

#### **The Law Commission of Ontario**

- The Law Commission of Ontario (LCO) is Ontario's leading independent law reform agency. The LCO is neutral and independent of government. LCO is supported by Ontario's law schools, the Law Foundation of Ontario, and the Ministry of the Attorney General
- The LCO conducts studies and public consultations where the law is in need of reform. This can mean updating laws, better matching laws to everyday practices, and better coordinating or streamlining different laws
- LCO consultations are about your experiences with the law you don't need to be an expert in the law to contribute! We're interested in what you've found confusing, challenging, or have experienced as a barrier. You may also have thought about issues where there should be rules or obligations, or where these could be clarified
- LCO's work is summarized into reports with law reform recommendations which are received by the Attorney General on behalf of the government of Ontario

#### www.lco-cdo.org/laststage.

## **Current Projects @ LCO**





#### Class Actions

Ontario's Class Proceedings Act came into force in 1993, with three goals: to improve access to justice, to enable more efficient and effective judicial management of complex cases of mass injury, and to coerce behavioral modification through public accountability.



# Defamation Law in the Internet Age

Defamation law is a branch of tort law that attempts to protect a claimant's reputation from harm caused by false statements.



#### Improving the Last Stages of Life

On September 18, 2014, the Law Commission of Ontario's (LCO) Board of Governors approved a project to consider improving the last stages of people's lives as they approach death.

#### What do w

- LCO's "Last Stages of Life" project is laws impacting health care late in life
  - Palliative care
  - End-of-life care
  - Medical assistance in dying
- Some of the laws we are looking at i
  - Health Care Consent Act
  - Long-term Care Homes Act
  - Employment Standards Act
  - Coroner's Act
  - Occupational Health Safety Act

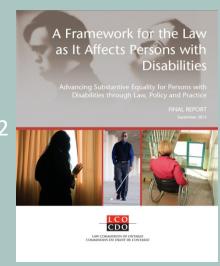


### What do we mean by the "last stages of life"?

The Last Stages Project builds on past and previous findings of the LCO



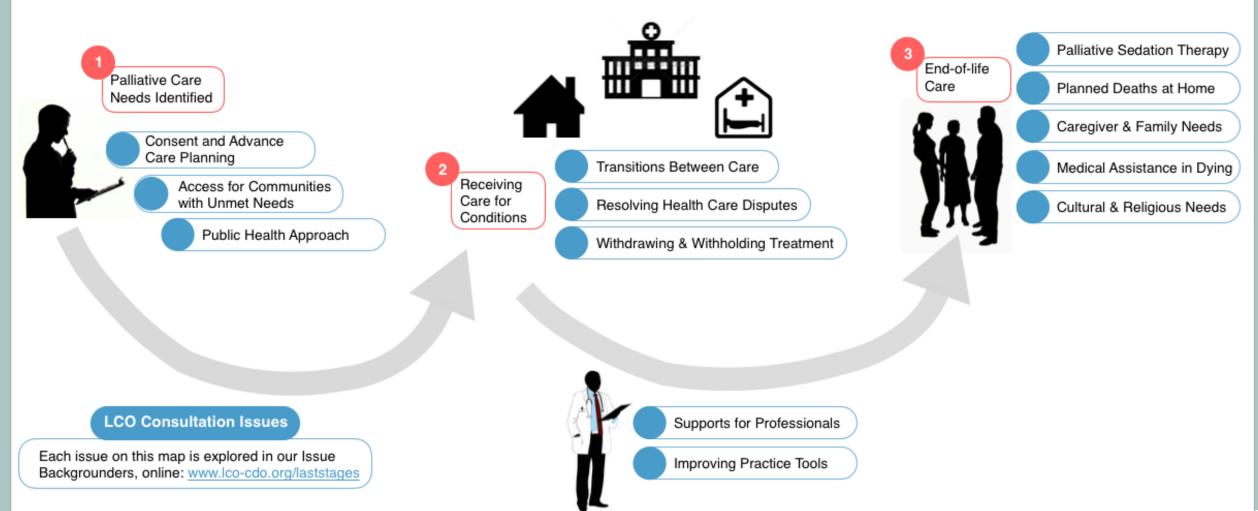
Sept 2012





LCO has a provincial mandate. We are not looking at Bill C-14 or the work of the Council of Canadian Academies review of MAID requests related to "mature minors, to advance requests, and to requests where mental illness is the sole underlying medical condition"

### What are the potential issues for law reform?



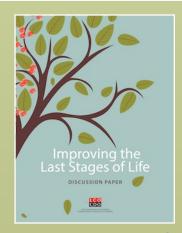
#### We are consulting the province

- ❖ LCO launched public consultations in late May 2017 with the release of a Discussion Paper and other materials
- Consultations to date have spanned 60 consultation sessions involving over 650 participants; an additional 215 people completed our public survey
- Public consultations conclude in April 2018
- Preliminary recommendations will be published for comment in Summer 2018, with final report to gov't Fall 2018

We want to hear from you lawcommission@lco-cdo.org

Our consultation website www.lco-cdo.org/laststages

#### More information



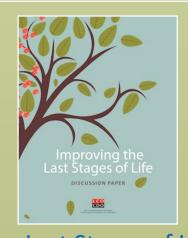
The Last Stages of Life
Discussion Paper, ch. 1,
outlines the
development and scope
of this project. See also
the Project Scope and
Statement

#### What have we heard?



- Some examples of what LCO's project is hearing about:
  - ❖ Difficulty in getting palliative care assessments, inconsistent definitions of "palliative"; confusion about how palliative status impacts eligibility for services at home or priority admission to long-term care; fear that dementia related behavioral assessments or use of tilt chairs (or restraint) may negatively impact eligibility to LTC
  - Difficult transitions in care, such as pressure to move from a hospital without assessments or other services in place, or hospitals paying for such services only for brief period
  - Need for greater services and supports for palliative care in long-term care to reduce hospital transfers; particular importance of continuity of care for dementia patients

#### More information

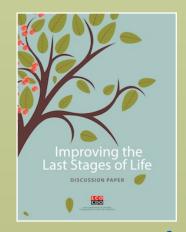


The Last Stages of Life

Discussion Paper,
Chapter 2, which
discusses the meaning of
"palliative" and how
different groups are
impacted

- \* Better supports for caregivers and family members such as improved employment leave, expanded grief and bereavement services. Potential changes to *Employment Standards Act* could:
  - define "carer" to make accessing supports easier and more predictable; particularly recognizing long-term chronic support needs (such as dementia) may mean more intermittent time off, or workplace accommodations
  - allowing for a "carer allowance" that is distinct from employment insurance to better cover the self-employed or retired persons
- Great support for respite services, particularly given dementia related "night reversal"; eligibility often tied to "palliative" status
- Better supporting "compassionate care" communities" to help neighbors support one another

#### More information



The Last Stages of Life

Discussion Paper, ch 2.C

& 5.D, and Issue

Backgrounder 11. See

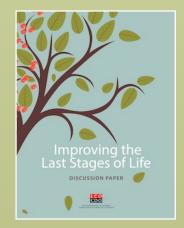
also LCO's commissioned

study on the experience

of caregivers

- ❖ Better anticipating costs to patients and families, such as non-emergency transfers, medication covered in hospital but not at home, cost of dementia medications and options like patch, cost of private supports in LTC and limits on their ability to use equipment
- Better supports for wishes to die at home, including fast response after death by funeral homes and coroner
- \* High staff turnover among PSWs and home care workers, a challenge for staff, patient and service provider alike; PSWs not trained in dementia care; abuse of workers without adequate insurance or WSIB coverage; burnout related to continuous monitoring

#### More information



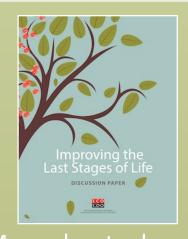
The Last Stages of Life

Discussion Paper, ch 6.E

& 7.B, for navigating
transitions and planned
deaths at home. See also
LCO's commissioned
study on improved care
transitions

- Providing greater support for medical assistance in dying, such as case management, clarifying the provision of services in long-term care, removing administrative barriers to mobile health services, "resets" of 10-day reflection period if person has care transfer, and consent issues in relationship to dementia
- \* A need for a public health mandate to promoting understanding of palliative care, particularly around advance care planning, understanding the practicalities of "heroic measures," and the law around withdrawing and withholding treatment
- more accessible dispute resolution mechanisms; clearer approaches to SDMs and powers of attorney; navigation services for SDMs; supporting "families of choice"; isolated persons with no SDMs

#### More information



More about advance care planning is in the Last Stages of Life

Discussion Paper, ch 4.D

& 6.B, and Issue

Backgrounder 1. Dispute resolution is at ch 4.F,

7.C, & Backgrounder 5

### What are your experiences?

How have these issues impacted you? What are your experiences, and those of your family members, loved ones, and persons you are caring for?



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