





What Is Palliative Care?

A Person with an illness like cancer needs a variety of types of care. While standard care for a chronic illness focuses on treatment of the disease, palliative care is a comprehensive approach to treating serious illness that focuses on physical, psychosocial, and spiritual needs of the patient and the needs of his or her loved ones. Its goal is to achieve the best quality of life available to the person with cancer by relieving suffering, controlling pain and symptoms, and enabling the patient to live as normal a life as possible.

*“When you are joyous look deep into your heart and
You shall find it is only that which has given you
Sorrow that is giving you joy.*

*When you are sorrowful look again in your heart and
You shall see that,
In truth you are weeping for that which
Has been your delight”*

Kahlil Gibran



*As long as there is someone who loves us, we
Will remain alive.*

*Memories make us immortal.
In truth, love will outlive even memories.*

Leo F. Buscaglia

Who provides palliative care?

Many health care providers contribute to palliative care teams, depending on the needs of the patient and the family. Nurses, family doctors, physiotherapists, home care workers, hospice volunteers, palliative care specialists, pharmacists and spiritual leaders are just some of the people who may be involved.

Your hospital-based healthcare team includes doctors, nurses, physiotherapists, occupational therapists, social workers, dieticians, speech-language therapists, pastoral care to name a few. (Please see the insert identifying the services these professionals can provide during your hospital stay.)

Where is palliative care provided?

Palliative care can be provided in a variety of locations. Many palliative care programs provide services and support for patients wherever they are living – at home, in hospital or in a nursing home. The best place to receive care is usually the place that best matches your needs.

Home

Some people choose to stay at home for as long as they can. Family members, with support from the health care team, may decide that they want to be the main caregivers in the home. Many communities have supports and services to help patients and families provide care at home. Please ask to speak to a Hospital Based Social Worker to obtain further information on such services.

Respite Programs

Family caregivers need time to rest. Many home care programs offer respite programs that provide short-term patient care for several hours or even several days.

Home Care Programs

The North East Community Care Access Centre offers palliative care services in the home. Professional nursing care is often available, along with other home-based support services. If you choose to stay at home, remember that at any point you can change your mind about where a death is going to happen. Some families decide they want a home setting for as long as possible. A Hospital-Based Social Worker can provide you with more information.



Private Care Services

Sometimes people will pay for private home care services because they need extra help. Private home care companies supply part-time, as needed or around-the-clock care. However, unless you have insurance, you will have to pay for these costs yourself. Private services may include: nursing/medical care, personal care, cleaning, cooking, companionship and transportation. *ie Bayshore and Victorian Order of Nurses*

Hospice Volunteers

Many provincial hospice associations offer hospice volunteer support. Hospice volunteers are carefully screened, selected and educated to offer emotional, spiritual and practical support to individuals and families living with advanced illness. Volunteers are often matched with families and are available to talk on the phone or make in-person visits. [See Horizons Information in this package for additional information.](#)

Timmins and District Hospital

Many hospitals have staff with special training in palliative care. These people provide support and work with the patient and the patient's health care providers.

Timmins and District Hospital have special palliative care rooms. These rooms offer privacy and a more home-like environment. Please speak to your hospital based social worker on how to access these rooms.



How Do I Talk to My Family and Friends About My Cancer?



- ✧ Tell friends and family what is going on. They will learn, sooner or later, that you have cancer. They will feel hurt and left out if you do not tell them.
- ✧ Find out what they feel, and try to answer their questions.
- ✧ Tell people, kindly, that you'd rather not talk at a particular time if you don't feel up to it just then. Sometimes family members can do that for you.
- ✧ It is okay to be direct with others and to express your needs and feelings.
- ✧ If you or your family members usually don't like to talk about certain personal issues, it's okay not to open up completely to everyone.

- ✧ Do not set up a false or a “happy face” when you don’t feel that way. It is the other person’s problem if he or she can’t handle your true feelings.
- ✧ Do not hesitate to ask your nurse, social worker, clergy, or counselor to help bring together family member to talk.

Tips for Visiting

- Visits from family and friends can be uplifting, both for the person who is ill and their caregivers. However, as the person becomes weaker, or as caregiving becomes more demanding, families may not have enough energy to meet with visitors.
- **Be Yourself**-Relate to the person, not the illness. Bring both your strength and vulnerability to the bedside. It’s okay to cry. People who are dying continue to need intimate, natural, and honest relationships. Don’t use your role in a person’s death to downplay or avoid that person’s suffering.
- Try not to interfere with regular schedules. If a meal or snack arrives, encourage the person to eat while you are there, and provide whatever help the person wants.
- **Empathize**-The greatest gift we can offer one another is our undivided attention. Listen without judgment or an agenda. Be aware of feelings and nonverbal cues. Respect the personal truths the dying person may be discovering. Be mindful of your own inner experience and talk about your discoveries
- If the person is in bed, pull up a chair instead of standing. This allows the person to talk to you at eye level.
- If your visit is longer than 30 minutes, be sensitive to the fact the person may need to use the toilet and may not be comfortable doing so with you there. You could offer to get the primary caregiver or offer to leave if the person needs some privacy.
- Check with a caregiver before bringing food. The person may have a craving for a certain food or have specific food restrictions.
- **Show Human Kindness**-Details do matter. A cool cloth on a perspiring brow, holding the hand of a frightened patient, listening to a lifetime of stories. When offered with attention and love, these ordinary activities convey caring and acceptance, build trust, and enhance self-esteem. Trust your innate compassion and capacity to embrace the suffering of another as your own.

- If the person is in bed, check the bedside table to see that it is well-equipped. Are there tissues, a telephone, a full glass of water, eye glasses (if worn), lotions for skin, or lip balm for lips? If so, you may want to assist the person in using these products.
- If you are a regular visitor, offer to help organize or limit other visitors.
- **Keep It Simple**-Have confidence in the healing power of human presence. Particularly in the final days, slow down and leave room for silence. Reduce distractions. Create a calm and receptive environment. Honor the spiritual dimensions of dying. Let go of control and be willing to acknowledge ignorance in the face of this extraordinary mystery.
- Sometimes people grow tired of their surroundings. If they are able, they might enjoy sitting on a deck, or going for a walk or a drive. If they spent most or all of the day in bed, they may enjoy having their bed moved closer to a window, or having the window opened on a nice day.
- If you want to bring a present, ask family members what might be appreciated. Suggestions include a light blanket, new comfortable pyjamas or a small radio,
- CD player or other electronic equipment.
- Offer to do some errands for the person or the family. This may include grocery shopping, cleaning or yard work (such as shoveling snow or mowing the lawn).

Caregiver Benefits



Caregiver benefits through Canada Employment Insurance

Since 2004, the Government of Canada has offered a **Compassionate Care Benefit** to Canadians who need time off from work to care for a seriously ill family member.

Caregivers who experience a loss of income as a result of providing care to a seriously ill family member may apply to Human Resources and Skills Development Canada (HRSDC) to receive up to six weeks of special benefits (following a two-week waiting period). For further details on this program, please contact the Employment Ontario 1 (800) 531-5551.

Caregiver benefits through individual employers

Some employers allow employees to take leave without pay for the long-term care of family members. Unpaid leaves can vary in length from three weeks all the way up to five years. Employers set their own policies in relation to paid and unpaid leaves as well as benefits. Discuss the leave and benefits with your employer.

Other Possible Benefits Available:

1. Canada Pension Plan
2. Ontario Disability Support Program
3. Ontario Works
4. Ontario Drug Benefit program
5. Trillium Drug Program



Contact Service Ontario

To obtain additional information, please contact the Information line 1(866) 532-3161 or speak to a Hospital Based Social.



Social Work Services

Social workers in a hospital setting are part of inpatient and outpatient teams that provide care directly to patients and their families facing the impact of a life threatening disease.

Social workers are available to assist patients and families in helping with social, emotional, physical, spiritual and supportive care, as well as assisting with practical issues such as transportation, housing, financial problems and planning for post hospital care.

Some ways we can help are through;

- Education and learning to cope with illness and its stressors
- Identifying and solving problems with relationships
- Enhancing communication with treatment providers and assisting patients in being advocates for their own health care
- Accessing hospital and community resources
- Crisis intervention and prevention
- Psychosocial assessment and supports
- Discharge planning



Psychosocial Counselling

- Adapting to the impact of the illness
- Assisting with being able to identify and solve problems with relationships
- Reduction of emotional distress through individual, family and group counselling
- Crisis intervention and problem-solving regarding: family coping, job-related issues, practical concerns, financial concerns, adaptation to the healthcare system, and changes in functioning
- Anticipatory grief

How to make a Referral

Referrals can be made to Social Work by physicians, nurses, or patient and family members. Please contact the Social Work Department at **(705) 267-2131 ext 2157**

Community Referrals and Support

Assistance in facilitating patient access to supports and services in the hospital and the community such as;

- Community health services
- Financial support/services and programs
- Home support services and programs
- Temporary accommodation
- Palliative care services
- Spiritual and cultural resources
- Psychosocial and counseling supports



Nutrition in Palliative Care

Food has so many meanings for each of us.
Food is about caring, sharing and enjoying.
In palliative care situations, food is mostly about comfort.

Optimizing Quality of Life

When a loved one is ill, it is natural to worry about how to meet his or her needs, including nutrition needs. While food is key to health, it is perhaps more importantly a major source of pleasure and comfort.

A terminally ill person may not want to eat for a variety of reasons: smell and taste changes, nausea, vomiting, depression, diarrhea, constipation, mouth sores, fatigue. When he or she refuses to eat, it raises concerns for our cultural, social, religious and family values. A loved one's refusal to eat leads to sadness, frustration and even anger among those who are trying so desperately to encourage intake.

Challenges for the Caregiver

The needs of an ill person may change daily. If a person has been through chemotherapy or radiation, or has not eaten much for some time, the taste changes can be fast and frequent. He or she may have loved what you cooked yesterday but hate it today. This can be frustrating for the cook! Know that it is normal; better to ride with it than fight it!

Remember, too, it is important to take care of yourself. Your loved one does not need to be worrying about you! If you get too tired to continue as the primary caregiver, both you and your loved one will be saddened. Take breaks when you need them. Call on friends and family ~~ who are all wondering what they can do to help-to bring ready to eat meals.

The Body is a Wise Machine

When a body realizes it is unwell, it begins to slow down; organs begin to work less and are much less efficient at their job. The digestive system for one, becomes disabled and has more difficulty digesting food. When your loved one shows signs of nausea and loss of appetite, this is the body's way of saying it no longer needs food like it did when it was healthy. This is, in fact, nature's way of making the end of life's journey more peaceful. In most cases, as intake of food and fluid decreases, there is less pressure in the body tissues and pain is lessened.

A decision to stop feeding a loved one is a decision to allow natural progression; it is NOT a decision to 'let someone die'.

Food has such a powerful and positive association with health and well-being! It is upsetting to watch your loved one refuse to eat or drink. It may help a little to know that research has shown that there is no pain associated with dehydration or starvation. There is less fluid in the lungs, so there is less congestion and breathing is easier. There is less nausea and vomiting. There will be less urine output meaning less energy spent. More endorphins are released resulting in less pain or discomfort. In fact, research shows people who stop drinking and eating completely will become less conscious over a few days and will then pass away quite peacefully.

When your loved one still enjoys food and drink:

- Use the microwave. It generates less cooking smells, often the culprit for nausea.
- Keep a variety of single portion frozen foods on hand.. Taste buds may change daily!
- Do not worry about what time of day it is! If the desire is for pizza or Chinese take-out at nine in the morning, go for it!
- Remember ~ the social aspect of food is vital to your loved one's joy in each day. Eat a meal with them, even if it is at the bedside.
- Serve beverages with a straw in a cup with tight-fitting lid. This eliminates any smell that may cause nausea.
- Commercial supplement milkshake-like drinks may be acceptable as a source of nutrients and fluid. Some patients find these sweet or heavy. Try giving your loved one just one ounce every hour or two. Remember, too, you can flavour it with fruits, juices, baking extracts and syrup.
- Set the stage for activities your loved one enjoys. A picnic perhaps~~~ a gingham table cloth over the bed, colorful paper napkins, finger foods and pop in a bottle with a straw. Voila – a picnic.



Have a movie night with all the favorite snacks – not so nutritious is OK !





The Role of the Speech-Language Pathologist in Palliative Care

There are four primary roles of the Speech-Language Pathologist (SLP) on the palliative care team:

- To provide information to the patients, families, and other members of the palliative care team in the areas of communication, cognition, and swallowing function. Difficulties in any or all of these areas can occur as a result of illness, and can change as illness progresses.
- To assist the patient in developing strategies for communication, if communication becomes impaired. Communication for the purposes of participating in end-of-life decisions and maintaining social closeness can be very important for the patient and/or family.
- To assist the patient, family, and caregivers regarding difficulty with swallowing. Difficulty with swallowing (dysphagia) is frequently a primary symptom in palliative care and can be a source of great anxiety and concern. Changes can be made to food textures and feeding techniques to optimize the patient's comfort and eating satisfaction.
- To communicate with members of the palliative care team, to provide and receive input related to overall patient care.

As with the other members of the palliative care team, the focus of care is to develop strategies to:

1. Add comfort and to increase the patient's quality of life.
2. Help the family members or other caregivers in providing care for the patient.
3. To provide ongoing consultation in response to changes in patient status.



Physiotherapist

Physiotherapy services are available to patients who are palliating in hospital.

If desired, a physiotherapist will determine through an assessment the appropriate level of activity your loved one can tolerate. For example, sometimes gentle exercises performed lying in bed or sitting in a comfortable chair can prevent muscle tightness. The physiotherapist can provide recommendations for safe mobility and the level of assistance required. Recommendations are also made for any mobility equipment or exercise equipment that would be beneficial.

Chest physiotherapy services may include breathing exercises to assist with relaxation and decrease the work of breathing and/or performing techniques to assist with clearing mucous.

Sometimes there is still the wish of the patient and family for the patient to pass away in a home environment. The physiotherapist may assist in the team assessment to provide recommendations for CCAC services and equipment that can facilitate this transition.

Occupational Therapy

Occupational Therapy (O.T.) is a health profession concerned with promoting health and well being through occupation. Occupation refers to everything that people do during the course of every day life. For the patient receiving palliative services, the Occupational Therapist can assist with the following:

- Provide a wheelchair and seating to allow client to sit up or to enable client to get out of the room.
- Provide adaptive aids to assist client to be more independent.
- Provide equipment to prevent skin breakdown.
- Assess for equipment needs (ie commode, toileting aid, foot cradle etc...).
- Assess for equipment needs for a pass at home.



To receive these services, do not hesitate to ask your team to refer to O.T.

Advance Care Planning

Introduction

Making personal choices is basic to a person's sense of identity and well being. This is especially true of decisions about **personal care including health care (treatment and services), food, living arrangements and housing, clothing, hygiene and safety.**

Every year, many Canadians become unable to make their own decisions about their personal care and medical treatments. It can happen slowly, over time, as with Alzheimer Disease; or it can happen suddenly, without warning, through a stroke or accident.

If an illness or accident left you unable to make decisions for yourself about things that really matter to you, who would make those decisions for you? How could they know what you would or wouldn't prefer?

It's important to take steps now, **while you are capable**, to ensure **your wishes**, not someone else's, guide the decisions made for your care and medical treatment if you ever become unable to make such decisions yourself. This is what advance care planning is about: Making clear how you wish to be cared for, and giving someone you **trust** the authority to act on those wishes for you, if the need arises.

Why Do Advance Care Planning?



What is advance care planning?

Advance care planning is about making choices now, while you are capable, about how you wish to be cared for in the future if you become incapable of making decisions. It is also about giving someone you trust the information and authority to act on those wishes for you. This person is called your **substitute decision-maker**.

Advance care planning is different from, but just as important as making plans for your finances, property, estate, will or funeral arrangements.

What does "capable" mean in this context?

To be capable of making personal care choices means that you can understand information that is relevant to making a decision about your health care, nutrition, shelter, clothing, hygiene or safety, and can grasp the likely results of making the decision or not making it.

For health care, your doctor or other health care provider needs to have your informed consent. In order for you to give informed consent, you must be capable, given information about your condition, the recommended treatment, alternatives to the proposed treatment and the likely outcomes of either accepting or refusing the treatment.

Why is advance care planning important?

Advance care planning gives you the opportunity to make choices about your future personal care. It can give you the peace of mind that someone you know and trust understands your wishes and will act on them on your behalf, should they ever need to.

Steps in Advance Care Planning



Think about your values, and what's important to you.

What kind of personal care would you want-or not want-to receive if you were not capable of deciding for yourself? Personal care does not deal with financial matters, but rather with the medical treatment you receive, your nutrition and hygiene, where you live and with whom, and your personal safety.

Consult people you trust who can provide guidance.

What are the legal aspects of advance care planning? How does your faith influence your decision? What decisions are most likely to be needed given your health? Your doctor, lawyer and/or faith leader may be able to give you some information to help you make your advance care plans.

Decide on and appoint a substitute decision-maker.

Who would you want to make decisions for you if you were not capable? You can choose one or more people to act for you, but make sure that they understand their job and are willing to accept responsibility for carrying out your wishes.

Make your choices clear to others.

How can your substitute decision-maker make the same choices that you would make for yourself in whatever situations arise? You need to communicate your care wishes clearly, while you are capable, to your substitute decision-maker as well as to your family, friends and health care providers, as you see fit. You and your substitute decision-maker may find it helpful if you write down your wishes, but you do not have to do this.

Give your substitute decision-maker the power to act on your behalf.

How can your substitute decision-maker make personal care decisions on your behalf? You need to do two things: tell them your care wishes, and appoint them to act as your substitute decision-maker through a Power of Attorney for Personal Care. A Power of Attorney for Personal Care must be in writing, signed and dated by you, and witnessed by two people.

If You Don't Appoint a Substitute Decision-Maker



What happens if a Power of Attorney for Personal Care is not completed?

Ontario law does not ensure there will be a substitute decision-maker to make all your personal care decisions for you unless you appoint a substitute decision-maker through a Power of Attorney for Personal Care.

However, the law does make sure that there will always be a substitute decision-maker to make some health decisions for you, but this includes decisions only about:

- your health care, (e.g. treatments)
- your admission to a long-term care facility, and
- the personal assistance services you will receive in a long-term care facility.

If you have not designated a substitute decision-maker through a Power of Attorney for Personal Care, a health care provider must turn to the hierarchy of substitutes named in the law to make the above types of health decisions. The highest ranking person on this list who is available, capable and willing to make these decisions will become your substitute decision-maker for treatment.

- **Your spouse, common-law spouse or partner**
- **Your child** (if they are 16 years of age or older) **or parent**
- **Your parent with right of access only**
Custodial parents rank ahead of non-custodial parents
- **Your brother or sister**
- **Any other relative by blood, marriage or adoption**
- **The Office of the Public Guardian and Trustee.**
The provincial Public Guardian and Trustee is the substitute decision-maker of last resort if there is no other appropriate person to act for you.



If there are two or more persons (for example two sisters and one brother) described in the same subsection of the above hierarchy, who meet the requirements to give or refuse consent on an incapable person's behalf, they may share the decision-making responsibility or may choose to designate a spokesperson. If there is a disagreement among equally ranked decision-makers that cannot be resolved, the Office of the Public Guardian and Trustee may be asked to make the decision.

If you have not appointed a substitute decision-maker anyone, including your family or friends, can apply to the Consent and Capacity Board to become your substitute decision-maker for *medical treatment, admission to long-term care facility, and personal assistance services in a long-term care facility*. They do not have to pay anything to do this. This is known as your **board-appointed representative**. A board-appointed representative ranks above your spouse, partner and other family members in the hierarchy of substitute decision-makers named in the law.

If you have not appointed a substitute decision-maker, almost anyone, including family members and friends, can apply to the Superior Court of Ontario to be appointed as your **"Guardian of the Person" with authority for treatment**. Like an attorney for personal care, a Guardian of the Person may be authorized to make *the full range of personal care decisions for you*, in keeping with your known wishes. A "Guardian of the Person" with authority for treatment ranks highest on the hierarchy of substitute decision-makers named in the law.

Hospital based social workers can provide you with Power of Attorney Kits for personal care and finances free of charge. Please ask to see a social worker if you are interested.

What Should I Expect?

- So few of us have ever had the experience of watching someone we care for die and having not faced it before. We do not know what to expect. As you prepare for the death of a loved one, it can be helpful to know what to expect and how to respond with ease, support, understanding and love. This kind of response is the greatest gift to be offered a loved one as the moment of death approaches.
- Just as each person's life is unique, so is his or her death. As the time of death nears, your loved one may:
- Sleep longer periods and have difficulty walking. This is a normal change due to changes in the metabolism of the body.

- Be less interested in eating and drinking. Refusal of food is an indication that your loved one is ready to die. Fluid intake may be limited to that which will keep his/her mouth from feeling too dry.
- Become confused and unable to recognize familiar people and surroundings.
- Become restless, pull at bed linen and clothing, and may “see” things. This is a result of a decrease in oxygen supply to the brain.
- Have difficult swallowing or “forget” to swallow.
- Have irregular or shallow breathing and may seem to be working very hard to breathe. He or she may make a moaning sound with each breath.
- Have an irregular pulse or heartbeat.
- Develop “wet” sounding breathing as a result of secretions collecting in the back of the throat.
- Be unresponsive to voices or touch and may appear to be sleeping with his/her eyes open.
- Withdraw and want to be alone, with just one person or a very few people. This is not rejection but a necessary step in the person’s adaptation to the dying process.
- Turn negative feelings toward you. Only a very trusted and loved person will be chosen to be the recipient of these feelings.
- Have cool legs and arms with skin acquiring a mottled blue/purple appearance as the circulation slows down.
- May feel hot one minute and cold the next as the body loses its ability to control its temperature.
- Have urinary changes and may lose control of bladder and bowels as the muscles in that area begin to relax.



Will my loved one be in pain?

At the Timmins and District Hospital we try to ensure people are comfortable and are pain free. If you have any concerns about pain management speak to your nurse or physician.

What should I expect at the time of death?

- There will be no response
- There will be no breathing
- There will be no heartbeat
- Eyes will be fixed in one direction-they may be open or closed
- Jaw relaxed and mouth slightly open
- There may be a loss of control of bladder and/or bowels.





Horizon - Timmins Palliative Care Inc.

Non-profit Volunteer Services

**733 Ross Avenue East
Timmins, ON P4N 8S8
phone: (705) 267-3434
fax: (705) 268-3585**

hortim@ntl.sympatico.ca

Hope, Help and Support



Philosophy

The mission of Horizon-Timmins Palliative Care Inc. is to provide trained, caring, friendly volunteers to offer support and accompaniment to clients and their families who are facing a terminal illness. Our service is based on accompaniment and active listening.

Horizon-Timmins Palliative Care Inc. is committed to offering social, emotional and spiritual support to the client and family while respecting their autonomy and individual needs.

Our trained and caring volunteers are willing to assist individuals and their families to face the stages of death and dying with dignity and respect.

Volunteers

Following a careful selection procedure, volunteers attend a training program with instruction in palliative care philosophy, effective communication skills, coping with stress and the bereavement process. Our volunteers are also sensitive to the cultural, spiritual and linguistic needs of the individuals concerned and receive on-going training.

New volunteers are always welcome.

Services Offered

Our services are free, confidential and bilingual.

Volunteers are available to:

- help the client and loved ones to deal with their fears, concerns, losses and anxieties,
- visit the client and family at home, in hospital or institution,
- act as a friendly companion trained in active listening,
- offer caregivers time away for rest or other needs,
- provide help in accessing existing community and health services,
- support the survivors as they grieve the loss of a loved one,
- recommend books and videos of particular interest.

Referral

Referrals are accepted directly from physicians, individuals, caregivers, health care professionals and clergy. The client and family must be aware of the referral and desire our services.

***Call us at (705) 267-3434
and leave a message***

**Hélène Petroski
Service Coordinator**



Need to Talk?



We are here for you.

Pastoral Care Services



Are you going through a challenging time in your life?

Whether you are dealing with a temporary illness or with end of life issues, being treated in the hospital is not always easy. When you (or your relative) are in the hospital, you might experience some of the following emotions:

- Anger
- Anxiety
- Confusion
- Discouragement
- Helplessness
- Hopelessness
- ... and many others.

A visit from the
Pastoral Care Team might help!

It can be easier to face difficult times when you have someone to talk to. If you need a listening ear, a word of encouragement or want to receive prayer, our team is here for you. Simply call us or ask your nurse to do it for you (see contact info on back).

You can rest assured that the Pastoral Care Team fully understands the implications of CONFIDENTIALITY! What you choose to share with the Pastoral Care Team will remain confidential.

Would you like to receive communion?

Communion is given daily to all Roman Catholic patients and is available to patients of all faiths upon request.

Need urgent pastoral care after hours?

We have a 24/7 on-call team for urgent pastoral care as well as a team of Roman Catholic Priests who are available 24/7 to administer sacraments.

Our Purpose

The purpose of Pastoral Care is to promote wholeness of body, mind and spirit for patients, families and staff. Our services are offered in a multifaith approach, respecting all belief systems. We provide religious care based on the religious practices of each individual as well as spiritual care, which is unassociated with any form of religion. At Timmins and District Hospital, we recognize that a person may have a rich spirituality without being associated with a religious tradition.

CONTACT US

Pastoral Care Services
Monday to Thursday,
9am to 2pm:
Call 267-6351

After hours and holidays:

For urgent pastoral care,
Please ask your nurse.





**Cover Design by
MELISSA MILLER
Original Painting: Caring Hands**

Melissa works with materials from nature and with mixed media. She lives in Waterloo, Ontario and has painting shown locally and abroad. She has developed a unique style of artistic expression and her joy of creativity is evident in her work.

Melissa can be contacted at mm_sunflower@hotmail.com

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