Ontario
Long Term Care
Clinicians

April 7,2021

OLTCC FINAL SUBMISSION TO

ONTARIO'S LONG-TERM CARE COVID 19 COMMISSION

Dear Commissioners,

We are very aware of the enormity of the task, research and pressing deadline you face, but we wanted to reach out with what we believe is a context that still is not resonating enough or understood enough by many who have been weighing in on Long-Term Care (LTC) and the pandemic.

LTC homes are not, and should not be, hospitals. While medical care is necessary to support residents with complex needs, "fixing" them is not a goal. Keeping them comfortable by supporting their daily needs, addressing symptoms of chronic disease complications, and limiting upheaval and trauma are the goals. In other words, not making unwanted trips to hospital for unnecessary and unsuccessful treatments.

The reality is that Long-Term Care is often a person's last home. Many residents are elderly and very close to the end of life when they arrive. It is a home for people who can no longer be supported at home or in the community and who are beyond "fixing". They need care and support just to function in daily life and they need a range of medical supports.

When residents arrive at Long-Term Care, we engage them in goals of care conversations - sometimes it's the first time someone has asked them about their personal goals of care. Often residents will identify that being rushed to hospital should they become ill is not what they want or expect. They do not want "heroics". They know they are in the last chapter of life and spending what time they have left being uprooted and undergoing sometimes brutal treatments to eke out a bit more time is not what they want. If dementia is a factor and the residents can't make decisions for themselves, then their Substitute Decision Makers may convey the goals of care. And, the goal is very often a palliative approach to care.

During the first wave of COVID, there was an iron ring around – not Long-Term care but – hospitals. Public policy was to protect hospitals at all costs to avoid situations experienced in other parts of the world. Decanting residents to hospital was being dissuaded. Also, in many cases then, and still now, the goals of care for individual residents would preclude invasive medical interventions and as such would be a reason why some residents, even though ill, were not moved out of their Long-Term Care home.

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Yes, more staff is needed. And yes, those staff members need more time to properly care for individuals. But staff – *including all visiting physicians and clinicians* - must also have sufficient training and understanding specific to the residents' needs and realities, with a focus on quality of life indicators as opposed to tasks or medical procedures. A focus on a palliative approach to care will significantly help to ensure quality of life care for individual residents, as well as support for family caregivers. By being responsive to the realities of each resident's needs, wants and goals for care, quality of life can be achieved, whether that means having breakfast in bed, or watching a favourite movie, or just staying put.

People do not aspire to go from their homes to live in mini hospitals to live the rest of their days based on meeting a staff task list, schedule and the aspirations of the medical world to fix everybody even when beyond fixing. That medicalization of life and death born in the 1950's and 60's is something from which we are hopefully evolving. People are living so long now that by the time the medical world permits them to die, they are withered and broken and traumatized. That is not a good goal of care. The medical world is quick to prolong life and Governments are quick to ask for a checklist of completed actions, but what we often fail to provide is quality of life, comfort and human connection. We are not just bodies to be endlessly propped up at all costs.

In Long-Term Care, people want a home, where they can be supported in comfort and dignity and in which to do the few things they still can do that they enjoy. We owe it to them to deliver that. And, we must do this immediately as our aging population rapidly grows.

We wish you Godspeed in your Herculean and very important task, and we remain at your service.

Yours truly,

Ben Robert MD, MBA
President, Ontario Long Term Care Clinicians