

couver, British Columbia; Winnipeg, Manitoba; Toronto, Ontario; Montréal, Quebec; and Moncton, New Brunswick. “These initiatives will allow us to establish best practices in addressing the needs of these vulnerable people as we go forward.”

In Aboriginal health measures, Flaherty set aside \$330 million over 2 years to extend programs designed to provide safe drinking water in First Nations communities, as well as \$147 million over 2 years “to stabilize current First Nations and Inuit health programs.”

Flaherty topped up allocations to AECL by \$300 million, including unspecified amounts to “maintain the safe, reliable operations of the Chalk River Laboratories.” Finance officials stressed that a chunk of that will be used to help resolve technical problems associated with the development of MAPLE reactors, which are intended to replace the aging National Research Universal reactor, whose extended shutdown resulted in an isotope shortage in December 2007.

The majority of the remaining health measures were aimed primarily at improving federal regulatory capacity. Those included \$113 million over 2 years to support the recently minted Food and Consumer Safety Action Plan, as well as \$33 million over 2 years “to implement a new approach to the regulation of natural health products.” Flaherty also ticketed \$9 million over 2 years to enhance government capacity to regulate laboratories that handle viruses and bacteria, including more inspections and development of a new regulatory framework.

Other health measures included:

- \$25 million over 2 years on a public relations campaign to “help Canadians make environmentally healthy decisions.” An “Environmental Health Guide,” modelled after the food guide, will be launched.
- the introduction of new tax compliance and enforcement measures such as limits on the possession and importation of tobacco manufacturing equipment as part of a bid to curb contraband tobacco sales.
- expansion of the list of eligible expenses under the Medical Expense Tax Credit to include altered auditory feedback devices for treating speech

disorders, electrotherapy devices, standing devices used in treating mobility impairment, and pressure pulse therapy devices used in treating balance disorders. As well, tax deductions will be allowed for service animals used by people afflicted by autism or epilepsy, while training costs associated with helping individuals cope with disabilities or disorders such as autism will be exempt from sales tax. The projected cost of the tax measures is \$20 million per year.

- \$3 million to the Canadian Med-

icAlert Foundation to provide free MedicAlert bracelets to children.

- approved charities will be eligible for tax incentives on donations of medicines for use in the developed world. Drugs must be donated at least 6 months prior to the expiration date.
- the sales tax exemption for basic health care services will be extended to those performed through corporations, not just directly by health professionals. — Wayne Kondro, *CMAJ*

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FOR THE RECORD

Viewing patients as “sources of revenue”

Dubbing the Canada Health Act “a dysfunctional statute,” Quebec’s ballyhooed Task Force on the Funding of the Health Care System, headed by former Liberal health minister Claude Castonguay, urged a raft of reforms in its Feb. 19, 2008, report, including the introduction of user fees at medical clinics and allowing physicians to work both sides of the public/private street.

The Quebec government, however, moved quickly to distance itself from many of the task force’s recommendations, including one that proposed to hike the provincial sales tax by as much as 1% and another to create a 1% to 2% deductible based on income. The latter notion would also involve the creation of a “\$25 deductible” to see a doctor. Castonguay later elaborated to the Board of Trade of Metropolitan Montréal that the time has come for hospitals to be run like businesses whose revenues would be based on the number of patients treated, rather than block funding. “The patients, instead of being seen as an expenditure for the hospital, become a source of revenue.”

The task force report proposed that the sales tax and deductible proposals serve as the revenue base for a dedicated health stabilization fund that would pay for all health care costs above a specified threshold pegged to the rate of provincial economic growth. Essentially, the rate of health spending increases would be scaled back from a projected level of 6.5% in fiscal 2008/09 to a level of 3.9% (the projected rate of economic growth) within a period of 5 to 7 years. Monies from the new fund, and ultimately, the deductible, would provide the system with alternative sources of revenue to offset financial pressures stemming from the introduction of that provincial cap on spending increases.

Among other recommendations were ones urging that the private sector be allowed to manage hospitals, that private health insurance cover more procedures now offered by medicare and that Quebec residents pay as much as \$100 per year to “access” treatment at a medical clinic. — Sneh Duggal, Ottawa, Ont.

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Patients should be viewed as potential revenue streams, says former Quebec Liberal health minister Claude Castonguay.