marketplace.” If we think we’re having trouble confronting costs, wait until we turn over more chunks of health care to the marketplace,” says Taft, author of *Clear Answers: the Economics and Politics of For-Profit Medicine*.

In April, the Alberta government plans to introduce a new Health Care Assurance Act, which would replace the Health Care Protection Act. The current legislation, once known as Bill 11, forbids privately-owned hospitals and alludes to the supremacy of the Canada Health Act. The new bill is expected to omit both. — Lisa Gregoire, Edmonton

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BC to reform health care

British Columbia is planning to enshrine the Canada Health Act’s 5 basic principles in provincial legislation that will also consider more private health care delivery models, Premier Gordon Campbell outlined in a Throne Speech on Feb. 14.

The speech also called for the addition of a sixth basic principle — sustainability — that would speak to the growing cost of delivering health care, which now accounts for 44 cents of every dollar the province spends.

“The need for sustainability is prompted by the major challenge that the fastest growing demographic in BC is 85-plus,” said BC Health Minister George Abbott. “In every corner of the health care budget we are under pressure,” he added, citing the demands of aging baby-boomers.

“We want to find the best alignment of public and private.” — BC Health Minister George Abbott

In the Throne Speech, the Campbell government questioned Canadians’ reluctance to consider other mixed delivery models, such as those in use in Europe.

“Does it really matter to patients where or how they obtain their surgical

treatment if it is paid for with public funds?” the speech asked. “Why are we so quick to condemn any consideration of other systems as a slippery slope to an American-style system that none of us wants?”

While the province has indicated that any changes it makes to the provincial system will be consistent with the Canada Health Act, Campbell also argued that the Act needs updating. “Accessibility, universality, portability, public administration and comprehensiveness are all things that we’ve embraced as Canadians,” the premier told reporters after his speech. “But as we point out in the Throne Speech, they are really largely undefined across the country.”

The Throne Speech also proposed establishing a Foundation for Health Care Innovation and Renewal to examine health models around the world, many of which incorporate a blend of public and private health care.

“We haven’t made any decisions with respect to what the model will be, but in BC we have 70 or 80 private clinics today so there is already a mix. We want to find the best alignment of public and private,” Abbott says. He and Campbell visited Sweden, Norway, France and the United Kingdom in March.

Some health care lobby groups, as well as the Opposition parties, questioned Campbell’s devotion to medicare given his emphasis on costs.

“Adding the word ‘sustainable’ to the Canada Health Act can mean only one thing: the government will decide what’s sustainable to cover under the public system. Anything beyond that, the government will strip from coverage under medicare and force patients

to pay out of their own pockets,” Debra McPherson, president of the BC Nurses’ Union, said in a statement.

In her response to the Throne Speech, NDP Leader Carole James said the province should invest more in

public health care. Instead, “the government has now embarked on an aggressive agenda to move to two-tiered health care.”

Earlier this year, a Conference Board of Canada report rated BC as having the best medical system in the country, despite low patient satisfaction rates.

There continue to be difficulties in the province’s system, including overly long wait times for orthopedic surgeries and problems in continuing care facilities, Abbott says. “In BC we do have to work on the public’s understanding, but there are areas where we need improvement,” Abbott says. — Andréa Ventimiglia, Ottawa

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Quebec included in

CaRMS match

For the first time in its 35-year history, the 2006 residency match included Quebec’s 3 francophone medical schools.

The addition of Laval, Sherbrooke and Montréal, makes the Canadian Resident Matching Service (CaRMS) truly national, says Director Sandra Banner. Previously, the 450 or so medical school graduates from these 3 institutions applied separately for residency spots in Quebec and the rest of Canada. Inclusion in CaRMS streamlines them. (McGill has always been part of CaRMS.)

First-round results announced on Feb. 22 show that 63% of Quebec students matched with their first choice of residency positions. Banner says she expects this to increase to 80% after round 2. The integration “went beautifully, we’re thrilled,” says Banner, who worked with the Fédération médicale étudiante du Québec and Canadian Federation of Medical Students on the change.

Across Canada, more than 80% of the 2052 applicants matched to one of their top 3 program choices. Of the 2101 available residency spots, 208 were still vacant after the first round; 20% more than in 2005.

This year’s match also marked the first time that Quebec international