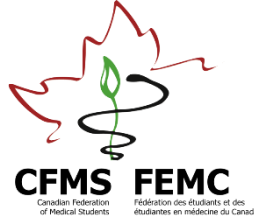
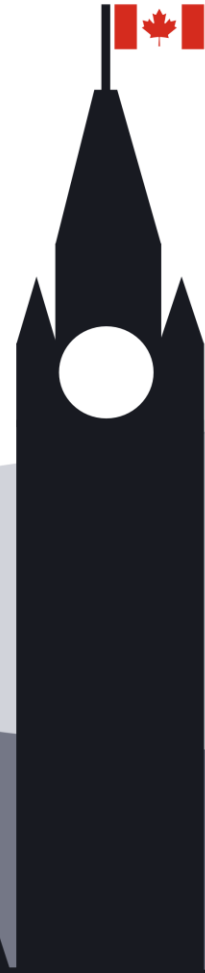


2019



CFMS

DAY OF ACTION



SENIORS CARE & AGING

COMMUNITY  
CONSULTATIONS  
REVIEW & SUMMARY



**CFMS**

Canadian Federation  
of Medical Students

**FEMC**

Fédération des étudiants et des  
étudiantes en médecine du Canada

**About Us:** The Canadian Federation of Medical Students (CFMS) is the national organization representing over 8,000 Canadian medical students from 15 medical schools across Canada. We represent medical students to the public, to the federal government, and to national and international medical organizations.

**Our Mission:** The Canadian Federation of Medical Students (CFMS) is the national voice of Canadian medical students. We connect, support, and represent our membership as they learn to serve patients and society.

**Our Vision:** Tomorrow's physicians leading for health today.

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The following document is a qualitative research report summarizing the feedback received from community consultations done by the Canadian Federation of Medical Students (CFMS) for the 2019 National Day of Action on Seniors Care and Aging.

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Consultation Review Committee: Jessica Froehlich, Chantal Phillips, Alexandra Killian, Wenxuan Wang, and Linda Lam

# Introduction

A 90-year-old female living independently in a retirement residence who enjoys bowling two nights a week, playing bingo, and visiting friends. A 78-year-old newcomer male living in an inter-generational home with depression after the passing of his siblings, mistaken for dementia. A 67-year-old with multiple comorbidities requiring assistance for all activities of daily living (ADLs), living in a long-term care home.

One of the challenges of planning for an aging population is the heterogeneity in our needs and abilities as we age. For the first time ever in Canada, the number of seniors has exceeded the number of children aged 14 and younger (Grenier 2017). This is a positive reflection that advances in public health, medical innovation and social supports have allowed people to live longer and healthier lives. With an aging population there are also more opportunities. With the proper supports, an aging population has a lifetime of knowledge, experiences, skills and history to share with the rest of society.

Aging is a continuum impacted by care, services, policies and the social determinants of health. Planning and designing a society that can support healthy aging impacts all of us now and later, which is why the 2019 Canadian Federation of Medical Students' (CFMS) National Day of Action will focus on advocating for federal health policies that positively supports healthy aging with dignity.

In developing the 2019 CFMS advocacy campaign, community leaders and health experts across the country were engaged by medical students to participate in the consultation process. A qualitative analysis using an inductive approach was utilized to identify emerging themes from the consultations to guide the development of specific policy recommendations to the federal government for the Day of Action. The consultation themes identified reflect the values that underpin the various concepts discussed by stakeholders. The five themes/values identified are: 1) Wellness, 2) Quality of Life and Dignity, 3) Choice, 4) Innovation, and 5) Support.

## Methodology

The CFMS coordinated medical students across the country to identify and engage with community leaders and health experts on the topic of Seniors Care and Aging. Medical students connected with stakeholders in several ways including in-person meetings, phone calls, and communication through email. An email template was provided to medical students for adaptation and to initiate contact with stakeholders posing two general questions:

- 1) What are some specific issues in Seniors Care and Aging that are of relevance to your organization?
- 2) What can be done at the federal level to address these issues?

Medical students were encouraged to follow the natural flow of the conversation to allow space for stakeholders to bring forward a wide array of responses. This resulted in the self-emergence

of several themes and topics leading to a comprehensive conclusion on Seniors Care and Aging.

Thirty-one stakeholders across Canada were captured in this process, representing different perspectives. Following each consultation, medical students submitted a report with notes from the meeting to the Consultation Review Committee.

These reports were compiled and analyzed individually by five different medical students on the Consultation Review Committee using an inductive approach to identify emerging concepts, insights, and understandings from patterns in the qualitative data. This process involved four phases, as outlined by Kent Lofgren in his video on “Qualitative Analysis of Interview Data: A Basic step-by-step guide” (Lofgren 2013).

- 1) First Impressions: Identification of first impressions after reviewing all the transcripts as a whole.
- 2) Code: Review each transcript one-by-one labelling relevant words, phrases, sentences.
- 3) Conceptualize: Create categories by bringing different codes together and label the emerging theme.
- 4) Interpret: Identify relationships between the themes.

Following this process, the Consultation Review Committee met to share insights from the process and identified five primary themes with subcomponents that captures the emerging themes from the 31 stakeholder consultations which are reported below.

This report is a summary of the 31 stakeholder consultations held by medical students for the 2019 CFMS National Day of Action on Seniors Care and Aging.

## Consultation Themes

### Theme 1: Wellness

Our stakeholders emphasized that the focus of seniors’ care should be on prevention and health promotion throughout the lifespan as an important way to support seniors health. Notably, Melissa Anderson, advocacy lead for the Canadian Physiotherapy Association commented that “reacting as a way of care is not a good way of promoting wellness”. Dr. Howard Bergman, chair of the Department of Family Medicine and professor of Geriatric Medicine and Oncology at McGill University expressed that “promoting a healthy lifestyle throughout the life and preventing diseases will lead to healthy aging”. Tia Chaisson, Ubuntu program coordinator at the TAIBU Community Health Centre identified that the prioritization of clinical resources over social resources is a barrier to maintaining holistic health. This theme encompasses the social determinants of health, community health resources, and appropriate primary care as considerations to promote wellness as we age.

### *Social Determinants of Health*

The social determinants of health refer to the social factors that impact the health of individuals and populations. One stakeholder, a family medicine physician with specialty in care of the elderly, notes that despite variation in needs from province to province, attention to the social determinants is necessary so that all older adults have an opportunity to age successfully. Connie Newman, executive director of the Manitoba Association of Seniors Centres made specific reference to the eight World Health Organization age-friendly domains including the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services, as concrete categories to address when planning for success in healthy aging.

### *Community Health Resources*

Advancements in oral hygiene throughout the lifespan is an illustrative example of how prevention has led to more seniors having retained their natural teeth rather than needing dentures. Eric Anderson, Communications Leader for the Sherbrooke Community Centre in Saskatoon, informed us that they have responded to the increasing need for dental care by providing oral care training for care aids. This was made possible through the support of the Oral Health Care Coordinator within the Saskatchewan Health Authority. Improvements in dental health has huge impacts on wellness. As such, the need for a comprehensive dental care plan for seniors was highlighted by three independent consultations.

### *Appropriate Primary Care*

Multiple consultations critiqued the health system for its “fractured nature of care” (Dr. Janet Kow) and how it favours acute care and cure rather than prevention and long-term functionality. For example, Dr. Janet Kow, a geriatric specialist, noted that BC (British Columbia) PharmaCare does not cover the cost a walker which could prevent falls. However, if a fall were to result in a subsequent hip fracture, this would be covered under the health system, which would be substantially costlier than a walker. This underlines that our current resource distribution undervalues primary care. Melissa Anderson, advocacy lead for the Canadian Physiotherapy Association echoes this sentiment by reinforcing that we need to shift upstream and think about preventing and endorsing prehabilitation as a way of preventing disability. A more drastic measure would be to rewrite the Canada Health Act altogether to reflect the shift in the way care is increasingly being delivered in the community with interprofessional teams.

Appropriate primary care encompasses meeting the needs of seniors to prevent deterioration in status and health, as well as unnecessary usage of acute care services. SeniorsNL identified house calls supported by funded Nurse Practitioners as a solution to meet these needs. Additionally, MyHealth teams in Manitoba (Connie Newman) and Family Healthcare Teams in Toronto (Melissa Anderson) were cited as examples of interprofessional care team models that have been incorporated into community health with a positive impact on supporting active aging. To further support this, Dr. Janet Kow cited a trial in Finland that showed that individuals who

received additional care in lifestyle factors (multimodal intervention) were less likely to develop cognitive impairments in the future.

Overall, quality primary care is extremely important for seniors, especially those living with frailty or with complex health issues. One of the stakeholders expands on this by noting that inadequate primary care promotes premature deterioration, resulting in more seniors ending up in hospitals or long-term care homes, which conflicts with healthy aging.

## Theme 2: Quality of Life and Dignity

Throughout the consultation process, stakeholders reminded us that a senior's health strategy ought to address seniors as people, and not just as a series of health issues (Jan Legeros, Connie Newman, Julie Tureene-Maynard). Connie Newman, stressed that providing patient-centered care means delivering care that is not just convenient for the system but rather promotes quality of life and dignity. Are we supported to live in a way that is acceptable to us as we age? By addressing the way that we provide care to individuals, including our role in addressing stigma and ageism, and reinforcing belonging and purpose, we can promote quality of life and dignity.

### *Care of an Individual*

Programs such as the Inner City Health Associates' PEACH (Palliative Education and Care for the Homeless) program in Toronto is an example of best practice to providing equitable care for structurally vulnerable individuals with palliative care needs. Naheed Dosani, a palliative care physician and project lead for the PEACH program, describes PEACH as a mobile system that aims to provide accessible and quality palliative care to homeless and structurally vulnerable populations. With modifications to traditional service delivery, programs like PEACH have the potential to provide dignity and respect in caring for an individual's quality of life, while reducing acute health care utilization (eg. Visits to the Emergency Department).

Home care has been championed as a model of care to support aging in the community. One stakeholder points out that the "home first" philosophy has major gaps in home care services and allied health services such as physiotherapy and occupational therapy in the community, and Dr. Rose Hatala, a general internist and palliative care physician at St. Paul's Hospital observed that home care tends to provide "nursing" type supports lacking in assistance with other aspects of patient's needs. These needs may include cleaning, cooking, banking, etc., collectively known as the instrumental activities of daily living that are essential for independent living. In the absence of these abilities, the responsibilities fall on informal caregivers such as family and friends. Lacking available caregivers or the ability to pay for private caregivers, may then precipitate premature admission to long-term care homes. Naheed Dosani advises that due to what is seen via the social gradient and health outcomes, the home and community care system should be modified to account for the unique socioeconomic barriers of each individual.



For example, that the amount of home care hours delegated should be provided to individuals on the bases of equity to support adequate needs.

Dementia was mentioned as a special area where greater efforts are necessary to promote care of individuals. In recognition of this, the development of a National Dementia Strategy is currently underway and expected to be launched in Spring 2019. Dr. Thomas Hadjistavropoulos, Research Chair in Aging and Health at the University of Regina, provided an example of how underassessment and under management of pain in this population results in exacerbation of aggressive behaviour. New regulatory requirements from every three months to weekly pain assessments in this population can reduce the amount of aggressive behaviour that is associated with pain. Dementia specialized home care was advocated for by Dr. Frank Molnar, a geriatrician at the Ottawa Hospital and president of the Canadian Geriatrics Society. For patient populations that live with complex medical conditions such as dementia, specialized care is necessary to preserve quality of life and to promote dignity.

### *Stigma and Ageism*

A barrier to living in an acceptable way as we age are the societal perceptions of aging. Dr. Sabrina Akhtar, a family physician in Toronto, proposes that “the Government should aim to influence the culture of how we perceive aging and how we treat elderly people around us”. Dr. Suzanne Brake, a senior’s advocate in Newfoundland and Labrador, reminds us that the language that we use to talk about senior’s care can propagate stigma.

### *Belonging and Purpose*

Addressing social isolation in the community and in long-term care homes is an important aspect to addressing quality of life. Addressing stigma and ageism to promote age-friendliness, inter-generational connectivity and volunteerism is one solution. Jan Legeros, Connie Newman and Julie Turenne-Maynard referred to the “Good Neighbour” program in Winnipeg and Larry Chambers, research director at McMaster University, referred to the presence of volunteers accompanying seniors in long-term care facilities in Germany as examples of ways to promote belonging. Meaningful interactions and subsidized group activities including alternative activities for all genders and interests coupled with accessible transportation were mentioned by several stakeholders as ways to address social isolation.

## Theme 3: Choice

Individuals often experience an increase in dependence on external sources of support when confronted with growing medical and social needs. In these cases, negotiations and sacrifices may need to be made. When designing both physical infrastructure and policies for healthy aging, considerations for accessibility and equity can go a long way to preserving choice as a privilege that we can continue to enjoy as we age.

### *Built Environment*

Dr. Amina Jabbar, a resident physician in geriatric medicine at McMaster University encourages us to reframe accessibility by designing built physical environments that are accessible to everyone. The concept of 8-to-80 cities promotes cities to be designed for 8-year-olds but also accessible for 80-year-olds. Transportation was specifically mentioned nine times in the consultations, with reference to transportation being a barrier for seniors to perform basic needs or for recreational activities (Dr. Soham Rej). Furthermore, one stakeholder observed that transportation does not cater to older adults - bus routes, the number of transfers, and reading schedules. Dr. Soham Rej emphasized that subsidized transportation can go a long way to facilitate engagement in social activities and minimize social isolation. With careful design for connectivity we improve access to existing programs and services while empowering individuals to exercise autonomy.

### *End-of-Life Care*

In the face of a terminal illness, honest and truthful discussions about end-of-life care can open opportunities and choices for individuals going forward. Unfortunately, as Dr. Samir Sinha, a geriatric medicine specialist in Ontario, points out, physicians are often uncomfortable and not-well trained to approach the topic of advanced care planning. Furthermore, it is concerning that while MAID is fully covered and available, palliative care and home care which are equally important aspects of end-of-life care, are not equally covered and accessible. Dr. Susan MacDonald, who practices palliative care medicine in Newfoundland and Labrador, proposes palliative education for all workers in long-term care homes, palliative care training for first responders, and providing palliative care as a mandatory component of chronic illness management (with the option for patients to opt-out of care rather than have to opt-in) are ways to promote palliative care during end-of-life to support choice and quality of life.

### *Pharmacare*

Pharmacare was mentioned 16 times throughout the consultations. There was strong support across the stakeholders for a National Pharmacare Plan. Norma Kirkby, program director of the Alzheimer's Society of Manitoba added that "national pharmacare should be established so that people who could or should use medications are able to use them". She expanded that in addition to coverage of medications, a National Pharmacare Plan needs to collaborate with the deprescribing movement. This would help to minimize polypharmacy by supporting adequate medication reviews at appropriate levels and incorporate an education campaign to the public about the limitations of pharmacological therapy. Dr. Samir Sinha advocated for an evidence-based formulary. Appropriate prescription of medications and access to necessary medications are important aspects of allowing individuals the choice to decide 'what matters most' in their lives.

## Theme 4: Innovation

Innovation is the support of creativity, new ideas and new methods. Use of technology and research were discussed in this context throughout the consultations.

### *Technology*

There were conflicting thoughts expressed by stakeholders around the idea of technology. One stakeholder described that technology is a barrier to health care, for example, individuals not familiar with filling out their information on an iPad. Dr. Olivier Beauchet criticized the system for focusing on cure by technology rather than on long-term functionality of the person. More specifically he cautions us that while “high-tech” quantified-self has the advantage of providing objective measures, its main disadvantage is that it considers the individual more as a measurement object, than an actor of their own health. He shares that reports have shown that improvements of health and functional status, as well as reduced adverse consequences on health systems, depend in part on the active participation by individuals. To this end, “low-tech” strategies such as self-administered questionnaires used for rating and monitoring an individual’s own health is recommended by the World Health Organization (WHO), as it is thought to educate people about wellness and promote healthy lifestyles.

Alternatively, AGE-WELL NCE Inc., Canada’s Technology and Aging Network, has shown that technology can be a solution in supporting the aging population and should be incorporated into key policy strategies such as the National Dementia Strategy. Norma Kirkby provided an example of how GPS tracking and wander alerts can allow older adults with dementia to be more independent while still being safe.

From a health systems perspective, Mike Cass, Patient Safety Improvement Lead at the Canadian Patient Safety Institute suggested that greater connectivity can be built in the system by using technology for the integration of health care management.

### *Research*

Dr. Sabrina Akhtar, a family physician in Toronto advocates that the federal government should play a larger role in public awareness and research in seniors care. She spoke specifically about funding research for effective interventions and investing in evaluation of the effectiveness of financial support programs for seniors such as the Canadian Pension Plan and Old Age Security. Norma Kirkby advocated for coordinated cross-border research in dementia including biomedical and psychological aspects of dementia for individuals and family members and pathophysiology of dementia.

## Theme 5: Support

The theme of support addresses the workforce that assist seniors in a formal role as well as informal caregivers including family and friends. In essence, this theme consolidates stakeholders' insight on how we can support those who support us as we age.

### *Workforce Development*

Personal support workers (PSWs) spend a majority of their time with seniors. Dr. Sabrina Akhtar recommended that the role of PSWs be further understood to determine their maximal benefit. Currently, PSW is a minimum wage profession, requiring minimal training and certification, and is often regarded as “temporary” work. Larry Chambers expressed that there is a discrepancy of pay for PSWs in hospitals compared to at long-term care homes and even more so in the community, which affects where people work. In general, greater emphasis on staff recruitment and workforce development will better support those directly involved with our health management as we age.

Dr. Amina Jabbar also brought attention to caring being gendered work and advised that a gendered lens is required to understand the burden and impact of senior's care at home and within the health system.

### *Caregivers*

Unpaid caregivers are often families and friends. Gaps in coverage for care in the system fall on the shoulders of unpaid caregivers which is exacerbated when there is an inability to afford private care. Norma Kirkby outlined that strengthening home care programs helps to address caregiver burnout, and refundable national caregiver tax credits can further relieve the burden experienced by caregivers. Furthermore, she expressed that improving access to disability tax credits by addressing barriers would also be helpful. Brian Harris, member at large of the Saskatchewan Seniors Mechanism and Michel Sorensen, program coordinator of the Saskatchewan Seniors Mechanism expressed that difficulty navigating the health care system places additional stress on caregivers and suggested that a phone line similar to 811 Health Line in Saskatchewan can allow patients to work with case workers to facilitate movement throughout the health care system. In summary, care for caregivers was advocated for by stakeholders in our consultations.

## Discussion

Previous efforts to address seniors' health has been criticized for an overemphasis on the health concerns of aging and an underappreciation of seniors as people (Jan Legeros, Connie Newman, Julie Turenne-Maynard). The consultation themes identified reflect the values that underpin the various concepts discussed by stakeholders. The five themes/values identified are: 1) Wellness, 2) Quality of Life and Dignity, 3) Choice, 4) Innovation, 5) Support. These values

make up the gears that represent the various aspects of healthy aging, with each subcomponent making up various sized gears within the greater interconnected system.

The five themes are inter-related in many ways. Wellness advocates for holistic, comprehensive medical and social care. To achieve this, we must address the complexity of health determinants by placing emphasis on health promotion and prevention through primary care and community resources. This in turn promotes quality of life and dignity through the way that we care for individuals in order to reduce the stigma associated with seeking help and provide a sense of belonging. Furthermore, providing appropriate choices for the extent of medical intervention allow us to maintain our independence and dignity. New innovation through technology and research can also positively impact our quality of life and expand available choices. Finally, with strong supporting system, we are empowered with opportunities to live in a way that we deem to be acceptable.



Figure 1. Gears. Depicting the interconnectedness of the five values: wellness, quality of life and dignity, choice, innovation, and support, that underpin the various concepts discussed by stakeholders. These values work together to achieve healthy aging, with each subcomponent making up various sized gears within the greater interconnected system. The size of the gears corresponds to the importance of each theme as emphasized by the stakeholders throughout the consultation process.

## *Recommendations*

Through the consultation process several recommendations were made by stakeholders which we have been organized below:

### Medical Students and Physicians

- Share personal stories and use emotions to motivate and promote change
- Curriculum reform to improve education on elderly care
- Integrate clinical and social services to act as a bridge for patients
- Consider medical/functional/social needs of patients
- Consider the physical and social frailties contributing to morbidity
- Promote lifestyle changes
- Practice holistic care
- Improve communication within and between teams
- Treat the person not the health condition
- Practice patient-centered care
- Be comfortable with and initiate discussions on end-of-life and advanced care planning with patients
- Reframing how we talk about senior's care – not a “catastrophe” or “growing problem/issue” but rather as an opportunity

### Health System

- Consistent geriatric medicine clinical service at hospitals and across the continuum of care
- Increasing to weekly pain assessments from every 3 months, for seniors with dementia in long-term care facilities
- Intentional spaces in hospitals for mental and physical stimulation
- Appropriate senior care infrastructure
- Opt-out rather than opt-in for palliative care in chronic care management
- Palliative care education sessions for all seniors at seniors' residences and long-term care facilities
- Use technology to promote independence

### All Levels of Government

- Challenge for politicians to live like a senior
- Federal/Provincial/Territorial collaboration on senior's care and aging
- Influence culture of how we perceive aging and how we treat elderly people around us
- Adapt spaces to promote accessibility for everyone – 8-80 cities
- Consider WHO age-friendly domains
- Develop strategy for employment of older people – allow and educate employers about employing aging population for part-time and more flexible work
- Review and share best practices for better dental care

## Federal

- Consider Truth and Reconciliation Calls to Action specifically 13-14, 18-24, 48, and 59
- Public Health Agency of Canada and their role in developing a national fall's strategy
- Leader in National Seniors Strategy
- Relist physiotherapy as an NIHB benefit
- Design and implement National Seniors Strategy
  - o Adopt Canadian Medical Association Demand a Plan strategy
  - o Implement the Alliance for a National Seniors Strategy's Recommendations
- Per-capita age health transfer top-up
- Support for a National Mental Health strategy
- Design and implement National Dementia Strategy
  - o Reduce barriers to accessing disability tax credit for patients living with dementia
  - o Policies for dementia friendly communities
  - o Dementia specialized care at home – progressive in-home care
  - o Consideration for ethnocultural concerns for patients living with dementia
  - o Incorporate technology
- Provide resources to support National Caregiver Tax Credit and other tax reliefs for caregivers
- Design and implement National Pharmacare
  - o Develop an evidence-based national formulary
  - o Develop a national evidence-based guideline for prescribing pharmaceuticals
  - o Coordinate with deprescribing network to minimize polypharmacy
  - o Develop a standardized approach to deprescribing
  - o Develop standards to ensure adequate medication reviews
  - o Public awareness campaign around public expectations of pharmacological prescriptions
- Design and implement adequate guaranteed annual income
- Rewrite the Canada Health Act to financially support interprofessional, community-based care delivery and health prevention and promotion
- Adjust MAID legislation to permit for provision of advanced directives with appropriate safeguards
- Transfer of funds to provinces/territories for palliative care
- Measure key indicators of palliative care ie. number of Canadians dying at home and community care
- Stronger federal support for home care
- Evaluate provinces/territories on the quality of home care provided
- Invest in measuring the impact of funding allocations
- Invest in the piloting of alternative accommodations
- Equalize affordability of independent living and senior housing units
- Improve and reinforce home care standards
- Design and implement comprehensive National Dental Plan for Seniors
- Redirect portion of cannabis sales to senior's care
- Design policy to protect against loss of pensions when companies go under (ie. Sears)



- Research adequacy of financial supports for seniors including the Canada Pension Plan and Old Age Security
- Research effective interventions for problems faced by seniors
- Fund and coordinate cross-border research for biomedical and psychosocial aspects for dementia, and pathophysiology of dementia
- Invest in measuring aspects of dementia care in hospitals and institutions
  - o Ie. number of individuals with dementia in hospital; how many hospital bed usages can be attributed to dementia/falls?
- Invest in development of technology and innovative strategies to support healthy aging

#### Provincial/Territorial

- Healthy aging policies in all provinces to support various aspects involved in healthy aging
- Have a designated secretariat or ministry for older adult affairs
- Subsidized group activities
- Develop and implement culturally appropriate social services
- Shift resources to social services
- Provide incentives for chronic, long-term care
- Support interprofessional teams and community care ie. MyHealth Teams in Manitoba, Family Healthcare Teams in Toronto
- Alternative funding models for primary care for frail seniors
- Develop and implement incentives and systems to encourage more care to be delivered at home rather than in hospital
- Fund and support programs like Palliative Education and Care for the Homeless (PEACH) for equitable care for structurally vulnerable individuals
- Support all aspects of diabetic care and preventative practices that can delay diabetic complications
- Modify home care to account for socioeconomic barriers
- Determine and distribute number of allocated home care hours by equity rather than equality
- Provide government subsidies for private care homes
- Construct and implement tight policy standards for long-term care facilities
- Mandate specific oral training for care aids in long-term care facilities
- Support oral training for care aids by developing and funding an oral health care coordinator in all health authorities
- Establish phone lines like 811 Health Line in Saskatchewan, staffed with case workers, to aid with system navigation
- Funding for technology rentals ie. life lines, GPS tracking
- Funding more nurse practitioners to do house calls
- Establish mobile health care programs
- Use technology to integrate healthcare management
- Improve workforce recruitment and development ie. personal support workers
- Adequate community home support with properly trained personnel

## Municipal

- Subsidized transportation and accompaniment
- Promote volunteerism
- Promote neighbourhoods and organized seniors programming
- Pairing teenagers with volunteers in their homes or a community centre
- Training first responders in palliative care

## Limitations

Despite best intentions, our efforts were necessarily limited by a lack of time and resources. Consultations were completed over a period of three months (November 2018 to January 2019) and therefore only a small fraction of individuals and groups were consulted. Consultations were conducted by several medical students initiated with two consistent questions. While this allowed for broader range of responses, there was a lack of consistency on how each interview was performed and reported. Finally, the period of qualitative analysis was also shortened in order to meet our deadlines, which may have impeded our ability to conduct as thorough of an analysis as we would have liked to.

## Conclusion

Seniors Care and Aging provides an opportunity for us to rethink accessibility in our systems and use innovation to redesign a society that promotes wellness, quality of life and dignity, and choice throughout the lifespan, resulting in healthier senior years and supported caregivers. As a national organization of today's medical students and tomorrow's physicians and health care leaders, the CFMS stands in support of the various stakeholders' timely advocacy for a National Seniors Strategy in Canada. We believe that it is fundamental for healthy aging and seniors care to be made a national priority in 2019.

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