

2014-2017

# 12 PRIORITIES in the fight against cancer



Priorities -  
Urgent -  
Priority -  
Urgent! -

Coalition Priorité Cancer au Québec

[www.coalitioncancer.com](http://www.coalitioncancer.com)



# Table of Contents

Foreword .....	2
Priority 1: Ensure the development and efficient implementation of a plan for the fight against cancer.....	3
Priority 2: Ensure good governance and coordination of the fight against cancer.....	4
Priority 3: Ensure the development of a national cancer registry .....	5
Priority 4: Ensure patient involvement in the decision-making process.....	6
Priority 5: Promote adequate support and funding for cancer research.....	6
Priority 6: Make prevention a genuine axis of intervention .....	7
Priority 7: Improve the quality of and participation in screening programs.....	9
Priority 8: Improve access to early diagnosis, care, treatments and services.....	11
Priority 9: Make palliative and end-of-life care more readily available .....	15
Priority 10: Offer better support to people affected by cancer, including caregivers .....	16
Priority 11: Involve and support cancer-related community organizations and acknowledge their expertise .....	17
Priority 12: Ensure on-going support and education for professionals, support workers and volunteers.....	18
Appendix .....	
	.20

## Foreword

This document is the result of the efforts put forth by the members of the Review and Update of the 68 Proposals' Committee. The themes have been streamlined to better orient the Coalition's long, medium and short term strategic actions. The order in which these actions are presented **does not necessarily reflect** their importance.

The Coalition Priorité Cancer au Québec wants to ensure that every effort is made to fight cancer efficiently. It is within that context that it intends to do everything in its power to ensure that government authorities assign appropriate resources to enable, within the framework of the healthcare system, the adoption of the best practices recognized worldwide to promote the most efficient fight against cancer.

### Thus, the Coalition Priorité Cancer au Québec proposes these 12 priority actions:

- Priority 1:** Ensure the development and efficient implementation of a plan for the fight against cancer
- Priority 2:** Ensure the governance and coordination of the fight against cancer
- Priority 3:** Ensure the development of a National Cancer Registry
- Priority 4:** Ensure patient involvement in the decision-making process
- Priority 5:** Promote adequate support and funding for cancer research
- Priority 6:** Make prevention a genuine axis of intervention
- Priority 7:** Improve the quality of and participation in screening programs
- Priority 8:** Improve access to early diagnosis, care, treatments and services
- Priority 9:** Make palliative and end-of-life care more readily available
- Priority 10:** Offer better support to people affected by cancer, including caregivers
- Priority 11:** Involve and support cancer-related community organizations and acknowledge their expertise
- Priority 12:** Ensure on-going support and education for professionals, support workers and volunteers



## **Priority 1: Ensure the development and efficient implementation of a plan for the fight against cancer**

### **Action 1**

See to the adoption and implementation of a Québec Cancer Control Plan integrating all aspects of the cancer continuum, including research, prevention, screening, investigation, care and services, support and follow-up, palliative and end-of-life care, and specifying appropriate mobilization strategies, specific goals and timelines as well as concrete means to assess results at all levels.

### **Action 2**

See to the creation and implementation of a Follow-up Committee in collaboration with the Direction québécoise de la cancérologie, the healthcare system, the community organizations, as well as a representative from the Ministry of Health and Social Services, so as to ensure periodic implementation and deployment of the Québec 2013-2015 Cancerology Action Plan<sup>1</sup>.

### **Action 3**

Ensure the development of a periodic (every six months) objective evaluation method by an outside organization (e.g. CPAC and/or INESSS) to assess the plan's progress, as it could have unforeseen transversal impacts in the field which will need to be documented to inform appropriate adjustments that may be required.

### **Action 4**

Advocate for the mobilization of all stakeholders to ensure the implementation and achievement of the action plan.

### **Action 5**

From a perspective of responsibility and accountability, advocate for a Cancer Summit to reassess the situation two years after the implementation of the Québec 2013-2015 Cancerology Action Plan.

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<sup>1</sup>As stated in the *Act respecting health services and social services*, section 2: In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources designed:

Section 2.1: to ensure the participation of individuals and groups of individuals in the selection of orientations and in the setting up, improvement, development and management of services;

Section 2.3: to apportion responsibilities among public bodies, community organizations and other parties working in the field of health and social services.

## Action 6

Ensure that a close watch is kept on the best practices being applied worldwide in the fight against cancer by the Coalition and its network of members and partners.

**Key players:** Ministry of Health and Social Services, Direction québécoise de la cancérologie (DQC), INESSS.

**Indicators:** Performance indicators aligned with the indicators used for the 2012 report on the performance of the CPAC's system to fight cancer.

## Priority 2: Ensure good governance and coordination of the fight against cancer

### Action 1

Advocate for the creation of a Québec Cancer Agency or other stand-alone structure with the necessary resources and authority that would oversee all aspects of the fight against cancer currently spread throughout the Ministry of Health and Social Services and other ministries and government agencies so as to ensure a strong national coordination, promote greater cohesion and implement true accountability in respect to the fight against cancer.

### Action 2

See to the efficient implementation of the organization of health care services needed to establish an optimal care model demanding a single direction to open the door to the best practices recognised throughout the world.

### Action 3

See to the implementation of an accountability and performance management system at all levels of the organization and delivery of cancer fighting services.

### Action 4

Get involved and ensure that the healthcare system and community network take advantage of Canadian financial initiatives pertaining to the fight against cancer (e.g. CPAC).

### Action 5

Ensure that the DQC deploys the appropriate means for the efficient transversal implementation of the Québec 2013-15 Cancerology Action Plan.

### Action 6

Demand the creation of an interdepartmental committee to coordinate the implementation of actions outside the Ministry of Health and Social Services.

**Indicators:** Indicators to measure the efficiency of each aspect of the action plan.

**Key player:** Ministry of Health and Social Services.

## Action 7

See to the adoption of an integrated national policy for the fight against cancer.

**Key player:** Office of the Québec Premier.

## Action 8

See to the development and tracking of performance indicators enabling accountability in the organization and delivery of services related to the fight against cancer.

# Priority 3: Ensure the development of a national cancer registry

## Action 1

Advocate for faster deployment of a Québec national cancer registry, which will be compatible with Canadian and international registries, from early childhood to the end of life, including:

- 1) appropriate human and financial resources for the deployment of a national registry;
- 2) uniform and standard quality controls to ensure the accuracy of the data provided to the national registry;
- 3) creation and staffing of Oncology Registrar positions in health institutions;
- 4) dedicated registries compatible with local registries, Québec's registry and other national registries.

### Indicators to be measured:

- Use of the registry throughout the system (usage rate);
- Number of oncology registrars;
- Rate of staffed oncology registrar positions;
- Data's level of reliability,
- Compatibility of the Québec registry with other relevant registries.

**Key players:** RAMQ, DQC.

**Organizations involved:** Association des registraires en oncologie du Québec (AROQ), medical associations.

## **Priority 4: Ensure patient involvement in the decision-making process**

### **Action 1**

See to the development of a network of expert patients actively involved in the decision-making process at all levels.

- 1) Strengthen and promote the role of the expert patient;
- 2) Foster and support the on-going education of expert patients;
- 3) Advocate for an expense reimbursement policy for the expert patient;
- 4) Strengthen and promote the role of patient associations.

**Key player:** Coalition Priorité Cancer au Québec's Patients and Survivors' Committee.

## **Priority 5: Promote adequate support and funding for cancer research**

### **Action 1**

Ensure that the national cancer research strategy covers clinical, basic and applied research and provides significant, stable and recurrent funding based on a partnership between the government, public institutions, private cancer research organizations and biopharmaceutical industry.

### **Action 2**

Promote research as a tool to improve the efficiency of the healthcare system and the quality of care offered to patients.

### **Action 3**

Advocate for an increase in the number of research projects as well as the number of basic and clinical researchers in areas related to cancer in order to ensure the continuity of research and counter the exodus of our researchers.

### **Action 4**

Promote innovative international research projects as well as multi-sectoral and multi-institutional partnerships.

### **Action 5**

Demand clear directions for the development of new screening tests for cancers such as ovarian cancer, lung cancer, etc.



### Action 6

Advocate for research investments aimed at the development of new screening tests.

**Key player:** Fonds de recherche du Québec – Santé (FRQS)

**Organizations involved:**

- Québec research organizations, public and private sectors
- Ministry of Higher Education, Research and Science
- University research centers

**Indicators:**

- Number of clinical research projects
- Percentage of patients participating in clinical research protocols
- Québec's positioning in regards to cancer research at the national and international levels

### Action 7

Advocate for the formal inclusion of clinical research in the patient care continuum, ensuring it benefits from recurrent funding and supporting networks working towards the achievement of that goal.

### Action 8

Promote the importance of cancer research, including clinical research, among health professionals, institution managers, government agencies and the population.

### Action 9

Advocate for the creation of a collaboration policy among clinical research stakeholders.

### Action 10

Call for the creation of a provincial registry of all clinical research projects accessible to researchers, doctors and the public.

**Indicator:** Number of patients referred to clinical research trials.

## Priority 6: Make prevention a genuine axis of intervention

### Action 1

Advocate for the adoption of a vigorous cancer prevention policy through the promotion of good health practices (healthy diet, physical activity, lifestyle, etc.), which should also include an element of research on risk factors, including environmental factors, and involving all concerned ministries and government agencies.

## Action 2

Continue to promote joint health awareness and education programs and actions – shown to be effective – about the relationships between cancer, the environment and lifestyle choices.

## Action 3

Support measures promoting healthy diet and physical activity, including policies forcing all public and private institutions within the healthcare system to comply with them, as well as policies for the implementation of food processing standards designed to foster the maintenance of good health.

## Action 4

Raise awareness, educate and enlist people in the educational system and in the workforce about the importance of prevention to bring about individual and organizational changes in terms of durable preventive behaviors.

## Action 5

Demand access to family doctors for all Québec residents.

## Action 6

Promote partnership between research and prevention sectors to create environments conducive to the sharing of scientific knowledge and to facilitate the dissemination of information.

## Action 7

Ensure that all statutory provisions against tobacco use in public places are maintained and, depending on results observed, reinforced.

## Action 8

Make a case for the relevance of expanding HPV vaccination programs in schools, including male students from age 9 to 26 following the same model as for female students, as well as those with a weakened immune system, so as to prevent various types of cancers (cancer of the cervix, vagina, vulva, anus, oropharynx, larynx, penis, oral cavity, etc.) and ensure prevention of cancers related to sexual activities. Promote a sexual health education program during the vaccination period.

## Action 9

Support and advocate for the adoption of recommendations made by the National Advisory Committee on Immunization (NACI) in January 2012 (volume 37, ACS-8).

## Action 10

Include, within any prevention program, a specific section for cultural communities with the appropriate resources.

**Key players:** Ministry of Health and Social Services, INSPQ and Ministry of Education, Leisure and Sport.

## Priority 7: Improve the quality of and participation in screening programs

### Action 1

Ensure optimal use of cancer screening programs and adoption of a screening policy for all types of cancers by the national cancer fighting plan.

### Action 2

BREAST CANCER: Advocate for greater efficiency of the Québec breast cancer program so as to reach at least 70% of 50 to 69 years old women. Expand the promotional campaign for breast cancer screening in under-screened populations, low-income women, immigrants, aboriginal women and women without family doctors.

**Key players:** Ministry of Health and Social Services, Public Health Directorates.

### Action 3

COLON CANCER: Ensure colorectal screening program's deployment throughout Québec.

**Key players:** Ministry of Health and Social Services, Public Health Directorates.

**Indicator:** Participation rate among eligible people to measure achievement of this program's objective.

### Action 4

PROSTATE CANCER: Assess feasibility of introducing prostate cancer screening and support the development of efficient guidelines.

**Key players:** Ministry of Health and Social Services, Public Health Directorates.

### Action 5

CERVICAL CANCER: Promote regular Pap tests as an early detection method for cervical cancer. Based on national clinical guidelines, we recommend women get a Pap test within three years of their first sexual relations or at 21 years of age, followed by yearly tests until two consecutive tests yield normal results, and every three years thereafter.

**Indicator:** Rate of early cervical cancer detection.

### Action 6

Develop recurrent communication and information plans about the importance of screening, targeting the whole population and using the mass media and front-line health services.

**Key players:** CSSS, hospitals and CLSC, medical clinics, pharmacies.

### Action 7

Advocate for increase of universal access to family doctors and front-line medical teams. Organize an awareness campaign targeting medical teams and identify cancer screening guidelines.

**Key players:** Family Medicine Groups (FMG), Direction québécoise de cancérologie, Public Health Directorates.

**Indicators:** Wait times for investigation, treatments and follow-up after receiving abnormal results.

### Action 8

Promote the use of an early assessment questionnaire for mood and anxiety disorders related to wait times and cancer diagnosis in order to establish a medical and psychological care plan appropriate for the patient's needs.

### Action 9

Foster the development of screening programs for at-risk populations as well as research for new screening tests currently non-existent.

### Action 10

Include, within any prevention program, a specific section for cultural communities with the appropriate resources.



## Priority 8: Improve access to early diagnosis, care, treatments and services

### Action 1

Make sure that oncology clinical projects implemented by Health and Social Services Centers (CSSS) keep cancer patients and their loved ones at the heart of the decision-making process and that these clinical projects are based on similar access and quality standards so as to ensure maximum access to the best possible care and services as well as an optimal process throughout the care continuum.

#### Indicators:

- Indicators and targets to measure wait times between each step of the care continuum.
- Creation and consolidation of integrated service centers.

### Action 2

Exert influence on the authorities to establish formal service corridors, including community organizations.

#### Indicators:

- Formal service corridors to provide oncology specialized and super-specialized care.
- Partnership agreements between front-line services and community organizations.

### Action 3

Exert influence on the authorities for the establishment of a referral policy to patient associations and community groups as well as to appropriate professionals within the health and social services network.

### Action 4

Raise awareness within the Direction québécoise de cancérologie so as to encourage the establishment of a mandatory protocol for announcing a cancer diagnostic to patients and their loved ones, adapted to each situation and to the patient's physical and psychological needs.<sup>2</sup>

**Indicator:** Specific and mandatory training on announcing a diagnostic.

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<sup>2</sup> Draw inspiration from the model used in France: [http://www3.ligue-cancer.net/files/national/article/documents/bro/criteres\\_annonce\\_diagnostic.pdf](http://www3.ligue-cancer.net/files/national/article/documents/bro/criteres_annonce_diagnostic.pdf); [http://www.jle.com/e-docs/00/04/40/CE/vers\\_alt/VersionPDF.pdf](http://www.jle.com/e-docs/00/04/40/CE/vers_alt/VersionPDF.pdf)

## Action 5

Encourage medical personnel (starting in the early years of education) and patients to adopt a participative approach to medicine<sup>3</sup>. Promote the "patient-as-partner" approach.<sup>4</sup>

**Indicator:** Medical staff and professionals training on the "patient-as-partner" approach.

## Action 6

Make it so that each cancer patient receives a customized program of care and services, including the identification of the specific service corridor required for his or her case and the appropriate schedule of care and treatments.

## Action 7

Recommend a continuous service access program so as to respond to the needs of individuals and their families, as well as their physical, psychological and social plans.<sup>5</sup>

## Action 8

Foster close monitoring of cancer patients by family doctors before, during and after their treatments.

## Action 9

Insist on the importance of creating a policy for general practitioners to refer their patients directly to oncologists when diagnostic tests yield positive results.

**Indicators:** Delays in referral to specialists by general practitioners.

## Action 10

Develop and implement oncology care support programs and foster access and development of at-home chemotherapy services.

## Action 11

Foster access and development of treatment protocols for at-home chemotherapy services.

## Action 12

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<sup>3</sup> As stated in the *Act respecting health services and social services*, section 3, paragraph 4: "For the application of this Act, the following guidelines shall guide the management and provision of health services and social services: the user must, as far as possible, play an active role in the care and services which concern him."

<sup>4</sup> The patient-as-partner: as stated in the *Act respecting health services and social services*, section 10: Every user is entitled to participate in any decision affecting his state of health or welfare. He is entitled, in particular, to participate in the development of his intervention plan or individualized service plan where such plans are required under sections 102 and 103. The same applies to any modification made to such plans.

<sup>5</sup> As stated in the *Act respecting health services and social services*, section 2: "In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources designed: Section 2.4: "to ensure that services are accessible on a continuous basis to respond to the physical, mental and social needs of individuals, families and groups."

Advocate for the creation of post-treatment support programs to help patients get their life back, in collaboration with community groups.

### **Action 13**

Exert influence on the authorities for the implementation of service corridors to offer rehabilitation services suited to the patient's condition and focused on a return to their pre-illness level of function capacity, including all the relevant services: physiotherapy, occupational therapy, kinesiology and psychology.

### **Action 14**

Advocate for the creation of cancer patient support programs: home adaptation, household services, financial and human resources, nurse navigators.

### **Action 15**

Foster the integration of oncology-related psychosocial resources to assess and treat psychological issues for patients and their loved ones which can surface at any time during the course of the illness.

### **Action 16**

Encourage an increase of the number of nurse navigators devoted to oncology proportional to the needs and grant the appropriate resources to health and social services institutions to fund these positions.

### **Action 17**

Publically disclose, on a regional basis, all oncology-related wait times from the time of diagnosis to the beginning of treatment using a clear and recognized method.

### **Indicators:**

- Wait times for access to a screening test
- Wait times for access to diagnostic tests
- Wait times for referral to a specialist or oncologist
- Wait times for access to surgery
- Wait times for access to chemotherapy
- Wait times for access to radiation therapy

### **Action 18**

Foster and support the implementation of clinical orientation initiatives (regional single-point access) by the Ministry of Health and Social Services throughout the whole healthcare system.

### **Action 19**

Advocate for an increase and indexation of financial assistance allocated for travel and accommodation services to enable cancer patients to receive their treatments and ensure that these services take into account the physical, social, psychological and functional needs of patients and their loved ones.

### **Action 20**

Recommend free access to screening and diagnostic tests to reduce delays in early cancer detection.

### **Action 21**

Ensure that cancer patients have free access to the best medications available in the field of oncology.

- Reimburse medical devices, prostheses, orthotics and other supplies deemed essential to the patient's recovery of health and human dignity.
- Include medications designed to relieve pain and side effects caused by oncology treatments in the public drug insurance plan.

### **Action 22**

Give priority to the therapeutic value of medications in the objective assessment criteria used within the drug approval process.

### **Action 23**

Demand the involvement of a multidisciplinary committee including oncologists and patients in the decisional and approval process for new medications.

### **Action 24**

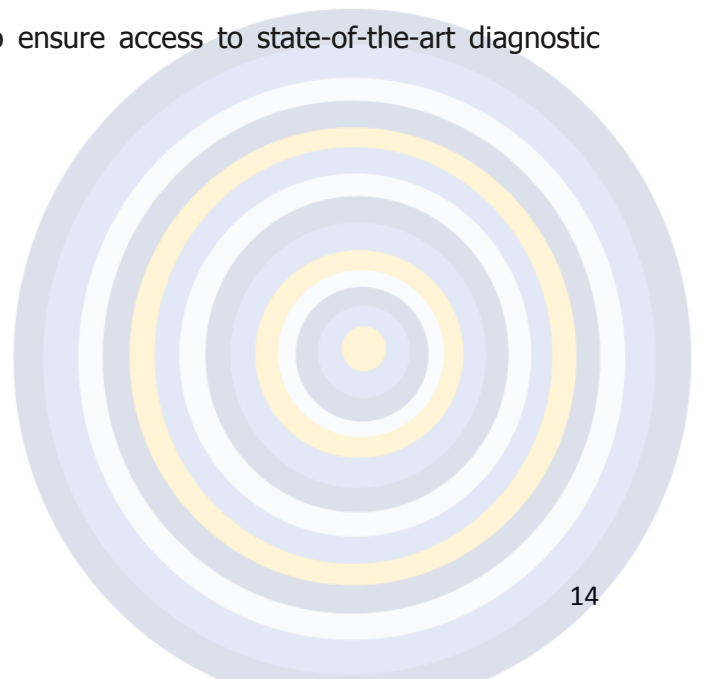
Promote a plan of action aimed at maximum availability of advanced therapies and personalized care.

### **Action 25**

Promote a communication plan targeting people affected by cancer about the various medications and treatments available to foster patients' empowerment in regards to their treatment options.

### **Action 26**

Identify and assess the needs for equipment upgrades to ensure access to state-of-the-art diagnostic technology.





## **Priority 9: Make palliative and end-of-life care more readily available**

### **Action 1**

Raise awareness in the general public as well as with medical staff about the importance of dying with respect and dignity by defining end-of-life care as a transitional stage, and not as therapeutic failure, and by recognizing the cultural, spiritual and emotional aspects of this life stage.

### **Action 2**

Promote a training and awareness program for health professionals and patients to inform them about the reality of palliative and end-of-life care, and the difference between the two approaches.

### **Action 3**

Support the Ministry of Health and Social Services in the application of recommendations (including those related to funding) put forth by the Committee on Dying with Dignity, Bill 52, as well as the implementation of the formal protocol to support palliative and end-of-life care.

### **Action 4**

Advocate for a protocol to formally integrate palliative and end-of-life care into the care continuum.

### **Action 5**

Ensure funding of palliative care through allocation of specific, recurrent and protected budgetary envelopes.

### **Action 6**

Survey patients to determine their needs and preferences as to where they wish to receive care and end their life.

### **Action 7**

Foster and support the emergence of a community resource network for palliative and end-of-life care (palliative care hospices, home support, etc.) and ensure that people affected by cancer are told about these resources by medical personnel.

### **Action 8**

Recommend that, with the development of home-based palliative care services, the cost of medications that are administered free of charge in hospital be reimbursed when taken at home as well. This would free up emergency rooms and hospital beds for more urgent cases and curative treatments and would increase the rate of at-home deaths as preferred by patients in palliative care.

## **Priority 10: Offer better support to people affected by cancer, including caregivers**

### **Action 1**

Advocate for the implementation of efficient emergency assistance programs (government agencies, employers, unions), in addition to unemployment insurance, for cancer patients who do not have insurance benefits or sufficient means to provide for themselves during their fight against cancer.

### **Action 2**

Ensure that patients and their loved ones are receiving proper support and that information is moving efficiently within therapeutic teams, support teams and government agencies involved.

### **Action 3**

Ensure better support for the patients within the care continuum, from screening to palliative care if needed.

### **Action 4**

Encourage form streamlining for disability claims at the Régie des Rentes du Québec.

### **Action 5**

Support a campaign to raise the Federal government's awareness about the need to extend the number of weeks covered by unemployment insurance benefit in cases of cancer (and other serious illnesses).

### **Action 6**

Advocate for better financial support for cancer patients through more generous legal, fiscal and financial measures for family members and caregivers (recognition of their role, tax credits, emergency funds, etc.) who are responsible for cancer patients or who have children affected by cancer, as well as for survivors dealing with physical and psychological disabilities caused by cancer. For instance: tax exemption program for RRSP withdrawals used to pay for medications, medical devices or homecare services.

### **Action 7**

Assist organizations to make sure that employee assistance programs (EAP) develop new approaches to better support people affected by cancer and to encourage companies to adopt better management policies for non-occupational illnesses such as cancer.

## Action 8

Foster patient reinsertion within their work environment and implement work accommodation measures for cancer patients and their loved ones: lighter work tasks, time off for family support duties, flexible work schedule, etc. For instance: work reinsertion policy (progressive return, lighter tasks, etc.).

## Action 9

Launch a campaign to raise awareness among private insurers and financial institutions about the importance of planning and offering financial and insurance plans for people affected by cancer, including their spouse and extended families.

# Priority 11: Involve and support cancer-related community organizations and acknowledge their expertise

## Action 1

Establish a formal partnership with volunteer and community groups working with people affected by cancer so as to ensure their active involvement in the cancer control plan at all levels of the decision-making, planning, management and assessment of means implemented to ensure the success of this plan.

## Action 2

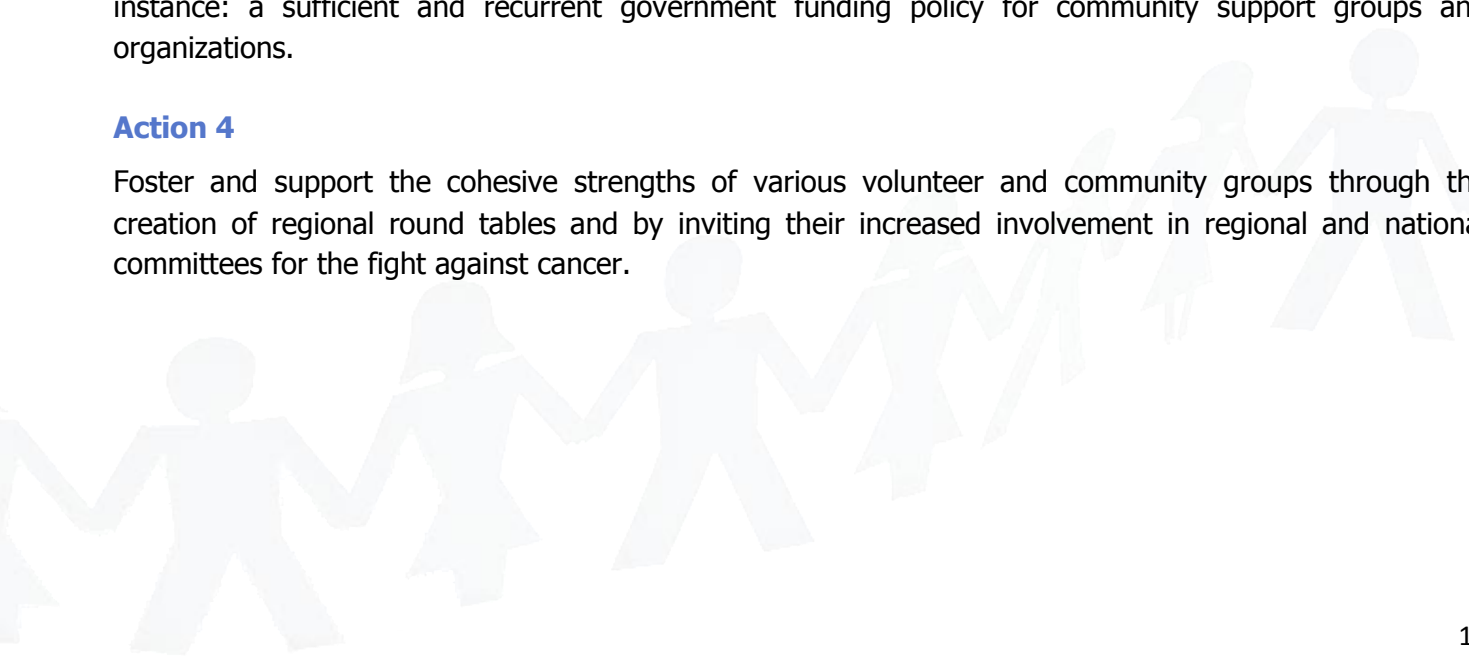
Promote certification of community groups by an independent organization (e.g.: the CQA) to certify their expertise and service offers while ensuring their autonomy in matter of governance. See to the formal recognition of the expertise, quality and complementarity of community actions as a true partner in the fight against cancer.

## Action 3

Advocate for an increase of funding to volunteer and community groups so as to better reflect the essential role they play in the fight against cancer and in the support of people affected by cancer. For instance: a sufficient and recurrent government funding policy for community support groups and organizations.

## Action 4

Foster and support the cohesive strengths of various volunteer and community groups through the creation of regional round tables and by inviting their increased involvement in regional and national committees for the fight against cancer.



## Action 5

Foster and support the use of service agreements between agencies and community organizations on the one hand and between the Ministry of Health and Social Services and community organizations on the other hand, to ensure a true partnership and apportion responsibilities among public bodies, community organizations and other parties working in the field of health and social services.<sup>6</sup> For instance: formal management agreements with community organizations.

## Priority 12: Ensure on-going support and education for professionals, support workers and volunteers

### Action 1

Ensure the development of specialized oncology programs as part of the teaching curriculum of faculties and schools of health sciences.

### Action 2

Advocate for the expansion, development and support of oncology-related teaching programs for health professionals and support workers, as well as for volunteers and employees of volunteer and community groups within their fields of expertise, both in terms of basic and continuous training.

For instance:

- recognized general training in oncology for health professionals, patients and volunteers;
- recognized specialized training in oncology for various types of professionals within their field of practice;
- psychological support measures for therapeutic teams to reduce the incidence of professional burnout.

### Action 3

Prioritize staffing of the appropriate number of positions for professionals and support workers devoted to oncology: doctors, nurses, technologists, oncology registrars, psychologists, psychosocial workers, etc.

### Action 4

Support professional bodies and associations in their efforts to improve oncology care and training.

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<sup>6</sup> As stated in the *Act respecting health services and social services*, section 2: "In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources designed: section 2.3 : "to apportion responsibilities among public bodies, community organizations and other parties working in the field of health and social services."

## Members of the Proposals' Review Committee

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Coalition Priorité Cancer au Québec  
September 2014



## Appendix

Excerpts from the *Act respecting health services and social services* referring to the priorities mentioned.

### **Priority 3: Ensure the development of a National Cancer Registry**

Section 2: In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources:

Section 2.8: to foster effective and efficient provision of health services and social services and respect for the rights of the users of such services;

Section 2.8.1: In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources to ensure users the safe provision of health services and social services.

### **Priority 4: Ensure patient involvement in the decision-making process**

Section 3: For the application of this Act, the following guidelines shall guide the management and provision of health services and social services:

Section 3.2: respect for the user and recognition of his rights and freedoms must inspire every act performed in his regard;

Section 3.4: the user must, as far as possible, play an active role in the care and services which concern him.

### **Priority 5: Promote adequate support and funding for cancer research**

Section 2: In order to permit these objectives to be achieved, this Act establishes an organizational structure of human, material and financial resources:

Section 2.10: to promote research and education so as to respond more adequately to the needs of the population.

## **Priority 6: Make prevention a genuine axis of intervention**

Section 1: The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong. The plan shall focus mainly on:

Section 1.2: acting on health and welfare determining factors and developing individual, family and community responsibility in that respect through prevention and promotion;

Section 1.3: fostering the recovery of users' health and welfare;

Section 1.6: reducing the impact of problems which threaten the stability, fulfilment or autonomy of users.

## **Priority 7: Improve the quality of and participation in screening programs**

Section 1: The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong. The plan shall focus mainly on:

Section 1.3: fostering the recovery of users' health and welfare;

Section 1.7: attaining comparable standards of health and welfare in the various strata of the population and in the various regions.

## **Priority 8: Improve access to early diagnosis, care, treatments and services**

Section 1: The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong. The plan shall focus mainly on:

Section 1.5: fostering the adjustment or rehabilitation of users as well as their social integration or reintegration;

Section 1.6: reducing the impact of problems which threaten the stability, fulfilment or autonomy of users.

## **Priority 9: Make palliative and end-of-life care more readily available**

### **Services offered**

Section 100: The function of institutions is to ensure the provision of safe, continuous and accessible quality health or social services which respect the rights and spiritual needs of individuals and which aim at reducing or solving health and welfare problems and responding to the needs of the various population groups. To that end, institutions must manage their human, material, information, technological and financial resources effectively and efficiently and cooperate with other key players, including community organizations, to act on health and social determinants and improve the supply of services to the public. In addition, a local authority must elicit and facilitate such cooperation.

## **Priority 10: Offer better support to people affected by cancer, including family caregivers**

Section 1: The health services and social services plan established by this Act aims to maintain and improve the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong. The plan shall focus mainly on:

Section 1.5: fostering the adjustment or rehabilitation of users as well as their social integration or reintegration;

Section 1.6: reducing the impact of problems which threaten the stability, fulfilment or autonomy of users.

## **Priority 11: Involve and support cancer-related community organizations and acknowledge their expertise**

### **Organizations involved**

**Section 337: The minister may, in accordance with the applicable budgetary rules, subsidize:**

Section 337.1: community organizations committed to the defence of the rights or promotion of the interests of the users of services of community organizations or the interests of users of health or social services throughout Québec;

Section 337.2: community organizations committed to the promotion of social development, improvement of living conditions, prevention, or promotion of health throughout Québec;

Section 337.3: community organizations which engage in activities which respond to new needs, take new approaches or which are directed at specific groups of persons;

Section 337.4: provincial groups of community organizations.



**Appointed organizations**

The minister may also subsidize a community organization to whom he has given an assistance and support mandate pursuant to the provisions of the first subparagraph of section 76.6 for the execution of this mandate.

