

The federal government's abandonment of health

Stephen Harper has made no secret of his Conservative government's position on health care — health is a provincial matter. Although this position has no basis in fact or law, many believe it, especially when provincial and territorial leaders repeat and reinforce it.

The vacuum of federal leadership has resulted in a lack of overall vision and coherent public policy, resulting in countless failures on the part of national institutions and health systems coast to coast.

Provinces and territories are responsible for the day-to-day delivery of health services. However, under Canada's constitution, the federal government collects taxes for public services, including health care. The *Canada Health Act* outlines the role of the federal government in health. The Act establishes the conditions and criteria for oversight of "extended health care services that the provinces and territories must fulfill to receive the full federal cash contribution under the Canada Health Transfer."¹

On the basis of this framework, past federal leaders have established universal health systems and many key national institutions.

In recent years, federal leaders have failed to enforce existing laws and set priorities for the country's health. The 2003–04 health accords provided \$41 billion in federal health transfers without implementing mechanisms that could hold provinces accountable for achieving lasting health care transformation or improvement in overall health outcomes.^{2,3} As more and more Canadians go without necessary medication because of high costs, there is no movement toward establishing a national pharmacare program. Similarly, a decade after a federal commitment to have 50% of Canadians with electronic medical records by 2010, we are nowhere near meeting this goal.⁴

Although federal leaders elsewhere have galvanized their citizens to develop national evidence-based health care institutions, such as the United States' Agency for Healthcare Research and Quality or the United Kingdom's National Institute for Health and Clinical Excellence, Canada's parliamentarians issue occasional impassioned pleas on behalf of specific patient groups fortunate enough to make their concerns appear politically expedient. And as for First Nations health — unquestionably a federal responsibility — our government oversees a failing health system, achieving very little.

Lack of federal stewardship is impairing Canada's ability to protect public health. Recent threats such as listeriosis and pandemic influenza have highlighted vulnerabilities created in large part by failure to empower the Public Health Agency of Canada with adequate independence and resources. Meanwhile, some public health successes are having federal support withdrawn, such as evidence-based programs for reducing harm from drug addiction in prisons and inner-city neighbourhoods. Federal leaders have not taken a stance to implement robust national programs, policies and regulations to reduce consumption of salt and trans fats. They have yet to capitalize on past leadership successes, such as tobacco control.

To be fair, the status quo is not purely the fault of the federal government. The list of challenges is daunting. Provincial and territorial leaders have too readily adopted a "take the money and run" attitude rather than collaborate to solve the major issues facing Canada's health systems.

Although many challenges predate the Harper Conservative government, it stands alone among recent federal governments in denying its share of responsibility in health.

In contrast, the Bush and Obama administrations in the United States have passed laws to strengthen food and drug safety⁵ as well as extend health insurance coverage.⁶ Successive leaders in the United

Kingdom have not shied away from tackling complex health challenges, such as streamlining and reinforcing the health management and oversight role performed by the National Health Service.

From our elected federal representatives, we expect the political will and courage to engage with stakeholders as well as the public to articulate a renewed vision for health. Denial of responsibilities or abdication to others will simply aggravate existing health challenges soon to be compounded by an aging workforce and a population pyramid that will see ever more individuals over 65, increasing health care demands and costs.

The Harper Conservatives seem determined to focus on advancing a law-and-order agenda, spending money on prisons and fighter jets as well as tax cuts while ignoring health and health care. Regrettably, other political parties have offered few if any substantive policy alternatives.

The renegotiation of the 2003–04 health accords ending in 2014 provides an ideal leadership opportunity. Canadians and stakeholders expect our federal government to fulfil its responsibilities under current laws. Achieving this will mean ensuring sufficient resources for our national health institutions and systems; modernizing legislation to protect the public from unsafe food and drugs; ensuring evidence-based health care; defining, measuring and publicly reporting nationwide quality of care indicators; developing a national pharmacare and home care strategy; and providing incentives for stakeholders to adopt national programs and standards. Meeting the many challenges will also demand national leadership and sustained coordinated efforts to ensure the long-term viability of health systems and institutions for all Canadians.

A nationwide vision and action plan for health will require all stakeholders to speak loudly with a common purpose — to remind federal politicians that health is their responsibility.

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