

DATA DIVE WITH NIK NANOS

TRUDEAU MAY LEAD THE LIBERALS BACK INTO THE POLITICAL WILDERNESS

The Liberals desperately need NDP voters to abandon their leader and to strategically vote Liberal. The reverse is also true

OPINION

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Justin Trudeau led the federal Liberals out of the political wilderness. Now they run the risk of returning there.

Things were bleak for the Liberal Party of Canada in 2013. Despite having governed for a significant part of the 20th century, it was reeling from successive defeats at the hands of the Conservatives while at the same time trying to hold off an insurgent New Democratic Party led by Jack Layton and then Tom Mulcair.

When Mr. Trudeau stepped into the Liberal leadership ring, he was seen as the saviour of a party on the ropes. He soon remade the party into a movement in his own image, opening up membership, winning the leadership and then winning a majority mandate against the incumbent Conservative prime minister, Stephen Harper, who had governed since 2006. It's clear that 2015 was a "change" election.

The mood for change was strong, and Canadians opted for a progressive choice and a different style of politics, giving the Liberals the political licence to advance their agenda.

Fast-forward a decade and now support for the Liberals has dropped by half - from the mid-40s to the 20s. Mr. Trudeau has taken what was traditionally a big-tent party and fashioned it into a narrower movement.

Now the Liberals are likely to be on the receiving end of a change election.

The Liberals desperately need NDP voters to abandon their leader, Jagmeet Singh, and to strategically vote Liberal. The reverse is also true. Mr. Singh needs to get Liberals to abandon Mr. Trudeau and vote NDP. With this in mind, expect the personal interactions between the Liberals and the NDP to be sharp and the policy differences mushy as the battle shapes up to decide who will be the choice for progressive voters.

With a massive ballot advantage over their opponents, and the Liberal/NDP split, it is a dream scenario for the Pierre Poilievre-led Conservatives. He gets to ride a wave of change and benefit from progressive vote splitting.

The mood for change is significant. Feelings toward the government in Ottawa are dominated by

emotions such as pessimism (33 per cent) and anger (29 per cent) rather than satisfaction (13 per cent) and optimism (8 per cent).

Weekly tracking on issues of concern shows that Canadians are firmly focused on inflation and the rising cost of housing. Issues such as health care, the environment and reconciliation have taken a back seat to a focus on paying for the groceries this week and paying for housing this

month. When a considerable proportion of Canadians are struggling, one should not be surprised that they likely feel they have nothing to lose with a change in government. Young voters, once a bedrock of the Trudeau coalition in 2015, have deserted Liberals for both the Conservatives and the New Democrats. The ironic twist is that the Liberals seem to have the same blind

spot as the Harper Conservatives did at the end of their mandate. Neither can envision losing an election to their opponent. For Mr. Harper, losing to Mr. Trudeau, an untested young challenger, likely felt inconceivable. For Mr. Trudeau, losing to Mr. Poilievre clashes with his personal vision of what he believes Canada stands for and is likely inconceivable to him.

The reality is that both challengers were propelled by a desire for change. After all, 2015 was more a rejection of Mr. Harper than an embrace of Mr. Trudeau's "sunny ways."

The next federal election may also be more about rejecting Mr. Trudeau than an embrace of Mr. Poilievre.

Among the more striking data points is the fact that even though Mr. Poilievre has an advantage in ballot support and as preferred PM, his credibility scores are only marginally better than Mr. Trudeau's. (Mr. Poilievre's credibility rating is 3.9 out of 10, Mr. Trudeau's credibility rating is 3.7 out of 10.) This should be sobering news for both leaders.

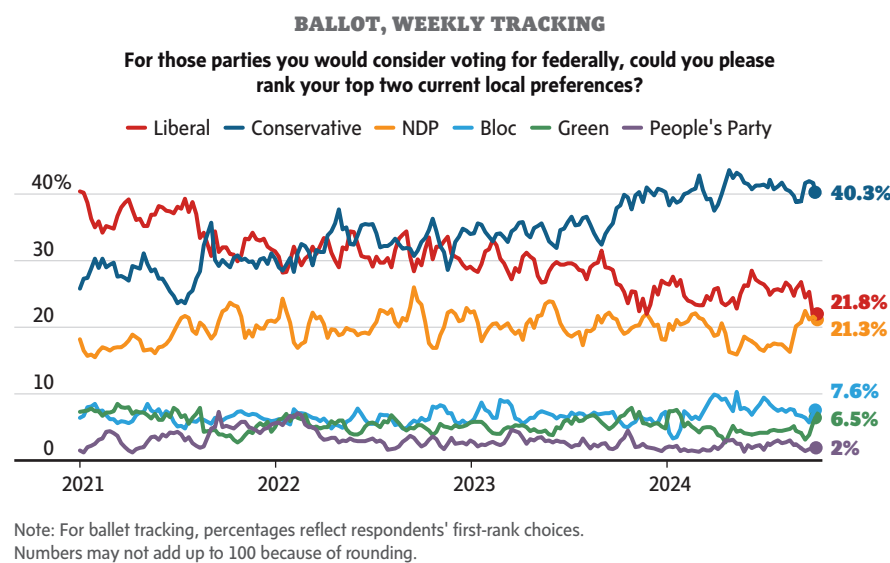
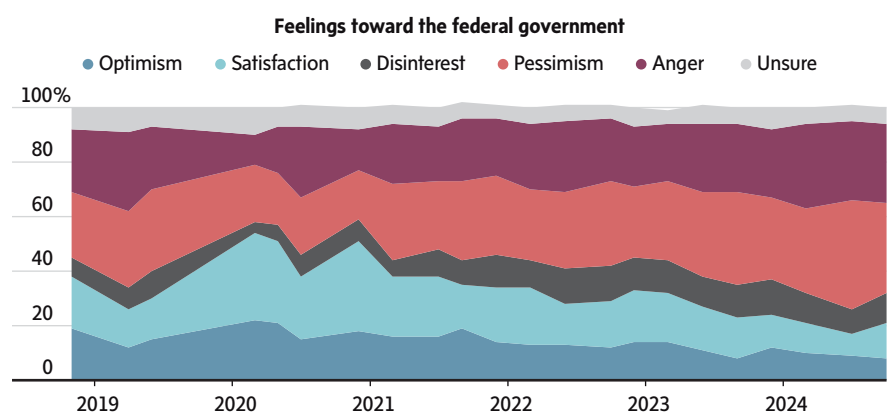
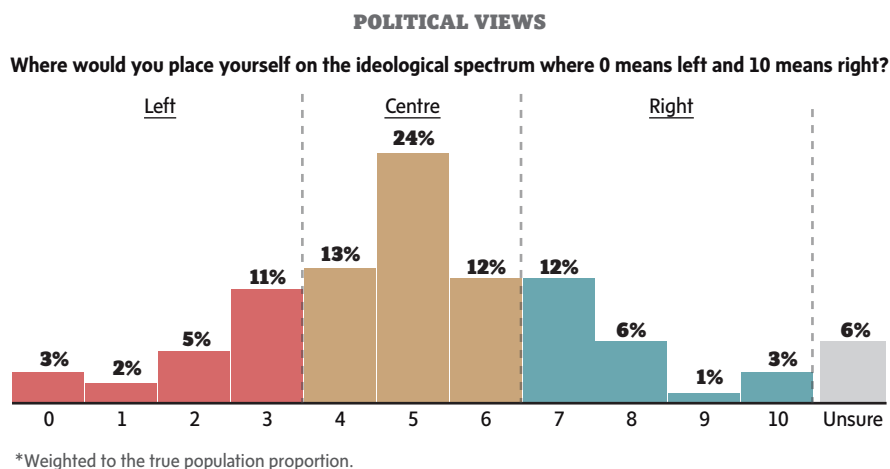
One lesson I've learned over 35 years of crunching political sentiment is that most winners think they are popular, and they believe Canadians agree with their platform. This could not be further from the truth in most elections. The reality is that voters are faced with imperfect choices. They gauge the risk of different options, and many times vote against, rather than for, a politician.

When we ask Canadians to place themselves on the ideological spectrum, many are pragmatic and centrist. In fact, when the Harper Conservatives and the Trudeau Liberals governed, Canada was not more right- or left-wing. The country just happened to have right- and left-wing governments in power. Our parties and social media are more polarized than average Canadians who are more focused on getting the kids to hockey practice and paying the bills.

Pierre Poilievre should not consider his current advantage an endorsement of his views or his leadership. He is riding a wave of change directed at Mr. Trudeau and the Liberals. Mr. Trudeau and the Liberals need to recognize the real forces amassed against them. These forces of change are more powerful than any support for Mr. Poilievre, who is just surfing a political wave.

The Liberals rode a wave of change to victory in 2015. Now they are slamming against those same forces.

The mood for change



MURAT YÜKSELİR / THE GLOBE AND MAIL, SOURCE: NANOS RESEARCH

Jimmy Carter's example shows the worth of hospice care

BLAIR BIGHAM

OPINION

Emergency and critical-care physician, and author of *Death Interrupted: How Modern Medicine is Complicating the Way We Die*

Nearly two years ago, hospice hype gripped the United States after the announcement that former president Jimmy Carter had elected to receive care at home. This month, he turned 100.

While many lauded the decision of the then-98-year-old to forgo further hospital trips for medical treatments and opt to focus his care on comfort measures, few would have predicted that this approach would result in such longevity and quality of life. Yet every day, many people in both the U.S. and Canada are deprived of opportunities to spend the end of their lives surrounded by those they love in their own homes or hospice facilities because they are never offered the chance.

As medical technology has become more sophisticated, a grey zone has developed that doctors, including myself, have difficulty navigating. Struck with hope and ego, we press on, adding machine after machine to support failing

organs, even when it's clear recovery is unlikely, if not impossible.

Whether taking over your lungs, heart or kidneys, machines allow health care teams to support nearly every organ in the body artificially. Intravenous feeds and fluids, blood transfusions and an expanding array of antibiotics add to the arsenal of what doctors can keep adding to avert death. Usually, something is lost when technology is introduced; comfort and consciousness are often sacrificed, diminishing quality in the battle for quantity. As these technological wonders have become commonplace, our collective wisdom to know when to apply them and, more importantly, when to withdraw them has not kept pace.

This has created a death dilemma - tethered to machines that can't make you well again, it's actually very hard to die in an intensive-care unit, and just as hard to live. A new liminal space results, where families and doctors fret over micro-improvements while the body wastes away, depriving people of meaningful moments as death nears.

Historically, this wasn't possible; if your lungs were too sick to exchange oxygen or your heart too sick to beat, you simply died, often in your own bed surrounded by those you cared about

Natural death, often supported by hospice methods such as pain medications and relief of symptoms such as nausea and breathlessness, can for many be a beautiful experience. Indeed, many patients and families have found that palliative care brings an improvement in mood and capabilities, allowing for special bonds to be forged.

most. As death historian Stephen Berry told me, a hundred years ago people fulfilled "the most important role of their lives: they showed other people how to die."

Death, more common and less preventable back then, was normalized. While people feared it, as they do today, they didn't deny that it would appear at some point. Now, society has developed a degree of death denialism: With life lasting longer, and death occurring behind hospital curtains, patients and their doctors seem to reject the truth that everyone eventually dies.

The medical culture around end-of-life is evolving, but not quickly enough. Where I trained, at Stanford University, managers would tell us that people don't come to Stanford to die. There was a culture that there was always something to do - an inspiring ethos that has borne discoveries we could never dream of, such as organ transplantation and advanced cancer therapies. But at some point, every one of us will die, and to deny that fact deprives people of the choice to pursue hospice care while they can still enjoy aspects of living. This can lead to prolonged suffering, isolation and an untimely death in the middle of the night, surrounded by health care workers so distracted with trying to keep you alive that they fail to be present as you die.

Jessica Zitter is a doctor who practices both critical care and palliative care. "I straddle both worlds," she told me. Dr. Zitter describes scenes in hospitals where "surgeons fire palliative doctors all the time. They get angry and act like they have some right to be territorial over a person." In some ways, accountability metrics meant to improve care can actually disincentivize doctors from offering hospice care. The metrics don't always value humanism.

The blame cannot be laid solely

ly at the feet of doctors. Patients and their families similarly fail to recognize death's approach. Sometimes, despite weeks of conversations where the tone of doctors escalates to be more and more blunt, families struggle to accept the end of life, compelling physicians to press on with procedures, surgeries or technologies that can't offer a cure.

In this new era where the ability to keep people alive clashes with a denial of death's inevitability, a natural death evades many. Natural death, often supported by hospice methods such as pain medications and relief of symptoms such as nausea and breathlessness, can for many be a beautiful experience. Indeed, many patients and families have found that palliative care brings an improvement in mood and capabilities, allowing for special bonds to be forged. Photo albums are dusted off, letters are penned and affairs are sorted.

These final days can be the most meaningful of someone's life. Medical culture must move away from its indiscriminate, throw-everything-plus-the-kitchen-sink approach to people who can't be saved. Until that happens, it's up to patients and their families to speak up and request hospice care when the end is near. Or, in Mr. Carter's case, not so near.