Palliative Care

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This policy replaces the following VPPM 2 policy: 1.1.6 Palliative Care.

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Purpose

This policy provides direction on the approval of health care benefits, Veterans Independence Program (VIP) services, and long term care (LTC) to support clients who are eligible under the *Veterans Health Care Regulations* (VHCR) and require palliative care.

Policy

Definition

1. Palliative care, for the purpose of this policy, is defined as care provided to a client who has been diagnosed, by his/her physician, to be in the last stages of life with a current medical prognosis of three months or less. The primary objective of this care is to make the client more comfortable at home. The authorization of palliative care should not be taken as a basis or approval for making substantial changes to the home (making it, in effect, a health care facility).

General

2. Generally, palliative care is provided through provincial or municipal programs in a facility setting such as long term care, an acute care hospital, or in a specific unit of a health care facility that is designated as a palliative care unit. Increasingly, palliative care is being provided in a home setting, by a spouse or primary caregiver. Veterans Affairs Canada (VAC) may supplement those provincial/municipal programs

and services through a combination of treatment benefits, VIP services, and long term care admission, with services designed to meet the unique needs of each client.

Eligibility

3. Only those individuals who have eligibility under the VHCR are entitled to receive benefits, services and/or care for palliative purposes. Benefits are available in accordance with the eligibility criteria outlined in Eligibility for Health Care Programs – Eligible Client Groups, and the specifications set out in the VAC benefit grids and/or Departmental guidelines/directives.

Palliative Care at Home

4. It is generally neither the intention, nor the mandate of the Department to provide benefits, services and/or care in the home to a client with Type III health needs. However, in the case of a terminally-ill person who wishes to die at home, it may be reasonable to provide the required benefits, services and/or care for a period of three months or less if:

    a. There is a letter from the treating family physician indicating that the client and/or family has been counseled on the risks of dying at home;
    b. The care can be appropriately and cost-effectively delivered in the home environment;
    c. The type and amount of professional care and supervision required are available;
    d. The impact on the spouse or primary caregiver is fully considered; and
    e. There is a contingency plan for admission to a facility, should circumstances change.
5. A palliative care plan must be developed, to ensure that a client is supported to the extent to which it is appropriate, and to which he/she is eligible for VAC benefits, services and/or care. The care plan should be developed in conjunction with a provincial and/or municipal palliative care program and should consider all aspects of the client's well being, as well as ensuring sufficient support for the spouse or primary caregiver.
6. The care plan must be developed in conjunction with, or consideration of, any available provincial and/or municipal palliative care services. It should address all aspects of the client's well-being, as well as ensure sufficient support for the spouse or primary caregiver.
7. The care plan must meet the client's needs for comfort and support, by incorporating physical, psychosocial and/or spiritual support. As appropriate, it should provide for a multi-disciplinary team, including physicians, nurses, social workers and clergy, who work together with the client, the client's family, and other caregivers.

Program Limitations

8. All parameters within the current policies concerning health care benefits, VIP services and long term care apply. For example:

    a. A client who is normally required to pay an accommodation and meals contribution must still do so when receiving facility-based care for palliative purposes;
    b. A client receiving Attendance Allowance is limited to 59 days of VIP personal care services per calendar year.

Non-eligible Clients Requiring Palliative Care

9. In the event that a client is not eligible for any VAC benefits, VAC staff can help the client by coordinating access to available community resources

Approval/Authorities/Financial Limits

10. The approval of funding must be consistent with the health care benefits, VIP and LTC authorities, as well as the policies on Contribution Arrangements and Exceeding Rates, if applicable.

References

Veterans Health Care Regulations, sections 2, 3, 4, 6, 15, 19, 21, 22 and 34

Eligibility for Health Care Programs – Eligible Client Groups