



## **Statement of Endorsement: Emotional Distress as the 6<sup>th</sup> Vital Sign June 2004**

### **Position**

The Council of the Canadian Strategy for Cancer Control (CSCC) has reviewed the position paper entitled "*Screening key indicators in cancer patients: Pain as a fifth vital sign and Emotional Distress as a sixth vital sign*" tabled by the Rebalance Focus Action Group (RF-AG) at their meeting on May 5-6<sup>th</sup>, 2004.

At this meeting, the Council fully endorsed the concept of screening for emotional distress as the sixth vital sign and encouraged the RF-AG to move forward on the development work that is required in order to bring this concept to fruition. This concept is well aligned with the *Vision for a Rebalance Cancer Care System*, also endorsed by Council at their December 03 meeting, that envisions a quality system of cancer care delivery has the capacity to be responsive to the individual. A care system in which interventions are tailored to the full range of individual needs of those diagnosed with cancer and their family members, be they: physical, emotional, social, informational, psychological, financial, spiritual and practical. Care delivery is continuous, comprehensive and coordinated.

### **Canadian Strategy for Cancer Control: Action**

The Canadian Strategy for Cancer Control established the Rebalance Focus Action Group (RF-AG) to "Provide leadership directed toward changing the focus of cancer care so that patients' needs are better served." This includes alleviating the emotional pain that is experienced by all cancer patients and their families.

Member organizations of the Canadian Strategy for Cancer Control (CSCC) will work within their organizational and jurisdictional mandates to facilitate the implementation of this concept. In addition, they will continue to advocate for adequate resources to implement the CSCC, which will in turn provide funding for the integration of psychosocial care, supportive care, rehabilitative care and palliative care expertise into the existing cancer care system and the creation of structures and processes that facilitate person-centered care.

While the Council recognizes the considerable fiscal and human resource implications of developing and implementing screening programs for emotional distress, its member organizations also realize there is a significant cost in doing nothing. The number of Canadians being diagnosed with cancer is expected to increase by 70% by 2015. For this reason, it is imperative that those involved in cancer control take the lead to ensure that cancer treatment and care reflects the current evidence of the day.

The significant potential for saving resources will encourage providers and decision-makers to work together to meet the human and fiscal challenges of implementing this concept.

This position statement has been posted on the CSCC website ([www.cancercontrol.org](http://www.cancercontrol.org)) to raise awareness and to contribute to the public's discussion about the importance of screening for emotional distress and then responding with the appropriate care.

### **Background on Canadian Strategy for Cancer Control**

Since 1999, Health Canada has been working in partnership with the CCS/NCIC and CAPCA in leading the development a Canadian Strategy for Cancer Control (CSCC). Over 700 Canadians from various sectors including national health organizations, health professionals, academics, volunteers, cancer patients, cancer survivors, and all levels of government contributed to the development of 94 recommendations spanning the cancer control continuum. Extensive consultations resulted in five areas for priority action: Standards and Guidelines, Primary Prevention, Rebalance Focus, Human Resources and Strategic Research. Implementation of the strategy will help reduce the incidence, morbidity and mortality of cancer, and enhance the quality of life of those living with cancer.

A governing Council was established in 2002 to guide the implementation phase of the CSCC. The Council will advance the Canadian Strategy for Cancer Control by encouraging, facilitating and supporting collaborative initiatives within the community of cancer control organizations and agencies. Guided by the Council, (meetings held twice a year), Action Groups have been set up in the priority areas identified and are currently developing action plans to promote implementation of the CSCC.

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