POST-ELECTION DISSECTION

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The Gazette

TUESDAY, OCTOBER 13, 2026 SINCE 1778 POSTMEDIA

Can the CAQ come back from wipeout?

Professor says voters pointedly sent party 'to at least a short-term grave'

KALINA LAFRAMBOISE

The Coalition Avenir Québec collapsed in the provincial election following back-to-back majority mandates. After failing to secure a single seat, can the party mount a comeback?

Dónal Gill, who teaches political science at Dawson College, said the outcome was a "very conscious decision by the Quebec electorate to repudiate this outgoing government and to banish the CAQ to at least a short-term grave, if not a longer-term one."

Christine Fréchette resigned as leader in the wake of the wipeout, but Gill noted outgoing ministers like Simon Jolin-Barrette, Bernard Drainville and Christopher Skeete — who helped shape the party's image — were also "badly defeated" in their ridings.

"They were really turfed out with a high level of, I would say, deliberate ignominy from the Quebec electorate," Gill said.

Daniel Béland, director of the McGill Institute for the Study of Canada, said it was hard for the CAQ to shift the narrative. "The focus of the campaign was not on the third referendum and was not on (Donald) Trump or the trade war," he said. "It was on the legacy of the CAQ after eight years of power — and that is a battle Christine Fréchette could not win."

Fréchette, he added, benefited from a "Trump bump" at the beginning, but her campaign "started to fizzle with the three debates, where she was clearly embattled."

Béland said the party was centred on ex-leader and founder François Legault, but when he became unpopular, the popularity of the party also plummeted. Fréchette, his successor, tried to "save the furniture and it was a very difficult task."

"It was a really uphill battle," he said. "The odds that she would be able to turn things around for the CAQ were low."

SEE **CAQ** ON ***A3***



TIM SNOW

FOLLOW THE FOOT TRAFFIC

Orange cones are everywhere in the city, including at the Montreal marathon on the weekend. Around 21,500 runners took part in Sunday's half and full marathons, with 35,000 participants and an estimated 140,000 spectators in total turning out across three days' worth of events.

Living the end of life to the fullest



ALLISON HANES

The Teresa Dellar Palliative Care Residence is a hospice nestled in a quiet residential neighbourhood in Montreal's West Island that offers round-the-clock end-of-life care for patients with a prognosis of three months or less.

But it's not a place people go to die.

"It's a place to live," said Phil Lalonde, 66, who has amyotrophic lateral sclerosis (ALS).

Since he arrived at Teresa Dellar last spring, Lalonde has been making lasting memories with his family now that his daughter has been freed up from the hard work of caring for him at home.

With the art therapist, he made plaster hand castings and books of his photography as keepsakes.

With the music therapist, he assembled a list of his top 50 favourite tunes and even wrote a song with his daughter.

He has enjoyed singalongs with Juno Award-winning artists, dinner parties with friends, and an Easter egg hunt with his granddaughter.

"It's a place for my family and I to share what's left of our life and get to say what we need to say to each other," Lalonde said. "This facility allows you the space to do that in so many different ways."

Before his degenerative disease progressed, Lalonde shared his thoughts with Dale Weil, the executive director of the Teresa Dellar residence, who shared them with me in a video when I came for a tour of the 23-bed hospice, established in 2002.

Like many in declining health, Lalonde admits it was "scary" making the decision to enter palliative care.

SEE **HANES** ON ***A4***

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CANADA
New series probes how we stack up globally *NP1*



Executive director Dale Weil plays a baby grand, one of three pianos at the hospice. She says music is essential to creating a cosy environment. *PHOTOS: TIM SNOW*

'People don't come here to die,' they come to live, director says

HANES FROM A1

When people hear that term, many imagine a grim, sterile institution. Teresa Dellar is anything but.

It's a home away from home for the approximately 350 patients who pass through each year. Its goal is ensuring what's left of life is lived to the fullest and that leaving this world happens in serenity, comfort and dignity.

Those missions are fully integrated into the design of Teresa Dellar and the services it provides.

Each bed is covered with a handmade quilt.

The walls are hung with thoughtfully chosen works of art.

Three pianos, including a baby grand, are placed throughout the home and volunteers pop by to tickle the ivories.

Each one of the 23 rooms opens onto its own patio so patients can enjoy the lush gardens.

Pets are welcome in rooms. Comfort dogs visit several times a week for companionship, and even a horse visits from time to time.

There is an art room bursting with supplies and a playroom stuffed with toys for visiting children.

Around every corner is another nook for quiet contemplation.

"Of course we encourage people to make themselves at home," Weil said. "I've had some people who say, 'Well, what should I bring?' if we're talking ahead of time. And I say, 'Come as if you're going on vacation. Bring whatever you want.' "

Home-cooked meals from Teresa Dellar's chef complete the list of creature comforts — art, music, nature, animals and food — that Weil says are essential to creating a cosy environment.

"Our motto in the kitchen is never say no," she said. "Afternoons we go around with the tea trolley with proper teacups and homemade cookies for everybody. Fridays it's wine and cheese. These little things make a big difference."

All this is offered free of charge, thanks to a combination of public funding and private philanthropy.

Yet Weil is constantly working to dispel myths about palliative care among patients, families and the medical community. This stigma means many resist coming until it's too late.

"They want to stay home as long as possible," she said. "The problem is, they don't understand they'd be better off here. Their family can be better off with them here. There's often a sigh of relief when they arrive, because that person can then focus on being the husband or the wife or the child and not the caregiver."

Last year, the average stay was about 20 days. "But what that masks is that about 40 per cent are five days or less," said Weil. "The biggest issue is people not applying to come in time and then we have people that die the night, the days before they're supposed to come in."

The wait for admission is usually short once a referral is made and the application completed.



Around every corner at the Teresa Dellar centre is a nook for quiet contemplation. It's a home away from home for approximately 350 patients each year.

"We're pretty full," Weil said. "But our average wait time from the day you're ready to come in is two days. So we're very accessible."

With emergency rooms overflowing, hospital beds scarce and home care struggling to keep up with the needs of an aging and ailing population, Quebec's 39 palliative care homes are a humane and economical piece of the health-care puzzle.

Together, they offer a total of 360 beds to 6,000 patients nearing the end of life, which accounts for about a third of all palliative care offered in Quebec.

But, Weil said, the survival of some hospices may be at risk.

The 38 homes that are members of the Alliance des maisons de soins palliatifs du Québec are funded by both the government and donations. The ratio of public versus private money ranges from about 40/60 to 50/50.

But the alliance's contract with the government expired last year and negotiations to secure a new one have hit a stumbling block.

The residences want the government to fund all their clinical activities: the nurses, personal assistance staff and social workers who provide the care Weil refers to as "the basics." (Doctors bill under the Régie de l'assurance maladie du Québec.)

The homes currently receive $118,000 a year per adult bed and $216,000 a year per pediatric bed, but say they require $165,000 for an adult and $261,000 a year for a child's bed to make ends meet.

"That's really the minimum needed," Weil said. "If we could get that, we would be happy. We would figure that out and fundraise for the rest."

But the government's last offer in June was $127,000 a year for an adult bed and status quo for the pediatric side.

"Their current offer would cost the government about $51.7 million. What we've asked for is another $14 million or so. It's not a lot in the scheme of things," Weil said. "The issue is, if we are unable to get there, we will see Maisons that will not survive long-term."

Members of the alliance also operated on $35 million they raised from private donors last year while a "huge contingent" of volunteers gave 360,000 hours of service, worth $6 million.

"The other thing to remember is it's a very, very economic option for the government," Weil said.

The funding being requested works out to about $450 a day per adult bed. But if hospices close, dying patients often end up in hospital, which costs an overburdened health system far more.

"They get transferred into what's called an alternative level of care, so not a palliative care bed, but a holding place, where a) they don't get the proper care, and b) the cost to the ministry is well above $450," said Weil. "The reality is, it's costing the Quebec health-care system more money than it has to."

That's the dollars-and-cents argument.

There's also a compelling case to be made for quality of life.

Before coming to Teresa Dellar, Esther, 72, was in a lot of pain and in and out of hospital, where she contracted C. difficile.

"I was sleeping a lot. I wasn't eating. I didn't have friends over. I wasn't doing anything," she said during an interview in early September.

A homecare nurse from NOVA who visited for half an hour each day suggested a move to Teresa Dellar. Esther said she was skeptical and even had a panic attack the day she moved in. But since arriving over the summer, she said she had been feeling much better. Her husband would come to have breakfast with her, bringing her favourite granola. He joined her for dinner again after work and took her home or out on weekends.

"Today is hand and foot massage, so I'm doing that. I play Rummikub with my friends on Monday. They come here. We're in the dining room," Esther said.

"I wish I knew earlier how great this place was."

She died at Teresa Dellar on Oct. 6.

Mary-Ellen Bagg, a registered nurse who has worked at Teresa Dellar since it opened, said there's a lot that can be done to alleviate suffering and help some patients regain a certain amount of vitality.

"It's all about meeting the patient where they are and supporting the patient and family through the process," said Bagg. "With good symptom management, yes, they're dying, but they come to some level of well-being and are able then to be stable for some days and weeks, sometimes some months. And that gives them quality of life. That gives them time with their families. They may not be home, but they're in an environment that is the next best thing to home."

Surveys show most people think palliative care is just pain management, but Weil says it's about so much more.

"It's all physical symptoms, it's all psychosocial symptoms, it's everything that contributes to well-being. They don't realize the depth of it. They don't realize that there's grief support," she said. "They also don't realize 'the earlier, the better.'"

Patients may obtain medical assistance in dying at Teresa Dellar through the usual channels, but that's not the home's main purpose.

Weil believes all patients should receive a consultation in palliative care when diagnosed with a life-threatening or terminal illness.

"Palliative care isn't an alternative to treatment — it's parallel track. And in fact, early palliative care brings an improvement on quality of life. This is known. It can actually extend life, even though its purpose is not that, and it's because it contributes to well-being," Weil said. "Because people, if they embraced palliative care or they were receiving palliative care in another setting or understood its benefits, they would be less seeing it as a death sentence. It's not. And I always say people don't come here to die, they come here to live as best they can until the very end."

When the end does come, Teresa Dellar ensures patients' lives are honoured and their loved ones are supported through their grief.

"People come to us through the front door and they leave us through the front door in a very dignified fashion," said Weil.

"They're covered with the quilt. ... We bid them farewell in an honourable way."

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