

The Honourable John Lohr
Minister of Finance and Treasury Board
Government of Nova Scotia
1723 Hollis Street
Halifax, Nova Scotia B3J 1V9

Re: 2027–28 provincial budget priorities for hospice palliative care

Dear Minister Lohr,

On behalf of the Nova Scotia Hospice Palliative Care Association and hospice palliative care organizations, we respectfully ask the Government of Nova Scotia to consider additional investments in hospice palliative care as part of the 2027–28 provincial budget.

Nova Scotia has made important progress, including supporting hospice services in Halifax, Kentville, Sydney and Lunenburg. However, access to hospice, home care and specialized palliative care remains uneven. Where people live, their financial circumstances, the availability of trained staff, and the presence of a family caregiver can all influence whether they can remain at home or in their community¹ near the end-of-life.

We recognize the significant pressures facing Nova Scotia's healthcare system and appreciate the province's continuing investments in home care, continuing care and healthcare infrastructure. Dying outside a hospital is not the same as receiving adequate palliative care and support at home. Supporting someone well at home takes dependable home care services, specialized expertise, access to the right medications and equipment, and real support for the family and friends carrying the burden of the care. When home is no longer possible, hospice offers an important option: a place where people can be cared for with dignity, and where families do not carry the responsibility alone.

Nova Scotia's Residential Hospice-Capacity Gap

¹ Canadian Institute for Health Information (CIHI) defines "home or community" as any setting outside an emergency department or acute-care hospital and may include private homes, hospices, long-term-care facilities and other community settings. CIHI, Death at Home or in Community. Data updated October 2025, covering calendar years 2020–2023.

The most recent comparable national data also demonstrate the extent of Nova Scotia's hospice-capacity gap. According to the Canadian Cancer Society's 2023 report, *Analyzing Hospice Palliative Care Across Canada*, Nova Scotia had three residential hospices with a combined 30 beds as of May 31, 2022. This represented **2.99 residential hospice beds per 100,000 residents**, compared with a Canadian average of **3.97 beds per 100,000**. Nova Scotia's rate was therefore approximately **25 per cent below** the Canadian average. It was also approximately **57 per cent below** the frequently cited best-practice benchmark of at least seven residential hospice beds per 100,000 residents – less than half the recommended capacity. Based on the province's population at the time, reaching that benchmark would have required approximately 70 residential hospice beds, or about 40 more than were available.

The subsequent addition of hospice capacity in Lunenburg is a welcome development. Nevertheless, substantial geographic and capacity gaps remain, particularly for people living in rural and underserved communities. Continued investment is needed to expand residential hospice capacity while also strengthening the home- and community-based services that allow people to receive care in their preferred setting.

The Home-Care Preference Gap

A 2013 Canadian Hospice Palliative Care Association survey found that **75 per cent of Canadians** who expressed a preference would prefer to die at home. Applied to Nova Scotia's April 2026 population of 1,090,852, this would be equivalent to approximately **818,000 Nova Scotians** ([Canadian Hospice Palliative Care Association, 2013](#); [Nova Scotia Department of Finance and Treasury Board, 2026](#)). While this is an illustrative estimate rather than a province-specific survey result, it demonstrates the potential scale of the preference for home-based end-of-life care.

The Canadian Institute for Health Information (CIHI) reports that approximately **42.1 per cent** of Nova Scotians who died in 2023 died outside an emergency department or acute-care hospital, representing approximately **4,191 people** ([CIHI, October 2025](#)). This was **down from 50.3 per cent in 2020**. Nationally, approximately **51.5 per cent of Canadians** died at home or in the community in 2023.

CIHI defines "home or community" as any setting outside an emergency department or acute-care hospital. The measure includes private homes, residential hospices, long-term-care facilities and other community settings. The 42.1 per cent figure should therefore not be interpreted as the proportion of Nova Scotians who died in their own homes or received palliative care at home. CIHI also identifies partial data coverage for Nova Scotia and cautions against direct jurisdictional comparisons. Nevertheless, the provincial trend warrants attention and reinforces the importance of ensuring that

Nova Scotians have access to the care required to remain in their preferred setting whenever clinically appropriate.

National palliative care data provide further context. In 2021–22, only **13 per cent** of Canadians died at home with palliative care, although this represented an improvement from **seven per cent in 2016–17** ([Health Canada, 2023](#)). Among Canadians who received palliative care, **36 per cent** received palliative home care, while **61 per cent** received palliative care only in hospital. More than eight million family and friend caregivers provide care at home to someone who is seriously ill ([Health Canada, 2023](#)).

These figures demonstrate that dying outside hospital is not the same as receiving adequate palliative care at home. Supporting a person at home requires dependable home care, access to specialized clinical expertise, appropriate medications and equipment, and practical support for family and friend caregivers including income loss for caregivers.

We believe targeted investments in community-based palliative care, and hospice would complement this work, improve the experiences of patients and families, and help reduce avoidable pressure on emergency departments and acute-care beds.

We respectfully ask the government to invest in equitable access to palliative care in home, in community, and in hospice through the following four priorities:

1. Improve access and remove barriers to home care

Home care is essential for people who wish to remain at home while living with a serious illness. Limited staffing, restricted service hours and differences between communities can make staying at home difficult or impossible.

We recommend improved access to home support, nursing care, respite and after-hours assistance across the province

At home, families may also face significant out-of-pocket costs for medications, supplies, oxygen and equipment that are generally covered in hospitals and long-term-care facilities. We recommend more equitable coverage of these essential costs. A person's finances should not determine whether they can receive appropriate end-of-life care in their preferred setting.

2. Expand collaborative specialized community-based palliative care teams

Every Nova Scotian living with a life-limiting illness should have timely access to specialized palliative care, regardless of diagnosis, age, income or postal code.

Interdisciplinary community-based teams can provide symptom management, psychosocial and spiritual support, care coordination, advance-care planning and support for family and friend caregivers. They also strengthen the ability of primary care providers, home care workers, paramedics and community organizations to support patients closer to home.

We recommend stable funding to strengthen and expand interdisciplinary community-based palliative care teams across all Nova Scotia Health zones, particularly in communities. This should include stronger collaboration between Nova Scotia Health and local not-for-profit organizations, so that clinical expertise, community knowledge and existing support can work together more effectively to assist patients and families.

4. Improved measurement and public reporting

Palliative care funding is spread across several areas of health and continuing-care systems making it difficult to understand Nova Scotia's total investment or where gaps remain.

We recommend that the province establish a clear palliative care funding baseline and publicly reporting on access to specialized palliative care, hospice beds, home-care service levels, place of death, geographic differences and out-of-pocket costs (CIHI, 2025). Useful measures include access to specialized palliative care, the number and geographic distribution of residential hospice beds, home-care service levels, place of death, caregiver distress, geographic differences and out-of-pocket costs incurred by patients and families.

Better reporting would support responsible planning, help identify gaps and allow the province to measure the effect of future investments.

4. Create more designated and dedicated hospice beds and spaces across the province

Nova Scotia currently has 35 hospice beds. This represents approximately 3.17 beds per 100,000 residents. This remains well below the recommended benchmark of at least seven hospice beds per 100,000 residents (Canadian Cancer Society, 2023). Reaching that benchmark would require approximately 78 beds across the province.

These priorities require thoughtful planning and collaboration across government, Nova Scotia Health, healthcare providers and community partners. We welcome the opportunity to discuss

these recommendations further and the on-the-ground experience of hospice palliative care organizations across the province.

NSHPCA and its member organizations understand that these priorities require thoughtful planning and collaboration across government, Nova Scotia Health, healthcare providers and community partners. We would welcome an opportunity to meet with you and your colleagues to discuss these recommendations and the experiences of hospice palliative care organizations across the province.

Thank you for considering these priorities as part of the 2027–28 provincial budget process. Investments in home care, specialized community-based teams and equitable coverage of essential care costs would help more Nova Scotians receive compassionate, appropriate care when and where they need it.

Sincerely,



Tim Guest
Executive Director
Nova Scotia Hospice Palliative Care Association

Ken Buchholz

Ken Buchholz
President, Atalanta/Fundy Hospice Society

Stacey Harrison

Stacey Harrison
Executive Director, Colchester East Hants Hospice Society

Jocelyn Hamilton

Jocelyn Hamilton
Executive Director, Hospice Halifax

shawna coleman

Shawna Coleman
Chair, Pictou County Palliative Care Society

Willard D'Eon

Willard D'Eon
President, Tri County Hospice Society

Gerry Morey

Gerry Morey
Chair, Valley Hospice Foundation

cc: Minister of Health and Wellness
Nova Scotia Health

Signature: 
Email: kenafpa@gmail.com

Signature: 
Email: sharrison@cehhospice.org

Signature: 
Jocelyn Hamilton (Oct 8, 2026 11:25:01 ADT)
Email: j.hamilton@hospicehalifax.ca

Signature: 
Shawna Coleman (Oct 6, 2026 12:55:47 ADT)
Email: shawnacoleman60@gmail.com

Signature: 
Willard D'Eon (Oct 6, 2026 15:44:08 ADT)
Email: tricountyhospicesociety@gmail.com

Signature: 
Gerry Morey (Oct 8, 2026 21:54:07 ADT)
Email: gmamorey@eastlink.ca