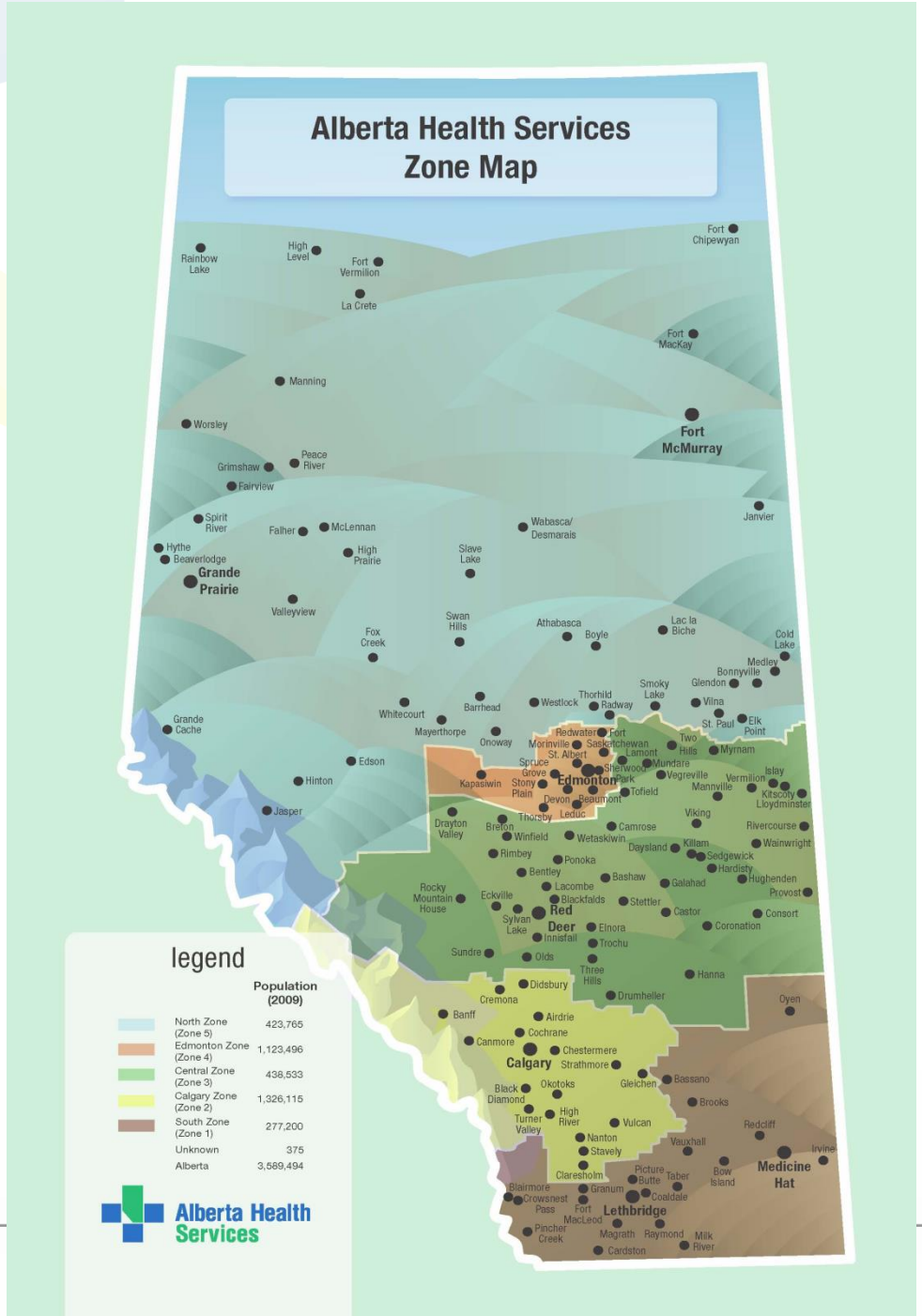
COMMUNITY CAPACITY IN PALLIATIVE AND END OF LIFE CARE: CAN A COMMUNITY DEVELOPMENT MODEL ADDRESS SUFFERING AND ENHANCE WELL-BEING?

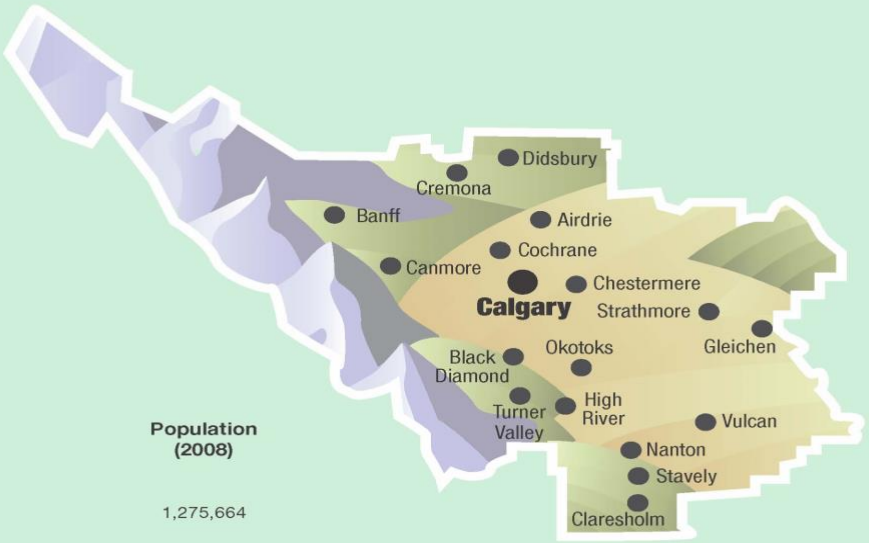
Martin LaBrie MD CCFP FCFP
Clinical Assistant Professor
Department of Family Medicine and
Division of Palliative Medicine, Department of Oncology

Director of Community Engagement

Cumming School of Medicine
University of Calgary


Alberta Health Services
Zone Map
Fort Chipewyan
Rainbow Lake
High Level
Fort Vermilion
La Crete
Fort MacKay
Manning
Worsley
Fort McMurray
Peace River
Grimshaw
Fairview
Janvier
Spirit River
Falher
McLennan
Wabasca/ Desmarais
Hythe
Beaverlodge
High Prairie
Slave Lake
Grande Prairie
Valleyview
Swan Hills
Athabasca
Boyle
Lac la Biche
Cold Lake
Fox Creek
Medley
Bonnyville
Glendon
Smoky Lake
Vilna
Thorhild
Radway
Westlock
Barrhead
Whitecourt
St. Paul
Elk Point
Grande Cache
Mayerthorpe
Onoway
Redwater
Fort Saskatchewan
Two Hills
Myrnam
Morinville
St. Albert
Lamont
Edson
Spruce Grove
Sherwood Park
Mundare
Vegreville
Islay
Vermilion
Hinton
Kapasiwin
Stony Plain
Edmonton
Tofield
Mannville
Kitscoty
Lloydminster
Devon
Beaumont
Jasper
Thorsby
Leduc
Viking
Drayton Valley
Breton
Camrose
Rivercourse
Winfield
Wetaskiwin
Daysland
Killam
Wainwright
Rimbey
Ponoka
Sedgewick
Hardisty
Bentley
Bashaw
Galahad
Hughenden
Lacombe
Provost
Rocky Mountain House
Eckville
Blackfalds
Stettler
Castor
Consort
Sylvan Lake
Red Deer
Elnora
Coronation
Innisfail
Trochu
Sundre
Olds
Three Hills
Hanna
Didsbury
Cremona
Drumheller
Oyen
Banff
Airdrie
Cochrane
Canmore
Chestermere
Calgary
Strathmore
Gleichen
Bassano
Black Diamond
Okotoks
Brooks
Turner Valley
High River
Vulcan
Redcliff
Nanton
Vauxhall
Irvine
Stavely
Claresholm
Picture Butte
Taber
Bow Island
Medicine Hat
Blairmore
Granum
Coaldale
Crowsnest Pass
Fort MacLeod
Lethbridge
Pincher Creek
Magrath
Raymond
Milk River
Cardston
legend
Population (2009)
North Zone (Zone 5) 423,765
Edmonton Zone (Zone 4) 1,123,496
Central Zone (Zone 3) 438,533
Calgary Zone (Zone 2) 1,326,115
South Zone (Zone 1) 277,200
Unknown 375
Alberta 3,589,494
Alberta Health Services

Alberta Health Services
Calgary Zone Map

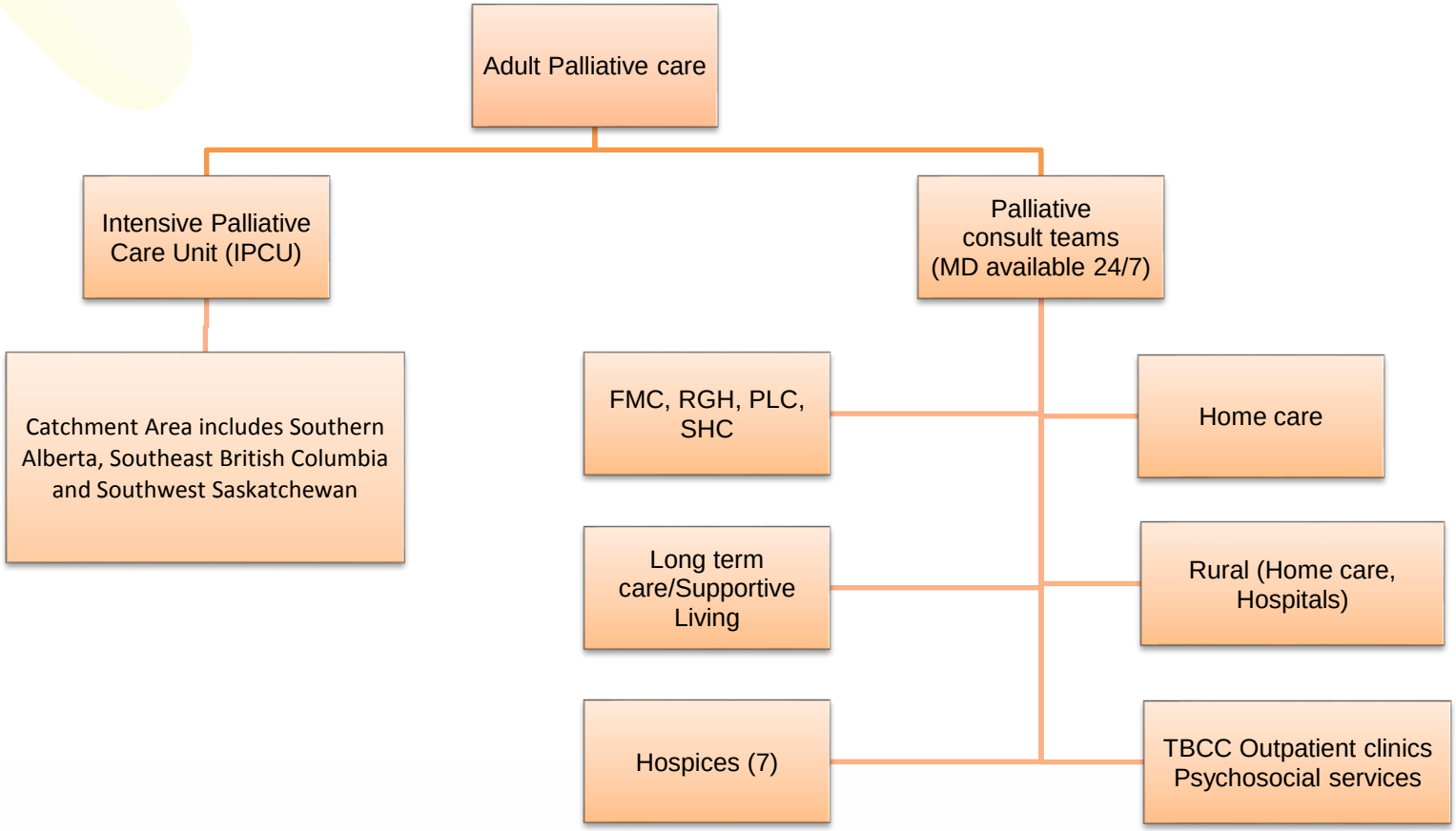


Population (2008)

1,275,664

Alberta Health Services

Palliative services – AHS Calgary Zone



Consequences

- Palliative and end of life care is now more than ever perceived to be within the domain of “experts”
- “a good death” is achieved through medical management
- While deaths outside of hospital may have become more frequent (e.g. hospices), home deaths are not more prevalent
- Death has become more “obscured” and community knowledge about care needs when approaching end of life has declined as reliance on health care systems has increased

Consequences

- Access to end of life care is dependent on the health care system resources available within the community (urban vs. rural or remote communities, ethnic communities, marginalized individuals, etc.)
- Decisions regarding the standards of service provision are established through a central authority and may not meet the needs of specific communities

Airdrie and District Hospice Society

- February 2010: two community leaders formed an interest group with the goal of developing a residential hospice facility for Airdrie
- May 2010: Dean of Faculty of Medicine was approached regarding potential assistance. Subsequent meetings refined the objective of developing the community capacity to provide support for individuals and families in the community who were confronted with a life-limiting illness

Airdrie and District Hospice Society

- The Society is now incorporated and has status as a charitable organization with Canada Revenue Agency.
- Efforts have been focused on increasing awareness and developing capacity in the community
- Activities: advocacy with municipal government, information campaign for local media, public speaker series, presence at community fairs and other functions, partnerships with community service organizations, compassionate support fund

Airdrie and District Hospice Society

- Efforts to develop volunteer capacity have been unsuccessful
  - limited resources,
  - limited understanding by civic leaders
  - operational limitations (e.g. bonding and insurance for volunteers entering home settings, limits to volunteer involvement in health care settings)
- Rapid turnover of board members
- Political pressure to advocate for residential facility
- Limited communication with AHS

Next steps

- Participation in research that will identify the role of communities in addressing suffering associated with illness and approaching death, and identify the resources that communities require in order to achieve capacity
- Partnership with the Cumming School of Medicine to develop policy and identify infrastructure, and to develop advocacy and social medicine skills among undergraduate students, residents, faculty