



History of the Temmy Latner Centre for Palliative Care

The Temmy Latner Centre was not founded; it evolved.

It grew organically out of the vision of two physicians who imagined a better way of dealing with the terminally ill. A way that would give patients the chance to die with as much dignity as their condition would allow. A way that would allow them to die at home, surrounded by their family, loved ones and friends.

One of those physicians was Dr. S. Lawrence Librach. “It was the mid-eighties,” he says. “Palliative care was in its infancy. I was working as a Family Physician at Toronto Western Hospital as well as the Director of their Palliative Care Consult Service. In 1986, I went on sabbatical, and worked with Dr. Derek Doyle in Edinburgh, Scotland – one of the early pioneers in palliative care.” Larry’s experience during his sabbatical convinced him he wanted to make the move: he wanted to work in the emerging discipline of palliative care.

In 1986, a small group of clinicians at Mount Sinai Hospital drafted a proposal for an interprofessional palliative care consult team. The Hospital’s CEO was supportive and the group got the go-ahead. The Chief of Family Medicine approached Larry about taking on the responsibility for the program and Larry agreed, moving to Mount Sinai Hospital in 1989.

Larry was the Team Leader, with a small team of a clinical nurse specialist, social worker, and two chaplains. What was to become the



Dr. S. Lawrence (Larry) Librach
Co-founder and Past Director

Temmy Latner Centre, first opened its doors in 1989. Larry operated as the program’s physician – part-time to begin with, working one or two days a week. They started small. “In the first year we saw 26 patients all year. Nobody wanted to refer patients – there was definitely a resistance to the service because other physicians didn’t think it was worthwhile.”

At that point, the service was mostly focused on providing care in the hospital. Larry saw a few patients in their homes. Then, in 1991, he made a house call which would change everything. “I did a home visit to Etobicoke. I went in and spoke with the patient, and did what I did,” he says.

It could have been a house call like any other. It wasn’t. This time Dr. Frank Ferris, who at the time was working in a cancer pain program, accompanied him. Frank had a

“When everybody else said it couldn’t be done, we just went ahead and did it.”

growing interest in palliative care. “It was Frank’s epiphany. He said. ‘I want to do this.’”

Frank was immediately taken by the idea of home palliative care and joined the program to build home palliative care in the Greater Toronto Area.

Right away things changed. The chemistry worked. The partnership which Larry and Frank forged was one of those rare working partnerships where the whole is greater than the sum of the parts.

“It was a shot in the arm to the program to get Frank on board. We made a great team.”

They were inspired by the same vision – pushing what they had learned about palliative care in the hospital out into the community. The push into home-delivered palliative care became their mission, their special purpose. It required knocking down some barriers. Nobody had ever used pain pumps in people’s homes, for example. “When everybody else said it couldn’t be done, we just went ahead and did it. We became known as ‘The Why Not guys.’”

They had to be. With palliative care still in its relative infancy, there was virtually no way for palliative patients to receive care in their home.

They were attempting to fill that vacuum across a wide geographical area with just two physicians, and Larry still covering inpatient consults that had now grown to almost 300 new referrals per year. “The workload was immense,” says Larry. “In those days Frank handled around 60 patients a week, while I had 20-30. We worked at that pace for two or three years.”

It was a situation which could not continue. “We needed to bring more physicians into the group. At this time, physicians were just beginning to get into the area of palliative care. We were desperate for help and I always joke that we’d have taken anyone with a pulse. But in fact, we took on some of our key people during that period, including Drs. Russell Goldman and Anita Singh. They both joined as residents in palliative care in 1995.”

Growth

The 20 or so years since Larry and Frank first worked together have been years of remarkable growth and change. Back in the early days the small team Larry had assembled took on the entire city of Toronto: Anita handled Etobicoke, Larry and Russell looked after Central Toronto and North York, while Frank served East Toronto. The growing team quickly built the patient list to 200. Despite the new hires, the workload kept outpacing the Centre’s growth.

It quickly outgrew its first home – a single room at the hospital. Five physicians and an administrative assistant worked out of that cramped workspace. After a series of moves to places that the group always outgrew, the

Centre finally found itself a permanent home at its current location on Murray Street in 2005.

“The building had been acquired by the hospital and was completely gutted. We raised \$1.5 million in funds to set the Centre up here. The hospital provided the space but we raised the majority of the funds from a few major donors,” Larry says.

Now, in 2015, the Centre has 21 physicians on staff – 17 of whom work in our Home-Care program, and 6 in our In-Hospital Care Program at Mount Sinai Hospital.

Donors

For all the energy and vision of Larry and Frank, none of it could have been achieved (or achieved so quickly) without the generosity of the Centre's donors. "All the way along we've needed money. Our donors have proved priceless – providing somewhere between 20 to 30% of our funding," Dr. Librach says.

The fundraising effort was led by Frank when he was still at the Centre. "The home care service was especially crucial in this respect. It's how we met most of our major donors."

In 1997, the Latner Family Foundation made a generous donation, after Albert Latner experienced the care his wife, Temmy, received through our Home-Care Program. It was at this time the Centre got its name – Temmy Latner Centre for Palliative Care. This funding provided some permanence

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and stability and helped Larry and Frank to build some infrastructure to support the physicians and the program.

"For the first time we were able to afford administration and support for the program. The hospital paid for some administrative positions, our utilities, such as the phones, and the space, but nothing other than that."

The Centre's generous donors have allowed it to forge new pioneering initiatives. Donations from the Wolfe family, for example, led to the establishment of the Max and Beatrice Wolfe Children's Centre for Grief and Palliative Care in 2004. The Dr. Jay Foundation established the Dr. Jay Children's Grief Program. Third-party events like the Unicorn Dream Dinner have also helped to fund this unique Children's Centre.

Government funding

While funding from major donors has been crucial throughout the Centre's existence, it was clear to Larry from very early on that the services the Centre offers should become part of the mainstream, and as such should be funded, in the main, by the Ministry of Health.

"We started negotiating with the government very early - as early as 1993, but we didn't get anywhere for quite a while," he says. "There was simply no government policy on palliative care. More fundamentally, there was no recognition of the need for it at the government level."

The need was demonstrated by a piece of sheer serendipity. It happened that the father of one of the Ministry of Health's negotiators was dying. The Centre was called in to provide palliative care.

"We did our usual job," Dr. Librach says. "But sometimes, until it is demonstrated, it is difficult to appreciate the difference we can make. After that experience, she got it."

Doors which had previously been closed were now open. In 1999, for the first time, government funds were made available to support the physicians involved in a unique and ground-breaking regional home palliative care program, the Hospice Palliative Care Network (HPCNet), a partnership with the Toronto Community Care Access Centre and community volunteer hospices. HPCNet was the first regional palliative care program in Ontario.

Since then growth and development have been steady. In 2005, the Centre was awarded its first contract with the government providing full funding for all physicians and some administrative support. This Alternative

Payment Plan from the government was the first of its kind in Ontario.

It hasn't been all clear sailing, however. There have been setbacks along the way. The funding for the nurses in the HPCNet project was eventually cut, thereby destroying an effective way of increasing access to palliative care services. The psychosocial team also had to be let go because of the lack of financial resources.

"Unfortunately, we could never persuade the government of the need for the psychosocial

dimension," Larry said. "We still feel the loss today. Some of the slack is taken up by the doctors of course, but they are not counsellors."

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Education and research

Education and research are key components of the Centre's work. Both are close to Larry's heart: "We've been clear from the beginning that this is an academic program," he said. "We've run education programs all the way along, offering free workshops and seminars to allow our fellow professionals to learn more about a developing field."

The Temmy Latner Centre is the only academic palliative care group to receive direct funding from the Academic Health

Sciences Centre funding provided by the Ministry of Health to the major teaching hospitals. This has allowed the Centre to develop its academic programs further.

All the doctors at the Centre play a teaching role within Mount Sinai Hospital and at the University of Toronto, where palliative care is now part of the curriculum for all medical students and for postgraduate medical trainees in many specialties.

Advocacy

Larry looks back proudly at his legacy. The work has borne fruit: "Mount Sinai Hospital has had a huge influence on palliative care in Toronto, particularly on the way we organize palliative care," he says.

One example is the Canadian Model of Hospice Palliative Care, which provides a standard for the provision of palliative care across the country.

That came out of the early work of Larry and Frank at the hospital. In the early days of palliative care, a significant number of patients (30-40%) were AIDS victims. "Palliative care doctors were probably the first to serve HIV sufferers in a core way,"

Larry says. "Until then the community was poorly served, but Frank was determined to change that. His partner had died from AIDS. We probably had between 10 and 15 patients a week dying from AIDS – it was a deadly disease at the time."

Their joint work with HIV led to their first foray into publishing together. "Frank set the guidelines for HIV palliative care under a grant from Health Canada. It eventually became the basis of the Canadian Model of Hospice Palliative Care." In 1991, Larry published a book, *The Pain Manual*, covering the basic principles and practice of pain management. The print run of that document eventually exceeded 200,000 copies. "I'd come across people, doctors, walking around with it tucked in their back pocket."

The Future

After 22 years, Larry retired as the Director of the Temmy Latner Centre in the summer of 2011. Russell Goldman stepped up to take on the role.

Russell is optimistic, but not complacent about the future for the Temmy Latner Centre. The discipline of palliative medicine is far more established than it was even five years ago, and there is much less resistance and scepticism from the medical establishment. That said, it continues to be a struggle to find funding for the Centre and its future growth.

“Things have changed in the last few years. It used to be a struggle to get physicians to refer their patients to us, for instance. The oncologists at Sunnybrook Health Sciences Centre were reluctant to send any patients our way. That’s all changed.”

He takes comfort from the stability and commitment of the doctors who staff the Centre. “We’ve had a steady group of people here,” he said. “We’ve been lucky enough to attract good physicians – most of them from Family Medicine – who got enmeshed in palliative medicine. They got bitten by the bug, and once bitten they’re hooked. It’s a very stable environment – even our administrative people don’t leave.”

Today the Centre’s reputation is attracting more physicians than it has positions to fill. “It’s a nice position to be in,” Dr. Goldman said, “when doctors are calling us to ask how they can work for us.”

And he knows there’s still a lot of work to do. “We’ve got to do a better job of advocacy,” he said. “Better research would help us demonstrate that not only is our approach better for patients, it’s more cost effective for the health care system.”



Dr. Russell Goldman
Director, Temmy Latner Centre for Palliative Care

So what does the future hold for the Temmy Latner Centre?

“We’ll continue to grow a little. Not at the same pace as before of course, but we’d like to extend our reach a little further.”

“We’ll continue to grow our academic side. We have to get more sophisticated in our teaching and research endeavours.”

“We’ve completed a comprehensive, strategic planning exercise,” he said. “Which will chart our course for the next several years. It’s been a helpful process because it’s made us focus on what we do: what our core values are and how we should be applying them. We have a much clearer idea of those things now. That’s going to drive our direction for the next few years.”

Key accomplishments...so far

Over the years, we have been responsible for many accomplishments and innovations over the years, including:

- being the first organized home palliative care program in Ontario, and now the largest program
- playing a major role in the establishment of palliative care associations and networks serving the Toronto region, including Toronto Central Palliative Care Network
- developing many education programs that have achieved local, provincial and national prominence, including *End-of-Life Care Distance Education*, an award-winning program for family physicians that was funded by the Ministry of Health
- founding the Art of Pain and Symptom Management Conference in Toronto
- creating the national HIV Palliative Care Manual, funded by Health Canada
- offering a Palliative Care Residency Program in Toronto before the Conjoint Program at the University of Toronto was developed
- being the initial stimulation for the development of national norms of care
- assisting Accreditation Canada in the development of accreditation standards for palliative care in health-care institutions
- increasing publications in textbooks and journals about palliative care
- providing leadership in a variety of palliative associations and organizations locally, provincially, nationally and internationally
- developing palliative care programs with global reach in Brazil, Thailand, Malawi, and Trinidad and Tobago
- establishing the Max and Beatrice Wolfe Children's Centre as the first organized approach to pediatric palliative care in the community and the first palliative care program developed to address children's grief and bereavement, which evolved into its own organization in 2015
- providing leadership for the *Educating Future Physicians in Palliative and End-of-Life Care* project, funded by Health Canada

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