

Canadian Medicine at a Crossroads

Interview with President of Canadian Medical Association

Canada's four decades old government-sponsored healthcare system serves a population of 34 million, takes up 11.9% of GDP and costs \$191 billion a year, or roughly \$5,614 per capita. The majority of the country's 70,000 physicians have practiced under no other form of healthcare delivery.

While the Canada Health Act (CHA) is federal legislation, delivery of healthcare services is under provincial jurisdiction. Under the original Act, payment was on a 50-50 sharing arrangement between the two arms of government. Today, the federal share has dwindled to 21%.

The CHA has five basic tenets: *Universality*: that services cover everyone; *Comprehensiveness*: that all necessary physician and hospital services be covered; *Portability*: that services remain in force when a resident moves from province to province; *Accessibility*: everyone should have reasonable access to services; and *Public Administration*: that all services be carried out by a public authority on a nonprofit basis.

That some of these tenets, such as accessibility and public administration, might not be upheld in practice is a matter of concern to the Canadian Medical Association's president, Dr John Haggie. Dr Haggie, a British surgeon who moved from the bustling UK city of Manchester to the remote tip of Labrador, notes that accessing services there often means expensive and not always reliable trips by air ... and the range of services is limited, with primary care mostly provided by nurse practitioners.

There's some evidence that the public administration pillar may be showing some

cracks, too. In 2005, Dr Jacques Chaoulli, a Montreal general practitioner challenged the nation's supreme court on behalf of a patient who learned that it would take a year or more to replace a painful, arthritic hip and wanted access to private care. The Court ruled 4 to 3 that "access to a waiting list is not access to healthcare." Dr Haggie notes that while that decision still holds, the result has been some improvement in wait times for treatment of cataracts and cancer, and for imaging and joint replacement.

In a recent interview with *Health Policy Newsletter*, Dr Haggie said that Canada's physicians "stand at a crossroads." Traditionally, he said, they have tried to effect change in an insular, ad hoc fashion. But system change is now possible, he said, because governments are scared by the rapid growth in healthcare expenditures, particularly with the rise in the baby boomer population. Haggie acknowledges, though, that "we don't measure outcomes well; and there are still inordinate waiting times for some services. Moreover, he says, much of the infrastructure of Canadian healthcare facilities needs updating, and the growing emphasis on chronic care has left acute care "creaking." The country's medical profession, he says, is concerned that government is spending more and more dollars on healthcare at the expense of other programs.

Dr Haggie said that the Canadian Medical Association, in conjunction with the Canadian Nurses Association, developed a series of "Principles to guide healthcare transformation in Canada." They include patient-centered care; quality services that are appropriate for patient needs; health promotion and illness prevention; equitable access; adequate

resources; and timely and cost-effective delivery. They also call for timely, transparent reporting at the system level on both processes and outcomes that can be used and understood by stakeholders and the public.

These principles were endorsed by some 75 healthcare organizations. The CMA and the CNA feel that these principles should now be part of the next Health Accord that is to be revisited later this year.

Last year, the CMA conducted a series of countrywide Town Hall meetings called *Voices into Action*. Among the observations: The need for a new system that puts doctors and patients in charge of making healthcare decisions rather than bureaucrats and politicians; that families and communities are not just the recipients of healthcare services but also the co-producers of health and need to be at the table; that the CHA be retained and expanded to include such services as pharmaceutical care, home care and complementary medicine."

Dr Haggie is also concerned about accountability in Canada's healthcare system. This means making it more patient-centered, and making sure it provides good value for dollars spent. A crossroads indeed, and one that the new president will need all of his powers of persuasion and diplomacy to take his adopted country's healthcare system into the coming year. ■

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