**Sample email to 2019 federal election candidates**

**Subject line: How will you make life better for people affected by pulmonary fibrosis in Canada?**

Dear Candidate’s Name,

I am voter in the riding of name of federal riding and a person (or family member of a person) living with pulmonary fibrosis. I am contacting you to inform you about pulmonary fibrosis (PF) and idiopathic pulmonary fibrosis (IPF), and the need for **equal access** to quality, evidence-based patient care, including early diagnosis, specialist care, access to treatments and oxygen services, end-of-life care and **investments in research.**

There are approximately 30,000 Canadians living with IPF,[[1]](#endnote-1) a little-known, progressive and potentially fatal lung disease that causes scarring in the lungs and shortness of breath, depriving the body of oxygen.[[2]](#endnote-2) The median survival rate, without a lung transplant, is three to five years after diagnosis.[[3]](#endnote-3)

Few people are aware of the severity of the disease, despite the fact that the prevalence and incidence of IPF in Canada are higher than reported in similar countries.[[4]](#endnote-4) IPF patients are also faced with very limited healthcare resources compared to other similarly debilitating and deadly conditions. And, access to this care varies greatly across the country.

Add a paragraph here if you wish about your own experiences living with PF or IPF and the effects it has on you and your family.

The [Canadian Pulmonary Fibrosis Foundation (CPFF)](http://cpff.ca/) represents the voice of Canadians living with pulmonary fibrosis. We have some questions:

How will you and your government **improve access to anti-fibrotic medications** for those without prescription drug coverage from their employers or a private insurer, who are not yet 65? Will you implement a new national pharmacare plan, which will address this gap in access to these essential drugs?

PF and IPF are complex diseases, which can be difficult to diagnose. Often people are initially misdiagnosed with chronic obstructive pulmonary disease (COPD) or asthma. An accurate diagnosis can take up to two years to obtain, delaying essential treatment. Will you and your party **support physician education** to improve the chances of an accurate diagnosis – much earlier. An earlier, accurate diagnosis means a better quality of life for a longer time, for people living with pulmonary fibrosis.

How will you and your government **address the current inequalities in access to life-saving oxygen?** For those who struggle to breathe, access to oxygen and its delivery is critical, including timely access to ambulatory and personalized home oxygen services.

Finally, will you and your government commit to **increased funding for IPF research** to a level that reflects the considerable and growing impact of the disease in Canada? Research is the key to the development of life-extending and life-enhancing treatments for the people living with pulmonary fibrosis. Ultimately, I hope research will lead to a cure.

I encourage you to review the [CPFF’s Patient Charter](https://cpff.ca/wp-content/uploads/2016/08/IPF-Patient-Charter.pdf) with a complete list of recommendations to improve life for Canadians living with pulmonary fibrosis and idiopathic pulmonary fibrosis.

Thank you for your time and consideration. I look forward to your response.

Warm regards,

YOUR NAME

1. What is Pulmonary Fibrosis. CPFF.ca. Accessed August 2016. Available at: <http://cpff.ca/understanding-pf/what-is-pulmonary-fibrosis/>. [↑](#endnote-ref-1)
2. What is Pulmonary Fibrosis. CPFF.ca. Accessed August 2016. Available at: <http://cpff.ca/understanding-pf/what-is-pulmonary-fibrosis/>. [↑](#endnote-ref-2)
3. Hopkins RB, et al. Epidemiology and survival of idiopathic pulmonary fibrosis from national data in Canada. Eur Respir J. 2016. 48(1):187-195. [↑](#endnote-ref-3)
4. Hopkins RB, et al. Epidemiology and survival of idiopathic pulmonary fibrosis from national data in Canada. Eur Respir J. 2016. 48(1):187-195. [↑](#endnote-ref-4)