

## NEWS RELEASE

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FOR IMMEDIATE RELEASE

### **The third in a series of Mini Med School sessions asks: Is there such a thing as a good death?**

**Chilliwack, BC-** Addressing the sensitive issue of end-of-life planning, the third Mini Med School session was hosted by Dr. Kate MacDonald and Dr. Kara Schneider on April 1 at the Chilliwack Cultural Centre. The doctors spoke at length about advanced care planning, end of life planning and palliative care. Advanced care planning helps customize your health care plan according to your preferences. Planning, while being a reflective experience, needs to be documented formally so that your loved ones and physician are aware of your choices. Dr. MacDonald presented [My Voice](#), available throughout BC, as a useful guide to advanced care planning.

To respect patient's preferences, a Hospital MOST form helps identify what a patient is or isn't comfortable with. MOST stands for Medical Order for Scope of Treatment and it covers what level of care a patient would like; ranging from comfort care alone, to medical treatment only within the hospital (no transfers), to full medical treatment (including transfers) or finally, to include Intensive Care Unit treatment. MOST also incorporates patient preferences for intubation i.e. breathing tube and other interventions, such as dialysis, blood products and feeding through tubes. The doctors stress that advanced care planning does not mean that anything is set in stone; these plans can be altered if a patient changes their mind about the type and level of care they would want.

Palliative care was another key discussion point; it ultimately aims to relieve suffering and improve quality of care by looking after one's body, mind and spirit. This type of home care arose from a "home is best" philosophy and accommodates differing abilities to live independently. Assisted living requires the greatest independence; services are usually limited to housekeeping and meal provision. There are public and privately funded assisted living options, and most provide opportunities for socializing and recreation. In contrast, residential care includes personal care provision and 24/7 nursing care; this is geared towards those who are less able to live independently due to complex health care needs. Palliative care is suitable for any patient with a life-threatening illness; it relies on a team based approach, through collaboration between nurses, doctors, social workers, pharmacists, spiritual caregivers and loved ones. Addressing misconceptions about this type of care, the doctors recognized that palliative care "is about living with a diagnosis, not dying with an illness."

Last but not least, hospice care was approached as an alternative medical care setting, appropriate for when people are thought to be in a terminal phase of an illness. Community resources such as Chilliwack Hospice Society and Cascade Hospice were highlighted; along with the services they provide in terms of grief and spiritual support. The session concluded by suggesting that a cultural shift is needed to make advanced care planning a regular feature of your health care plan.

For more information, please contact:

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