

Can the Senate save medicare?

Charlotte Gray

When a Senate committee embarked on an ambitious review of the Canadian health care system in March, observers were quick to suggest that fools rush in where angels fear to tread. Besides, why should anybody listen to recommendations from the Senate's Standing Committee on Social Affairs, Science and Technology? How could a credibility challenged, non-elected body expect to have any impact on one of the most sensitive issues in Canada?

Senator Michael Kirby, who chairs the committee, is used to such cynicism. "Of course we're going to be attacked, particularly because we'll be stepping on toes. But that's the advantage of being in the Senate: you can rise above partisan interests and come to grips with the issues." This was his experience as former chair of the Senate's banking committee, which had a significant influence on the Liberal government's policy.

Kirby hopes the committee will figure out the systematic changes that the health care system needs and how those changes might be implemented. But at the very least, the committee will provide a forum for a rational discussion of policy alternatives. "The subject creates such passion that calm discussion is hard to come by," says Kirby.

The 11-member committee includes Dr. Wilbert Keon, the cardiac surgeon, and Lucie Pépin, a former nurse. Its deputy chair is Conservative Senator Marjory LeBreton, a longtime Brian Mulroney loyalist. Together, they will look at 5 particular aspects of the health care system: the principles on which it is based, its history, current pressures on it, health care systems in other countries, and the role of the federal government.

Kirby acknowledges that in the initial stages there will be a fair amount of overlap between his committee and the National Forum on Health, which operated from 1994 to 1997. He admits that he "doesn't know a lot yet about what those guys did."

However, his committee won't address one of the forum's key issues — the amount of money required to keep today's system going. "That's the short-term issue," Kirby insists. Instead, it will deal with the long-term challenge of discussing the changes required to ensure that medicare still meets Canadians' expectations.

So far, conversations with federal and provincial authorities have convinced Kirby that nearly everybody recognizes that change is essential. "Only a handful of people truly believe that you can keep the current system going simply by more efficient spending."

He says that most Canadians also believe that there is a continuing leadership role for the federal government, even though this is an area where Ottawa does not have jurisdiction and is under fire for cutting its own contributions. "The exercise of leadership doesn't always depend on money. "There are other ways to be a leader."

Maybe, he muses, Canada needs a surgeon-general, based on the US model, who could give an annual statement on the health of the nation.

Kirby believes passionately in the 5 principles of the Canada Health Act and singles out universality and accessibility as crucial to the present and future system. "My expectation is that we can maintain these. Is this an achievable goal? Absolutely." He is well aware, however, that when these 2 words are used, a great deal depends on the defini-

tion of "medically necessary."

The senator is also concerned that many Canadians think there are only 2 types of health care — the Canadian and American models. He plans to study European systems, and the committee will have a budget of "around \$500 000" to allow senators to undertake research trips.

They are already getting some expert help from Dr. Raisa Deber, a professor of health administration at the University of Toronto, and Dr. Robert McMurtry, the former dean of medicine and dentistry at the University of Western Ontario. Sharon Sholzberg-Gray, president of the Canadian Healthcare Association, and Dr. Mary Ellen Jeans, director of the Canadian Nurses Association — the cochairs of HEAL, the Health Action coalition — are also providing support.

The Senate committee has the potential to be a useful sounding board, but it also runs the risk of being overtaken by events. The same week that the Senate Committee began its hearings, Ontario premier Mike Harris slammed Ottawa for "starving" medicare in the latest budget and Alberta premier Ralph Klein introduced legislation to extend the operation of private clinics. Meanwhile, Saskatchewan Premier Roy Romanow called for a royal commission to look at health care.

What changes will these and other premiers have made within their provincial health care systems by the time the Senate committee produces its recommendations in December 2002? And will anyone still care what the recommendations are?

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