



Consultation: CAN/HSO 13001:2026 Palliative Care Services – Public Review

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Executive Summary: CAN/HSO 13001:2026 Palliative Care Services is a proposed National Standard of Canada that outlines a patient-centered framework for high-quality palliative care, including interdisciplinary collaboration, assessment, care planning, and service delivery. While it captures key domains to support patients with life-limiting illness and their caregivers, improvements are needed to enhance clarity, specificity, and alignment with current practice—particularly in pharmaceutical care, continuity of care, and measurability.

CSHP provided the following feedback:

- While the foundational elements are present, several standards (e.g., 1.2.2, 1.2.4, 2.2.3–2.3.1, and Section 8) are not specific to palliative care and would be better positioned as transversal standards applicable across care sectors (e.g., risk management and quality improvement).
- A major gap is the limited integration of pharmaceutical care; current guidance underrepresents pharmacists' clinical role in pain and symptom management, pharmacotherapy optimization, and monitoring. Pharmaceutical care should be embedded across standards with clear expectations for pharmacist involvement in interdisciplinary teams.
- Comprehensive assessment (section 3.1.2) should include pharmacotherapeutic needs beyond regimen selection, such as untreated indications, medication administration challenges, dosage form adaptations, and patient-specific factors (e.g., weight, height, lifestyle). Medication services should also be explicitly incorporated into care planning (e.g., section 6.1.6), and pharmaceutical care plans should align with integrated individual care plans, including documentation of goals, interventions, and follow-up.
- The standard should better address transitions and continuity of care across all settings, including community care, with formal communication processes, shared documentation, and integration of prior care plans. Medication-use processes in community settings also require further guidance.
- Additional recommendations include reinstating early identification of patients who may benefit from a palliative approach, incorporating language preferences, expanding transition guidance, and clarifying terminology.
- Overall, while the draft provides a strong foundation, targeted refinements are needed to support consistent, safe, and person-centered palliative care across Canada.