



Advancing compassionate care
for patients and families



Thank you. Your generosity is helping bring compassionate care to patients and their loved ones during some of the most challenging moments of their lives.

Even as the COVID-19 pandemic continues to test our health system through successive, punishing waves, the award-winning care professionals of Sinai Health's Temmy Latner Centre for Palliative Care have demonstrated tremendous resilience in delivering exceptional care, tailored to the specific needs and values of patients and their loved ones — whether in hospital or at home.

Bolstered by the support of our incredible philanthropic community, the team continues to exemplify and elevate best practices in caring for people faced with life-threatening health crises, helping patients and families navigate terminal diagnoses, as well as providing comfort for the dying during the final stages of their life's journey.

Your generosity has never been more critical to our mission. Philanthropy helps the Centre attract and train the next generation of dedicated palliative care experts and supports research into new models and understanding of care, which we share with the world.

On behalf of all the patients and their loved ones who benefit from the impact of your giving, now and in the future, we are deeply grateful.



Integrating palliative care during COVID-19

“The distress, the beauty, the trauma: we share it all, so that we can endure in an infinitely challenging world. No one has to face it alone. „

Dr. Ramona Mahtani

Long perceived as “end-of-life” care, palliative care is not just for patients who are dying. With its focus on easing patients’ pain, symptoms and stress, palliative care can support anyone who is very sick – including patients hospitalized for COVID-19.

It was April 2020 and COVID-19 had rapidly overtaken several long-term care facilities across Ontario. Sinai Health was asked to help manage a particularly challenging outbreak in one of the hardest-hit homes. In a span of two weeks, 12 residents had died from COVID-19 and 89 more had fallen ill. Several staff members were infected and in quarantine. Those left standing were stretching themselves as far as they could – and they were drowning.

Dr. Ramona Mahtani, leader of inpatient palliative care and Urgent and Critical Care Centre of Excellence Medical Lead at Mount Sinai Hospital, was one of the physician leaders tasked to help. Together with Dr. Russell Goldman, Director of the Temmy Latner Palliative Care Centre, she helped arrange the transfer of 15 residents to Mount Sinai’s emergency department (ED).



In recognition of her extraordinary service during tough times, Dr. Ramona Mahtani was recently recognized by the College of Physicians and Surgeons of Ontario with its Council award.

To hear Dr. Mahtani's experience in her own words, click the image to view her moving acceptance speech.

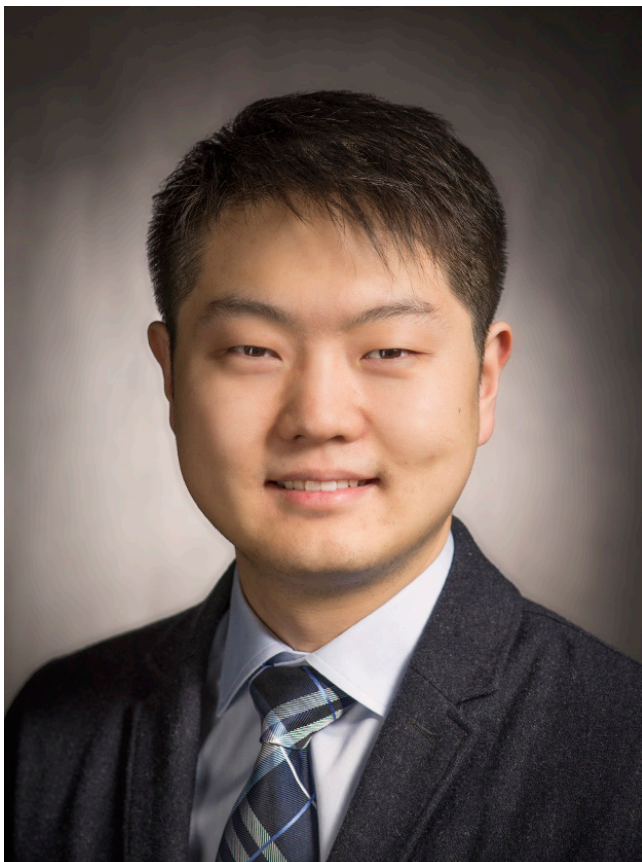
Although the 15 evacuees did not require end-of-life care, Dr. Mahtani and her team offered whatever support they could. They quickly became a fixture in the ED, assisting with managing the evacuees' symptoms and liaising with their families.

This collaboration was an early manifestation of an ongoing effort, spearheaded by Dr. Mahtani, to better integrate palliative care across multiple medical units and specializations across Sinai Health. When COVID-19 patients surged into the hospital, the palliative care team partnered with the Intensive Care Unit and General Internal Medicine to designate one of the hospital's inpatient units as a specialized high-flow oxygen unit for COVID-19 patients needing breathing support without intubation.

While the palliative care team's role remains intentionally fluid, one constant is their focus on providing a regular, reassuring presence for isolated patients in a chaotic, nerve-wracking environment.

During the third wave of the pandemic, that meant working alongside obstetricians and ICU staff, caring for pregnant patients and younger adults. There were patients sick with COVID-19 who, when they regained consciousness, had to be told of a stillbirth or a baby now between life and death in the neonatal intensive care unit. As more virulent and contagious variants caused entire households to fall ill, news of other family tragedies has been broken as well.

The suffering can be incomprehensible, says Dr. Mahtani – but the palliative care team has made it their mission to provide compassionate support for everyone who needs them.



Advancing culturally appropriate, compassion-driven palliative care

“We’re working to involve caregivers and families more in the process.”

Dr. Zhimeng Jia

Even as he completed medical school and began his training in Family Medicine, Dr. Zhimeng Jia didn’t intend to pursue a career in palliative care. The memories of his father’s experience with terminal cancer, soon after arriving in Canada, was simply too off-putting.

During his medical residency, Dr. Jia steeled himself for his palliative care training. Walking through the doors of the hospice where his father had spent his final weeks, was traumatic. The memories, old pain and anger all flooded back.

Yet the dreaded experience also proved eye-opening. Dr. Jia learned how much more there was to palliative care, and saw an opportunity to provide a wholly different experience for patients and their families.

When he met a Chinese family visiting their mother in the hospice, Dr. Jia recognized their relief at being able to have a conversation in their own dialect, rather than English. Yet they remained guarded and mistrustful of the medical system. Dr. Jia made it his mission to make palliative care connect more effectively with Chinese families.

Research by Dr. Jia and his collaborators has shown that Asian Americans experience higher rates of invasive mechanical ventilation at end-of-life, despite evidence of strong preferences within Chinese American communities against being “kept alive by machines” – a preference demonstrated by the work of the Chinese American Coalition for Compassionate Care (CACCC), a California-based organization with partners across the US, Taiwan and China.



Observing CACCC's Heart-to-Heart cafes, which facilitate end-of-life planning through a group activity using a deck of specially designed playing cards, Dr. Jia came to appreciate the valuable contribution that community-based organizations and other third parties can make. "End-of-life planning doesn't have to involve a didactic conversation between the patient and doctor," he says. In some instances, the implicit hierarchy of the relationship may not work to the patient's benefit.

So, what's needed to bridge the disconnect between the end-of-life care Chinese Americans receive and the care they would prefer? Dr. Jia can't yet say for sure, but he's certain that it's more than a matter of language and communication. He's intrigued by efforts to build a better palliative care system in China.

"One aspect that's interesting is how Chinese healthcare is now working harder to involve patients in their own end-of-life care and promote more individual autonomy," says Dr. Jia. "By comparison, we're working to involve caregivers and families more in the process."

Since joining the Temmy Latner Centre for Palliative Care last September, Dr. Jia is more optimistic than ever of the prospect of finding answers. "Having the opportunity to work with people like Dr. Ramona Mahtani and Dr. Russell Goldman, I got to witness and participate in the highest level of compassion-driven palliative care," he says. "There's no better foundation for developing and designing equitable, culturally-tailored palliative care for under-served Asian immigrant communities."

Supporting palliative care at home

Chad Bayne and his wife Ruth had a love story for the ages. "We did it all," says Chad. "We travelled the world. We had successful careers. We have two beautiful daughters, a beautiful home and great friends and family." However, their story was strained early on by Ruth's cancer diagnosis. "We knew we were playing with borrowed time, so we lived every day to the fullest."

Ruth's illness came to a head during the COVID-19 pandemic. "Ruthie had surgery in May of 2020, and because of the pandemic and its restrictions and lockdowns, we couldn't go in to see her. Those four weeks were the longest we were ever apart. There were times when I couldn't reach her and I didn't know what was going on. It was stressful for everyone."



Unfortunately, the surgery didn't improve Ruth's long-term prognosis. "We knew we were looking at palliative care. And we also knew the pandemic was not going to make that easy. Keeping her in hospital meant keeping her away from the people who loved her." So, the Baynes decided that Ruth should pass away at home with support from the Temmy Latner Centre for Palliative Care.

"We wanted this to be a family experience. I took a leave of absence from work to be Ruth's caregiver," says Chad. "The team was integral to keeping her comfortable and giving us that time together at home," he adds. "They made an incredibly arduous and emotional experience more manageable. I cannot imagine what it would have been like without their support."

Three-quarters of Canadians say they want to die in their homes, yet according to a 2018 report by the Canadian Institute for Health Information, just 15 per cent manage to do so. The majority – almost 60 per cent – die in hospitals.

When patients and families do choose to remain home, the toll can be high. Health Quality Ontario puts the average cost to caregivers who provide palliative home care for family or friends at approximately \$18,200 a month in lost wages, lost leisure time, and out-of-pocket costs. Family members are frequently left on their own to handle the emotionally and physically draining burden.

The Temmy Latner Palliative Care Centre works to ease as many of those burdens as possible, but some incidental costs are simply unavoidable. "I cannot imagine how hard it would be to go through what we endured, without adequate resources or means," says Chad. "Making these tough decisions, trying to care for your family and your kids and support someone who is dying, while worrying about money – I could only imagine how much more daunting that would be."

“The team was integral to keeping her comfortable and giving us that time together at home... I cannot imagine what it would have been like without their support. ”

Chad Bayne

That's why Chad established the Ruth Bayne Family Support Fund at Sinai Health, in memory of his wife, to help underprivileged families who need palliative care support. "It's a terrible thing to go through," he says, simply. "We wanted to help make others' lives a little a bit better as they deal with this."

While Chad and his daughters are still grieving, remembering Ruth is important to their family. "You know you can never have enough photos, enough videos," he says. It brings him comfort to know that the girls will also see their mother's memory live on through the fund that bears her name. "My sole regret is that we didn't get to grow old together. We had twenty wonderful years, but I wish it could have been forever."

Edith St. Marseille had just one request for her care team on the Albert & Temmy Latner Family Palliative Care Unit at Hennick Bridgepoint Hospital. Wistfully watching families tobogganing down the park slope next to the hospital, she wanted to enjoy the Canadian winter just one more time.

Edith's care team refused to allow COVID-19 to get in the way of her request. "The smile on her face was infectious for days," says Susanne Loay, the unit's Patient Care Manager.



Bringing light into end-of-life care

Having worked as a palliative care nurse for more than two decades, Fred Parmanand sees his role as far beyond administering medication and checking fluids. "You really have to empathize with what patients and their loved ones are going through," he says. "I always ask myself, what will bring these people some sense of meaning and peace?"

Fred recognizes the significance of small acts of compassion. "When a patient is admitted, they're walking into a strange environment. Often the best thing you can do is provide a simple act of kindness. Something as small as offering a glass of juice can start the conversation and build a relationship. That is how the light gets in."

Acknowledging that care professionals often don't have the answers that patients sometimes seek, he focuses on opportunities to seize moments of joy. "A newly admitted patient and his wife were listening to soca music and of course I had to dance when I came into the room. The wife danced with me, while the husband was laughing and smiling from his bed. Then we started telling stories and jokes. I found these beautiful points of connection with an 80-year-old couple."

Inevitably, some days can take a bigger emotional toll. "Caring for the father of young children, or a daughter whose parents are both in palliative care at the same time, or a newly married couple – there are moments that can rip your heart out," he admits. And that burden only becomes heavier amid a global pandemic.

"At the start, people in palliative care couldn't have visitors," says Fred. "It was so hard, though people still found ways to connect. One patient's son wrote 'I love you mom' in the snow so she could see it from her window."

Ultimately, palliative care is about alleviating stress and suffering, not just for the patient but everyone involved. "As I've grown older, my job has helped me understand my own life. It's important to not worry about trivial things. You can wash that dish in the sink tomorrow. You need to take an hour for yourself to have a coffee or a glass of wine. And then after that, you can be humble, kind, and you can forgive. And that compassion for yourself and for others is how I find peace in my work."



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