



April 24, 2020

Dr. Brent Roussin

Chief Provincial Public Health Officer

Lanette Siragusa, Provincial Lead Health System Integration & Quality, Chief Nursing Officer, Shared Health

Dear Dr. Roussin and Ms. Siragusa,

I would like to take this opportunity to commend you on your leadership as we all navigate the covid-19 pandemic. I know that your directives have made a significant impact in reducing the risk of transmission of covid-19 and flattening the curve. Thank you for keeping Manitobans safe.

At Palliative Manitoba, our mission is to ease the suffering of the dying, the bereaved and their caregivers through supportive services and education and advocacy. Physical distancing has required us to become creative to ensure that we're meeting the needs of the individuals we support, and we've been able to do this – for the most part, through phone calls, emails and online video conferencing. Since the physical distancing measures have been in place, we have seen an increased number of individuals access our Telephone Bereavement Service – we are currently supporting 37 individuals who are coping with grief. At this time last year, we were supporting 23 individuals.

We are noticing that individuals are experiencing complex grief reactions because they have not been able to visit dying family members due to the physical distancing measures. The frustration, angst and sadness that people are experiencing are profound and will have a negative, lasting impact. Palliative care is about living and dying well. There have been individuals who have died alone, in isolation because of the physical distancing measures. For many of these individuals and their families, this isn't dying well. While guidelines are in place for patients who are deemed palliative, they are somewhat subjective and a patient's condition can rapidly deteriorate. Palliative Manitoba has received phone calls from families who were denied visitation to family members because they were not imminently dying, only to be phoned by hospital staff hours later, informing them their loved one had died.

Currently, visitors are only allowed when a palliative care patient has a palliative performance scale score of 10% or less which is defined as totally bed bound, is unable to do any work, requires total care, and is drowsy or in a coma. This does not allow for meaningful goodbyes and sometimes, patients deteriorate rapidly from 20% or more to death, never achieving the 10% requirement for visitation. In death, there are no "do-overs." Our organization requests that the

criteria for determining whether visitors are allowed for palliative care patients be reviewed and compassionately modified to allow families more opportunity to be physically present with their loved ones. This may involve a modification to include patients who are felt to be “actively dying”. Perhaps expanded use of personal protective equipment made available to family members at the time of such visitation may also alleviate any undue concerns for other patients or staff.

Thank you again for your leadership throughout this crisis. We recognize the added scrutiny that you are receiving in the face of the pandemic and we appreciate how challenging it is to satisfy the needs of all perspectives as people approach end-of-life. Understand that while we will continue to advocate for the community member’s perspective, we will respect your decisions regarding visitation, as we are all in this together.

Sincerely,

Jennifer

Jennifer Gurke MEd, MSW, RSW (MB)

Executive Director

Palliative Manitoba