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Spotlight on Canadians: Results from the General Social Survey

End-of-life care, 2012



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- . not available for any reference period
- .. not available for a specific reference period
- ... not applicable
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- 0^s value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
- ^P preliminary
- ^r revised
- X suppressed to meet the confidentiality requirements of the *Statistics Act*
- ^E use with caution
- F too unreliable to be published
- * significantly different from reference category ($p < 0.05$)

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End-of-life care, 2012

End-of-life care, also known as palliative care, refers to providing care for someone who is terminally ill. Information on end-of-life care is based on the 2012 General Social Survey on Caregiving and care receiving.

In 2012, 13% of Canadians (3.7 million) aged 15 and older reported having provided end-of-life care to a family member or friend, at some point in their lives. This could include helping with personal or medical care, assisting with housework, preparing meals, providing transportation to and from medical appointments, managing finances, and other helping activities.



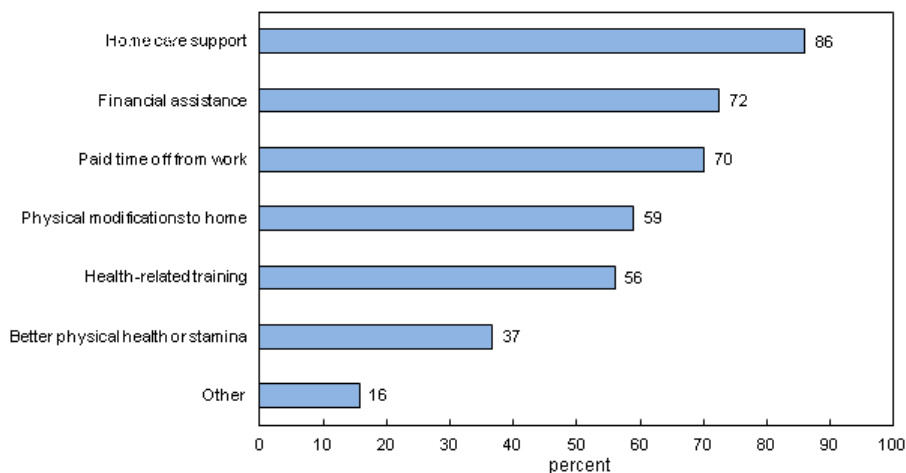
Providing palliative care within the previous year was reported by an estimated 621,000 Canadians or 2% of those aged 15 and older.

End-of-life care was most often a reality for those in their 50s and 60s, with about one in five reporting that they had ever provided palliative care to a parent, spouse, grandparent, other family member or friend. As with caregiving overall, women were more likely than men to have provided assistance to someone who was terminally ill. Over their lifetimes, 16% of women reported doing so, compared to 10% of men.

Providing end-of-life care was sometimes done in the caregiver's own home. This was true for about one-third (35%) of Canadians who had provided care for their terminally ill relative or friend.

For those who did not provide care in their own home, 17% would have preferred this option. These caregivers indicated a number of conditions that could have facilitated care within their own home. Ranking the highest was home care support, with close to nine in ten (86%) reporting that this service would have enabled them to care for their dying family member or friend in their own home (Chart). Other commonly cited conditions included financial assistance to cover additional costs (72%) and time off work with no loss in pay (70%).

Chart 1
Nearly nine in ten caregivers said home care support would have facilitated end-of-life care in their own home



Note: Includes caregivers who would have preferred providing end-of-life care in their own home. Respondents were able to provide multiple conditions. Therefore, responses will not total 100%.
Source: Statistics Canada, General Social Survey, 2012.

One type of support available is 'Compassionate Care leave', where a person can take up to eight weeks leave from paid work to provide care or support to a gravely ill family member or friend who is at risk of dying within 26 weeks. In all, 12% of Canadians who provided end-of-life care took this type of leave. Of those who provided end-of-life care in the last 12 months, 8% reported taking this leave.

Rates of end-of-life care were similar across the country, with few variations between provinces. A difference of two percentage points was recorded for those living in Newfoundland and Labrador, making it the sole province where a significantly higher proportion of people had ever provided end-of-life care (15% versus 13% overall). No provinces had significantly lower rates of end-of-life care.

Data

Additional data from the General Social Survey on Caregiving and Care receiving are available from CANSIM tables *114-0001 to 114-0013*. Additional analyses on caregiving are available in the following publications, *Portrait of Caregivers, 2012*, *Family caregiving: What are the consequences?*, and *Young Canadians providing care*.