# GUEST EDITORIAL

## Reforming Canada's medical care system

The Final Report of the Commission on the Future of Health Care in Canada, chaired by the Honorable Roy Romanow, represents the latest in a long line of provincial and federal efforts to examine the Canadian health-care system.

Committees in Saskatchewan, Alberta and Quebec, along with federal bodies, notably the Standing Senate Committee on Social Affairs, Science and Technology, chaired by Senator Michael Kirby, have weighed in with analysis and opinion on the problems and future directions of health-care delivery in Canada.

Though Canada's health-care system can no longer claim to be the best in the world, as confirmed by comparative analysis undertaken by the World Health Organization and Marigold Foundation, it is certainly among the most studied.

The problems, although disappointingly downplayed in the Romanow Report, are well known to all physicians. Waiting times for consultation, diagnosis and treatment are unacceptably long. Canadians' access to state of the art diagnostic equipment, such as MRI, PET scans, and even CT scans, ranks below the average for Organization for Economic Co-operation and Development (OECD) countries.

Hospital beds are increasingly occupied by the frail elderly, for whom no alternative care facilities are available. For those requiring surgery, except in the most egregious of emergencies, waits are long, cancellations common, and hospital stays post-surgery perilously short.

Sicker patients are being discharged into the community, requiring a significant level of care that is all too often provided only by family members. Surgeons find themselves competing with colleagues and other programs to access increasingly restricted hospital resources and operating room time. This further compounds delays in delivering needed patient care. Hospitals, having endured a series of downsizing exercises and prolonged budget constraints, run up large operating deficits, eliminate programs, and invest minimally – if at all – in capital equipment or infrastructure.

The pressure on front-line workers is enormous, and professional "burnout" is a growing problem. Canadian physicians and nurses, aware that their services are coveted worldwide, are leaving the country to pursue improved working conditions and more competitive remuneration elsewhere.

Severe cutbacks in federal health-care funding, coupled with the economic downturn of the early and mid-1990s, have left our health-care system in disrepair. Thus far, reinvestments have been grossly inadequate.

These problems are acknowledged to a great extent in all of the reports submitted to date, though much less so in the case of the Romanow Commission. All agree that the status quo is simply not an option. Most agree that increased funding is required, and there is even some measure of concurrence between Romanow and Kirby of the magnitude of the initial amount required - between $5 billion and $6 billion annually. Both Kirby and Romanow agree that systemic changes are needed, but the two diverge considerably on how these changes should occur.

Unfortunately, neither Kirby nor Romanow adequately address two key issues bearing influence on the future of our health-care system. The first is the very significant risks associated with our continued dependence on single-source public (i.e. government) funding of all "core" services within the acute care environment. And second, the intrusive and constraining influence of the federal government through the punitive provisions of the Canada Health Act, which limit innovation

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and co-ordination with private source operating dollars and, in the case of the Romanow Report, would prohibit even the private provision of publicly funded services.

Few, if any, would ever advocate dismantling our universally available publicly funded and administered health-care system. Indeed, all OECD countries have such systems, in varying formats, save for the United States.

In virtually all cases, the public system is available to all citizens (sometimes with modest user charges attached), and provides the bulk of medical services to the populace. There exists, however, choices that allow individuals to opt for services funded through alternative means, while continuing to support public medicare.

Through the integration of public and private funding and delivery, other OECD countries better manage the growth of public spending, often spend less in total as a percentage of gross domestic product (with an often lower per capita GDP), and achieve health outcomes not measurably different from our own.

From an affordability perspective, Canada must limit the growth of public expenditures on health as a percentage of total public expenditures. If we insist on single-source public funding, given the projected dramatic increase in resource requirements to care for a growing and aging population, the impact of new diagnostic and treatment technologies, and advancements in pharmaceuticals and genomics, our system will be simply unsustainable.

The Conference Board of Canada predicts that prosperous provinces such as Ontario will see health-care expenditures grow to consume nearly 50 per cent of total government expenditures in little more than a decade. The outlook for less prosperous provinces is much worse.

The CD Howe Institute notes that with a proportional decline in the working-age population, the increased health-care funding burden will fall upon fewer and fewer working-age Canadians. In our current environment of federal budgetary surpluses, this may seem manageable. But, it was just a few short years ago that the federal government, faced with significant budgetary deficits, slashed health-care transfers to the provinces thus worsening an already dire situation.

If we are to achieve sustainability and predictability in health-care funding and delivery, we must look to sources other than governments. Canada is alone among OECD countries in not effectively integrating public and private funding and delivery of acute health-care services. We must look beyond our continental borders to other models and insights that we can use to improve and augment the delivery and funding of health care in Canada.

Regrettably, Mr. Romanow has done little to move us forward in that regard. Senator Kirby, while countenancing some private delivery of services, stopped short of advocating alternative funding sources.

After several years of effort and, in the case of the Romanow Commission, $16 million spent, we are no closer to a durable solution to our health-care dilemma.

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