



LETHBRIDGE: Hospice care is overdue

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My friend Lin died in a hospice.

It was a friendly place, a regular house in a quiet residential neighbourhood.

There were fresh-cut flowers on the dining room table, which was covered with the sort of tablecloth you might have found in your grandmother's house.

The kitchen was well-stocked with dishes, pots and utensils.

You could cook a meal there.

There were nice curtains on the bedroom windows which overlooked a nice garden outside.

There were no wires or scrubs in this place and no institutional food.

There were nurses. And a doctor made the rounds each day to help with medication and pain management.

It wasn't fancy.

But it was a nice place in which to spend time and a good place in which to die.

That was in 2003 in England, where dying in a hospice has been mainstream for the past 50 years.

In cities, towns and many villages in Britain, you will find a hospice.

And you will find charity shops dedicated to raising funds for the local hospice.

Here in Nova Scotia, the idea of dying in a hospice is still new.

And, to some extent, it is still unknown.

But it's a good idea for people with end-of-life diagnoses and for their families.

It's also a good idea for governments and taxpayers.

The idea of the hospice is to give dying patients a home-like atmosphere in which to spend their last days in as much comfort and with as much dignity as possible.

If they cannot die at home, the hospice is a home-like alternative to hospital.

It is a place where family can gather in comfort and where dying and death is de-medicalized.

The hospice supports patients and their families with physical, emotional and spiritual care during a time of bereavement.

Nurses and doctors are available to provide care and to administer medicine when necessary.

In a hospice, family members are freed of the burden of care, so they can spend time with their loved ones as daughters, wives and siblings, rather than care-providers.

Across Canada there are 88 hospices like the one my friend died in.

In Nova Scotia there are none as yet. But there are plans in the works.

In Halifax, two adjacent houses have been purchased and a capital campaign is underway to raise funds to connect and renovate them.

When the project is completed, the hospice will house up to 10 patients.

The Nova Scotia Health Authority has agreed to match operating costs once the hospice is completed.

Renovations are expected to begin next spring.

Governments ought to be very keen on the hospice movement, not just to provide people more and better options for the end of their lives, but also to manage health care costs.

At the moment, it costs an estimated \$1,000 to \$1,200 per day to keep a dying person in an acute care bed in a hospital.

In a hospice, this cost is \$475 per day.

When you factor in the fact that the cost of running the hospice will be shared with community fundraising, this means governments are paying \$237 per day per patient.

You do the math.

And then do the math in a province with an aging population.

It makes sense.

In fact, it seems almost inconceivable to me that this idea has not occurred to us sooner.

There are hospice movements all over the world in developed countries like Britain.

Why, in 2016, are we still without a hospice in Nova Scotia, a province not exactly known for an over-abundance of health care money?

I suppose you don't know it's a good idea if you didn't know it existed in the first place.

And change in areas like death (and birth) comes slowly.

I predict that once the first hospice is up and running, and when the provincial government sees the cost benefits, it will be enthusiastic to encourage more hospices in the province.

And when patients and family members experience bereavement in a hospice, they will become advocates and fundraisers for the hospice movement in Nova Scotia.

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