**We need action to improve palliative care – when, where and how people want it**

Healthcare isn’t just about improving treatments but reducing suffering. While we can’t always lengthen lives, we can optimize quality of life through palliative and hospice care. Yet with an aging population living with everything from cancer to dementia, access to these services is too often limited.

As the Canadian Institute for Health Information reports, people aged 65-84 are most likely to receive palliative care. However, Canadians age 85-plus are less likely to get palliative care than younger people. Research suggests that seniors (and others) in certain circumstances – those who live in rural areas, who are unhoused or who are from racialized groups – can face barriers to access.

Residential hospice programs play a role, too, beyond institutional palliative care, but we don’t have enough, and those beds aren’t always available. Surveys show that half of hospices are typically operating at full capacity.

Access to palliative and hospice care is a major issue throughout the country, including here in [insert name of province or local community].

The World Health Organization notes that palliative care is explicitly recognized under the human right to health. They say it should be provided through person-centred and integrated health services that pay attention to individuals' specific physical, psychological, social, or spiritual needs and preferences.

Hospitals can and do deliver excellent palliative care when available and are able to meet complex needs that can be hard to attend to elsewhere. Still, many people end up in hospital because there’s no other plan or place to get care anywhere else.

Effective and accessible institutional palliative care is essential, but it’s not the only solution. For many people, it’s not the desired option, as they can find themselves detached from the family and community support they want. So, in addition to improving palliative care in hospital settings, we need to invest in the care and support that patients and families need more broadly.

Much of what we require is a focus of RTOERO’s [advocacy efforts](https://rtoero.ca/giving-back/advocacy/). For instance, Canadians want to age in place, which includes the option to die at home. It’s difficult for many seniors to remain at home in the first place when the costs of equipment and remodelling living quarters for health issues are unaffordable. Often, older adults are able to stay at home with some basic modifications. And when people are facing the end of life, home palliative care can allow them to be where they want to be the most. That requires proper investments in home-based care and supports.

Long-term care is a home too. Even with the specialized care available there, many patients don’t receive the degree or duration of palliative care they need. We’ve called for more action to improve conditions in long-term care, including funding that addresses staff and skill shortages. We also support a national plan for long-term care homes, with standards and processes for robust accountability and a transition to an entirely not-for-profit model.

We can strengthen palliative care, too, with more geriatrics training. Nationally, we only have about 300 geriatricians serving the older population – one for every 15,000 adults. That’s unacceptable if our senior population is to age with dignity and receive the best health care, including at the end of life. Along with graduating more geriatricians, we need to ensure that basic education and training relevant to geriatrics and gerontology is ingrained in any health care or psychosocial program.

Something else that can contribute is support for greater and more holistic health standards for older adults. Such standards will guide health care practices for the aging – around mind, body and spirit – and establish robust accountability models.

We’ve also called on governments across Canada to support a UN Convention on the Rights of Older Persons. RTOERO upholds that an international legal framework to protect the rights of older persons is an essential component of the difficult work of dismantling systemic ageism and ensuring a more just and fair society for all Canadians as we age. A UN Convention would hold us accountable for how we treat our older citizens at every stage.

It’s crucial to take the steps required to improve full and equitable access to palliative care – in every institutional, community and home setting. That will enable us to respect the wishes of patients, better support them and their families, and address their needs with genuine compassion and care.

This is a significant concern to RTOERO’s 84,000+ members across Canada. Since 1968, [RTOERO](https://rtoero.ca/) has been a voice for teachers, school and board administrators, educational support staff and college and university faculty in their retirement. We believe in a better future, together.