

EVIDENCE BRIEF

Does End-of-Life Care Differ for Anglophones and Francophones?

PURPOSE AND BACKGROUND

Communication is vital in planning and delivering end-of-life care. Minority linguistic groups often face language barriers that can affect the access and use of end-of-life services. This study investigated the impact of language on accessing home care and Long-term care services for older (55+) Francophones and Anglophones in Ontario.

KEY FINDINGS

- Francophones have lower usage of **home care services** than Anglophones (71.3% vs. 76.3%).
- Francophones are more frequent users of **Long-term care (LTC) facilities** (i.e., nursing homes) compared to Anglophones (47.6% vs 37.1%).
- Francophones have 18% greater odds of **dying in a hospital** setting compared to Anglophones. Admission to a LTC facility before death decreased the risk of in-hospital deaths by 90%.

INTERPRETATIONS

These findings suggest that Francophones face barriers in accessing home care, resulting in Francophones resorting to LTC and hospitals for end-of-life services. Possible barriers to accessing home care could include a lack of French language home care services, particularly in rural setting where many francophones reside.

POLICY CONSIDERATIONS

1. There is a need to determine the barriers to delivery of home care to Francophones to reduce reliance on LTC and hospital services, for end of life care.
2. Designated French Language LTC homes in Ontario, specifically in areas densely populated by Francophones (i.e., northeastern and eastern Ontario), are needed to promote primary-language care and improve subsequent health outcomes.
3. There is a need to identify why Francophones die more often in hospital and the role of language and communication in hospital deaths, to reduce the rate of this unwanted outcome.

For more information, see Guérin E, Batista R, Hsu AT, Gratton V, Chalifoux M, Prud'Homme D, et al. [Does End-of-Life Care Differ for Anglophones and Francophones? A Retrospective Cohort Study of Decedents in Ontario, Canada](#). *J Palliat Med*. 2019;22(3):274–81.

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