



# INSIGHTS

MARCH 2014  
ISSUED QUARTERLY

## IN THIS ISSUE...

### **Dignity at the End of Life**

- Challenges of aging citizenry

### **The Benefits of Benefits**

- Incentives for recruiting and retention

### **Tax Tips**

- Medical Expenses  
Travel Costs

## Dignity at the End of Life

### The role of palliative care

I attended a funeral recently for someone who died quite young – 52. Although I was shocked to learn of his death at such a young age the alternative isn't something that I necessarily look forward to either.

Long life is one of those things we wish for, but then we find the reality is more complicated.

Thanks to medical advancements and a widespread emphasis on health lifestyles in our society, Canadians are living longer. Members of the generation we call baby boomers, that giant cohort born after the Second World War, are now hitting their 60s. The older you are, the more use you generally make of the health care system. But is the system ready?

The challenges presented by an aging citizenry are many. One crucially important area is how to handle the pain and suffering associated with a terminal illness. While most Canadians say they want to die at home or in the residential setting of a hospice, the sad fact is, the vast majority instead die in hospital. A full 70 per cent of Canadians suffered this fate in 2011.

Of course, excellent palliative care is available in hospitals, if the focus is on pain management and access to a variety of trained professional, including chaplains and social workers, to provide a better quality of life for the patient. But there are some good reasons to look at other settings.

One is cost. Hospitals are extraordinarily expensive places to stay, with an acute-care bed costing \$850 to \$1,100 a day. Compare that with \$439



for a residential hospital bed, or \$350 for palliative care in a private home.

The other reason, of course, is that most people recoil from spending their last days in an institution. Cambridge, Ontario's Lisaard House, the first and only residential hospice in Waterloo Region, just has six beds. It served 129 people in 2012, but another 186 requests could not be accommodated because there wasn't room.

It's welcome news that Lisaard plans to open another hospice with an additional eight to 10 beds, in the Doon area of Kitchener later this year. That's a major step forward. But it needs to be supported by more access to palliative care at home, and in institutions from nursing homes to hospitals. That requires a broad societal effort.

As Dr. Ahmed Jakda, the regional leader for palliative care for Cancer Care Ontario, has noted: Building a societal structure that supports a 'good death' requires co-ordination and a will among governments, medical professionals, hospitals and, just as importantly, our community members.

In the aftermath of the heart-wrenching 2013 video made by Dr. Donald Low of Toronto, who pleaded



# The Benefits of Benefits

Benefits are a crucial factor to any company's recruitment and retention strategy.

Hays 2014 Compensation, Benefits, Recruitment and Retention Guide says that when a candidate decides whether or not to accept a job offer, nearly 20% of that decision is based on the benefits that are offered.

More than half of all companies offered extended health benefits, performance-related bonuses, training/certification support, pension/RRSP contribution/matching, 10-plus days of starting vacation and flexible work hours.

These benefits are becoming the new standard of offer in order to attract candidates, particularly in candidate-short markets.

"Interestingly, we have seen an upturn in the perception of the importance of additional incentive-type benefits to help make overall benefits packages more attractive," the report states. "For example, ability to work from home, parental benefits, club memberships and associations have all increased in perceived impact on recruitment and retention year after year since 2011."

The oil and gas industry is leading this trend, as some employers in this sector are offering gym memberships and access to season tickets as incentives.



This year, similar to recent years, the benefits considered by employers to have the most profound impact on recruitment and retention are career growth, individual performance-related bonuses and vacation.

Large companies (those with 1,000 employees or more) are offering more extensive benefits packages than small companies (with fewer than 100 employees).

For example, about 67% of large companies match or contribute to employees' pensions or RRSPs, compared with only 29% of small companies.

To be competitive in recruiting top talent, the report recommends that small companies may want to consider focusing on promoting cost-effective benefits solutions that are important to employees, such as workplace flexibility.

"With Canada's candidate shortage, benefits have become a significant factor in acquiring companies' most valuable resources—their people," the report notes.

Source: Benefits Canada 01.2014

... continued from reverse

for Canada to legalize assisted death, it is natural to wonder if there would be such a pointed call for assisted suicide if we could collectively provide better pain management, and a more meaningful quality of life, for those who suffer from illness in its advanced state.

Assisted suicide is a complex and difficult issue. It's a serious crime in Canada, and the current federal government supports that concept. So does the Canadian Medical Association. However, challenges to the status quo are emerging, both in Quebec, where a bill before the legislature would allow physicians to administer lethal medication, and in British Columbia, where the province's Supreme Court struck down the ban on physician-assisted suicide.

Clearly, a national conversation is overdue about the best way to assure dignity at the end of life. The role of palliative care should be central to the discussion.

Until Next Time...

## TAX TIPS

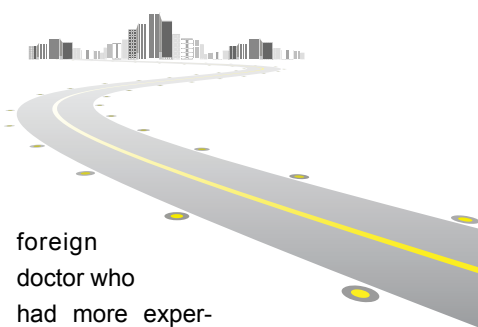
### Medical Expenses - Travel Costs

An individual can generally claim reasonable travel costs incurred for medical purposes as a medical expense only where substantially equivalent medical services are unavailable where the taxpayer resides. The following Technical Interpretation discusses the Canada Revenue Agency's (CRA's) position on this matter.

In an April 5, 2013 Technical Interpretation,

CRA considered whether initial travel costs incurred to participate in a foreign medical experimental drug research project and subsequent foreign travel costs after the drug became available in his locality would be considered a valid medical expense.

When the drug became available in Canada, the taxpayer's Canadian doctor advised the taxpayer to continue monitoring with the



foreign doctor who had more expertise with the taxpayer's condition and the specific drug. CRA agreed that the reasonableness test was likely met even though medical services were available in a closer location, and would be considered a medical expense.