmonton Zone Palliative Care Program wants to thank everyone for their ongoing support and collaboration. After all, it takes a village not only to raise a child, but to palliate a person with a life-limiting illness.

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Reference:

1. Edmonton, Canada: a regional model of palliative care development. Fainsinger RL, Brenneis C, Fassbender K. J Pain Symptom Manage 2007; 33(5):634-639.