DHH Volunteer



INSIDE:

- DHH happenings and ways YOU could help!
- Hospice e-Learning from the comfort of your own home! Check out 5 on-line resources.
- What's the Difference between Community and Residential Hospices... besides beds ;)
- 'M.A.I.D'. in Canada Physician Assisted Dying – a look at what's happening as the June 6 Federal legislation deadline looms.

(Note: an <u>asterisk (*)</u> marks a link to more info. Links are listed on the last page and in the covering email.)



Hopefully, by the time you read THIS e-News edition we will be more convinced that *SPRING* has *finally* arrived!!!

No doubt, you'll notice a number of places in this edition, where the upcoming Hike for Hospice (H4H) is highlighted. For DHH, the opportunity to join this nation-wide awareness and fundraising event is OUR opportunity to (1) build upon our past H4H events, (2) let the community know who WE are and what DHH does, and (3) bring in MUCH-NEEDED funding so that we can continue to offer the programs and services we do – free of charge. This year, we're up against 'Goliath'-sized competition, as Southlake Foundation's *Run or Walk for Southlake* happens at the same time. If you're unable to come out, please consider <u>donating to the hike</u>* or, share our new DHH <u>*Go Fund Me*</u> link!*

Since it is anticipated that by this time next year, the construction of a residential hospice will be well under way, it seemed a good idea to detail some of the *differences* between what residential and non-residential hospices offer their community. BOTH have many (though unique) services to offer.

Meanwhile, another HUGE change affecting EOL in Canada will soon be realized. As one report stated, the June 6 deadline for a 'uniquely Canadian' legislation governing physician-hastened death is fast approaching and generations to come will be affected. Striking a balance between how to regulate legislating this new aspect of medicine while respecting the Charter Rights of every Canadian...is NO EASY TASK! No doubt, this e-news will continue to report on the changes coming to our country *and* our community in light of this new legislation and a new 10-bed residential hospice coming to York Region.

Enjoy and THANKS for READING!

Susan





HOSPICE...

COMMUNITY, NON-RESIDENCIAL, RESIDENTIAL - what's the DIFFERENCE??

When you say to someone *"I volunteer at a HOSPICE,"* do they look puzzled? Can you explain... <u>what a HOSPICE IS?</u> ... or,

what a COMMUNITY HOSPICE OFFERS?



vs. <u>WHAT'S</u> <u>OFFERED at</u> <u>RESIDENTIAL</u> <u>HOSPICES???</u> Biggest difference? BEDS!!

Residential Hospices (RH) provide individuals living with a life-limiting illness with 24-hour, end-of-life care in a homelike environment during their last weeks of life. They offer person-centered care focused on quality of life. In 1998, Hill House Hospice paved the way with a 3-bed RH in an unassuming bungalow on a treelined street in Richmond Hill. Since then, it's been York Region's only RH. These days, 10bed facilities with private care-suites are

being built across the province.

Like non-bed hospices, RH care-strategies involve supporting the client's physical, psychological, emotional, spiritual, cultural, practical/functional, cultural, and



informational needs for qualityliving while dying. RH care is provided by: palliative care physicians, registered nurses

(RNs), registered practical nurses (RPNs), personal support workers (PSWs), specially trained volunteers and a nutrition



You need only look at a DHH brochure to see all that a Community or non-residential hospice (NRH) has to offer.

No two are alike. Some have 'in-house' programs with the addition of complementary services (ex. Reiki). Others are primarily resources connecting clients with trained volunteers for 1:1 visits in the client's home.



We may support a client and their family members including: primary caregiver, parent, spouse and children. Our supportive connection and services might begin upon client diagnosis; continue through illness and continue as bereavement support after death. A DHH client might attend day programs (such as Oasis or Mind-Body Connection) or be matched 1:1 with an accredited home-visiting volunteer. Family members might join our caregiver support or art therapy programs.



For the most part, there are <u>NO FEES for</u> <u>programs or services</u>. It's important to note, though, that all <u>bereavement,</u> <u>psychosocial and</u> <u>spiritual support</u>

programs DO NOT receive provincial <u>funding.</u> If offered, their funding comes entirely through private donations.

You can see how, despite having BEDS, <u>Community</u> <u>Hospices</u> <u>have a LOT to offer!</u>



What is PHYSICIAN-ASSISTED DEATH?



<u>'M.A.I.D.' - HOW DID WE GET HERE?</u> WHERE ARE WE AT SO FAR?

Here's some answers as reported recently:

In Feb. 2015, the Supreme Court's <u>Carter vs. Canada</u>* ruling, decreed that Canadians with grievous and irremediable medical conditions who are enduring intolerable suffering have a right to die with a doctor's help – and Canada's current criminal prohibition on assisted death violates those rights. They made Feb 6, 2016 the initial deadline for crafting new Federal legislation but agreed to the new Liberal-majority's request for a 4-month extension – ending June 6.

A special joint Senate-Commons committee was tasked with creating a report in order to inform and advise. They heard from 62 witnesses, received 120 briefs and, on Feb 25, 2016 unanimously produced a <u>report with 21 recommendations</u>.* Not all agreed with the content. (Click on the sidebar image #'s for links to additional information relating to them).

Recently, the Canadian Press reported unidentified source's prediction of a mid-April unveiling of drafted legislation. PM Trudeau's recent comment: "as Liberals, we stand to defend an individual's right, but also need to make sure we're protecting the most vulnerable," indicates his Gov't's rejection of some of the Feb. 25th report's recommendations. PM Trudeau anticipates "a fulsome, responsible debate that involves the voices that need to be heard on this issue." The Liberal government had initially ordered a 'whipped vote' which would have required all Liberal MPs to 'tow the party line' and vote for the legislation. At this point, the decision of a <u>whipped or free vote is undecided</u>*.

Key issues to be determined are: Whether physicianhastened death is a 'medical act' or a 'social intervention.' Who's eligible and by what criteria? Who's involved in the decision-making process and who might carry out the task? Medical personnel? If so, what designation? Doctors only? Or Nurse Practitioners too? What about Non-medical personnel? We know challenges in implementing EOL care in rural areas are significant. Right-to-die access will be equally difficult.

One other controversial topic: a Dr.'s right to refuse - is expected to be left to the Provinces to resolve, ensuring all Canadians have access to the service. Our provincial Hospice/Pal Care association (HPCO) is working with the CHPCA in advocating the position that all Canadians have a right to high quality hospice palliative care at the end of life and the belief that...

> <u>"We need to talk about</u> <u>hospice palliative care first."</u>*



"Doane House Hospice about living before the end, not about dying." (Aurora Banner) Click <u>HERE</u> to read the article!



FROM PAGE 2 - LINK TO DONATE TO DHH - HIKE for HOSPICE & GO FUND ME http://chpca.convio.net/site/TR/Hike/DoaneHouseHospiceInc?fr_id=1611&pg=entry DHH Go Fund Me Link: https://www.gofundme.com/doanehouse

FROM PAGE 3 <u>- LINKS TO ONLINE TRAINING RESOURCES</u> CHPCA: <u>http://www.chpca.net</u> e-hospice: <u>http://www.ehospice.com</u> Life and Death Matters: <u>http://www.ehospice.com</u> The Canadian Virtual Hospice: <u>http://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home.aspx</u> What's Your Grief?: http://www.whatsyourgrief.com

FROM PAGE 5 - LINKS TO MORE ABOUT DR. - HASTENED DEATH LEGISLATION

More about the Supreme Court ruling *Carter vs. Canada*: <u>http://www.fasken.com/physician-assisted-death/</u>

More info on the Feb 25th Joint Senate Common's Committee's recommendations: <u>http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=8120006&Language=E&M</u> <u>ode=1&Parl=42&Ses=1&File=9%20</u>.

More info about 'whipped' or 'free' votes: <u>https://www.lifesitenews.com/opinion/darkness-descends-on-canada</u>

More info from HPCO's *"Lets Talk about Palliative Care First"* media release: <u>http://www.hpco.ca/hpcfirst/</u>

More information relating to Dr-hastened Dying images topics: #1 <u>http://globalnews.ca/news/2468593/how-should-doctors-help-people-die-canadas-</u> <u>competing-assisted-death-guidelines-explained/</u>

#2 http://ipolitics.ca/2016/02/09/doctors-wont-impede-assisted-death-says-cma-in-open-letter/

#3 <u>http://www.ccdonline.ca/en/humanrights/endoflife/Vulnerable-Persons-Standard-March2016</u>

#4 <u>http://www.dyingwithdignity.ca/advance_consent_assisted_dying_poll?gclid=CI-</u> <u>LrOLei8wCFQmRaQod9BkGSg</u>

#5 <u>http://www.theglobeandmail.com/opinion/doctor-assisted-dying-why-religious-</u> <u>conscience-must-be-part-of-the-debate/article29252574/</u>

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