

Political party responses to CMAJ's campaign survey on health issues in the run-up to the 40th General Election

Responses are presented verbatim, in the order in which they were received.

Question 1: What are the priority areas in which your party would make new health investments?

Liberals: The Liberal Party of Canada firmly believes in supporting Canada's system of publicly-funded health care. We will work hard to ensure that all Canadians have timely and reasonable access to medical care that they deserve. Keeping Canadians healthy and preventing disease is the first, best step toward this goal, and we believe government has a role to play in helping to promote public health and disease prevention. In addition, we recognize the struggles caused by human resource shortages in the Canadian medical field. We remain committed to addressing that challenge.

New Democrats: After 25 years of steady erosion, it's time for a Prime Minister who will make health care his top priority. A New Democrat Prime Minister would make training more doctors and nurses, cutting wait times, halting creeping privatization and investing in long-term and home care for an aging population his top priorities.

Greens: We believe that our present health care system needs to take into account more than just the treatment of illness and trauma. The Green Party sees that investment in health promotion and preventative measures will significantly alleviate the burdens on our public system. These measures include, but are not limited to, removing chemicals that are known to pose a risk to human health, promoting greater physical activity thereby reducing obesity rates, and imposing a national junk food tax. The Green Party of Canada proposes an initial minimum of 1 percent of the health budget be allocated for health promotion initiatives.

Bloc: Le Bloc Québécois est préoccupé par les enjeux liés à la santé et aux services sociaux, dont celui d'améliorer la qualité des soins afin que les Québécois et les Québécoises puissent bénéficier de services adéquats dans des délais raisonnables. Toutefois, la santé et les services sociaux sont des domaines de compétence qui relèvent exclusivement du Québec et des provinces et à ce titre, le Bloc Québécois juge que le Québec et les provinces sont les mieux à même de mettre sur pied des systèmes de soins de santé qui répondent adéquatement aux besoins de leur population respective selon les modalités qu'ils déterminent et ce, sans conditions de la part du gouvernement fédéral. Le Bloc Québécois juge que seule la correction complète du déséquilibre fiscal qui sévit au Canada et qui prive le Québec et les provinces des revenus nécessaires pour remplir leurs

responsabilités en santé et pour les services sociaux, permettra au Québec et aux provinces de développer davantage les services à leur population dans leurs champs de compétences exclusifs, avec les partenaires présents sur leur territoire et de s'assurer qu'en matière de santé et de services sociaux, leurs citoyennes et citoyens reçoivent les soins adéquats en temps opportun.

[Translation: The Bloc Québécois is concerned about health and social services issues, including improving quality of care so that Quebecers have access to adequate services within a reasonable timeframe. However health and social services are the exclusive jurisdiction of Quebec and the provinces and, as such, the Bloc Québécois believes that Quebec and the provinces are best equipped to implement healthcare systems that adequately meet the needs of their respective population, based on conditions determined by them and not on any conditions set by the federal government. The Bloc Québécois believes that the only solution lies in completely correcting the fiscal imbalance that exists in Canada and deprives Quebec and the provinces of the revenues needed to fulfill their health and social services obligations. This would enable Quebec and the provinces to work with current partners in their region to further develop services to their population in areas under their exclusive jurisdiction, and ensure that their citizens receive adequate healthcare and social services in a timely manner.]

Conservatives: We are fully committed to the ten-year plan laid out in the 2004 Health Accord, which guarantees in law a 6% annual increase in federal funding for provincial/territorial health care each year until 2013/14, when it will be \$30.3 billion. This year alone, the Canada Health Transfer will be \$22.6 billion. We are also fully committed to our Government's initiatives such as Patient Wait Times Guarantees, the Food and Product Safety Action Plan, the National Anti-Drug Strategy, the Chemical Management Plan, the Canadian Partnership Against Cancer, the HIV Vaccine Initiative with the Bill and Melinda Gates Foundation, and the creation of the Mental Health Commission.

Question 2: What specific measures should Canada take to resolve its current shortage of physicians?

Liberals: The Liberal Party of Canada remains committed to ensuring that the shortage of physicians in Canada is remedied. As part of the \$41-billion, Ten-Year Plan to Strengthen Health Care, the previous Liberal government and First Ministers agreed to accelerate their work on Health Human Resources action plans to ensure an adequate supply and appropriate mix of health care professionals. This work included working toward this goal by fostering closer collaboration among health, post-secondary education and labour market sectors. The Liberal government also focused on the number of international medical graduates in Canada who could be integrated into the health care system if residency positions could be found and remedial training supplied. The Liberal budget of 2005 allocated \$75 million to better achieve this end.

New Democrats: New Democrats have led the way in Parliament on the current shortage of physicians by pressing the federal government to work with provinces to create training spaces for more doctors and nurses—and tabling the Creating Fair Opportunities Plan to speed up recognition of credentials for tens of thousands of foreign-trained health professionals.

Greens: The Green Party believes that the current shortage of physicians requires training more doctors and ensuring their proper allocation across the country. We would work with the Canadian Medical Association (CMA) to establish qualification standards and on the job mentorship programs to fast track certification of foreign trained health care professionals. We would also provide student loan forgiveness incentives for doctors, nurses, paramedics and other health care professionals that agree to staff rural facilities and family practice clinics where recruitment is currently a problem. We would also immediately provide funds to begin training more doctors and nurses.

Bloc: See question 1.

Conservatives: While the supply of physicians is a provincial/territorial responsibility, there are some things that a Conservative Government has done, and will continue to do. By increasing federal funding for health care, we are helping provinces and territories increase their supply of doctors. By changing immigration policies and encouraging system innovation like electronic health records, we will further help to relieve the shortage. Finally, our Health Human Resource Strategy assists the provinces/territories to recruit and train health professionals by increasing interest in health careers, reducing barriers for internationally-educated professionals, and improving utilization and distribution of health care providers.

Question 3: Are current catastrophic drug cost programs adequate or should Canada move immediately to introduce a national pharmacare program?

Liberals: The Liberal Party of Canada remains committed to ensuring that Canadians have access to high quality, safe, and reasonably priced pharmaceutical drugs. No Canadian should suffer undue financial hardship for needed drug therapies. The previous Liberal government was committed to implementing the National Pharmaceutical Strategy (NPS). In fact, in 2005 all Health Ministers reaffirmed their commitment to the NPS, a major step toward more equitable access to safe and effective drug therapies for all Canadians. Unfortunately, the Conservative government did not honour the commitment of the previous Liberal government, and the NPS has since been abandoned.

New Democrats: Canada's New Democrats know that current catastrophic drug cost programs are not adequate and that's why we launched a plan to phase in universal prescription drug coverage to protect today's families from soaring costs—including measures to reduce drug costs at source, such as national bulk-buying and drug patent reform.

Greens: In order to keep health care spending from continuing to skyrocket we must find a way to control the cost of drugs. The best ways to do this is to set up a Universal PharmaCare program, a bulk drug purchasing agency, and make new drug patent protection times shorter.. The Green Party accepts the principle advocated by the Canadian Diabetes Association that no Canadian should spend more than 3% of their total after tax earnings on necessary prescribed medications and other treatments. The Green Party is committed to:

- Initiating a public inquiry into the rising costs and over-prescription of drugs.
- Immediately embarking on a commission to conduct a cost-benefit analysis on the feasibility of establishing, in cooperation with the provinces, a new crown corporation to bulk purchase and dispense generic drugs to pharmacies and the feasibility of establishing a national PharmaCare Program that ensures that effective pharmaceuticals are available to all Canadians who need them.

Bloc: See question 1.

Conservatives: Our escalating Canada Health Transfers include amounts for pharmaceutical drugs delivered in-hospital. We are also committed to implementing the ten-year Health Accord with the provinces and territories, which includes a National Pharmaceutical Strategy. Some elements of that strategy include common review of drugs, and achieving financial savings through common purchasing. A Conservative Government will continue to work with our provincial/territorial partners to make pharmaceuticals more affordable.

Question 4: Should Canada adopt a national immunization program to prevent provincial and regional discrepancies in immunizing children?

Liberals: Although provinces and territories are responsible for planning, funding, and delivering immunization programs to their respective populations and to contribute to the shared activities that support a national immunization strategy, a Liberal government would be open to discussions with all key stakeholders about such a plan. Indeed, the Liberal-led 2003 Ministers' Accord on Health Care Renewal included direction to Health Ministers to continue their pursuit of a national immunization strategy. That year, we provided \$45 million over five years to assist in the continued pursuit of a national immunization strategy.

New Democrats: New Democrats have led the way on disease prevention, including passing a law controlling toxic phthalates; tabling legislation to create a breast implant registry; launching the Children's Health and Nutrition Initiative; calling for funding to replace unsafe water systems; and promoting a comprehensive anti-poverty strategy. Provincial immunization programs are an essential part of children's health and Canada's New Democrats would be open to working with the provinces and territories to improve access and participation that could develop into a national immunization strategy.

Greens: The Green Party has not taken a position on this issue at this time. However, we are as a party open to policies that take into consideration the rights and well-being of children.

Bloc: See question 1.

Conservatives: Immunization is a provincial and territorial responsibility, but under a Conservative Government our the Public Health Agency of Canada would monitor the issue and provide information to the Minister about significant differences between jurisdictions.

Question 5: Are you in favour of a progressive licensing regime for pharmaceuticals? If so, does the proposed progressive drug licensing regime have the teeth to protect consumers and ensure that regulatory authorities can obtain evidence from pharmaceutical firms during the post-market surveillance process?

Liberals: The Liberal Party supports measures which strengthen the regulatory process to ensure that Canadians are able to access the safest, fastest, and most effective pharmaceutical and therapeutic products, so long as those measures are as accountable and transparent as possible. As in the case of Bill C-51 (An Act to Amend the Food and Drug Act and to make consequential amendments to other Acts), the Liberal Party of Canada believes that extensive consultations with affected stakeholders is a necessary step in order to ensure that the legislation will in fact serve its intended purpose – to improve the health and safety of Canadians.

New Democrats: The NDP strongly supports the strengthening of the post-market surveillance of drugs, just as we see the need to strengthen pre-release clinical trials with greater transparency and the stronger application of the precautionary principle. On completion of the Standing Committee on Health's extensive study of post-market surveillance this spring, we issued a Supplementary Report listing important improvements we believe must be made to bring Canada's drug safety system up to an acceptable standard. The Committee's study revealed that there is no functional system for effectively reporting and acting on adverse reactions to drugs — a fundamental requirement if post-market surveillance is to serve its purpose of saving lives and improving health. Without needed improvements to both pre- and post-market safety, we are concerned that 'progressive licencing', as promoted by the Conservative government, may be more an excuse to lower pre-market standards and get drugs to market faster than a meaningful improvement in health protection. Canadians do not want to become research subjects without their informed consent or without a rigorous research design. Increasing access to effective medicines and improving access to information about promising treatments has always been an NDP goal. That's why we support the funding for the new drug effectiveness research network and the public reporting of clinical trials

and their outcomes. We would also like to see a commitment to a sex and gender analysis in the management of health products.

Greens: We used to have a successful generic drug market in Canada, but changes to the patent laws have almost wiped it out. We believe that the expiry of patents for a number of commonly prescribed drugs in the near future presents a great opportunity for government to step in and help provide far less expensive generic drugs.

Bloc: Bien que l'homologation progressive puisse procurer certains avantages, il demeure que le gouvernement ne doit pas en profiter pour accélérer sournoisement l'approbation des médicaments au détriment de la santé de la population. En ce qui concerne la déclaration des effets indésirables, le Québec a déjà en place dans chacun de ses établissements de santé des Comités de gestion des risques et de la qualité des soins auxquels il est obligatoire de déclarer tout incident relatif à la prestation de soins, y compris les effets indésirables liés à la prise de médicaments.

[Translation: While progressive licensing can offer some advantages, the government must refrain from using it as a covert means of speeding up drug approval at the expense of the health of the population. As to declaring adverse drug reactions, each of Quebec's health institutions already has a committee (Comité de gestion des risques et de la qualité des soins) in place that oversees risk management and healthcare quality. Any incident related to service delivery, including adverse drug reactions, must be reported to this committee.]

Conservatives: The Food and Product Safety Action Plan introduced this summer by the Government does offer a progressive licensing regime, one that would tailor oversight to risk and thus strike an appropriate balance between the freedom of Canadians to choose, and the protection of their health. A modified Food and Drugs Act would allow a Conservative Government to put in place measures to ensure that Canadians are protected. As part of the Action Plan, legislation proposes to raise the maximum fine for contravening the Act from \$5000 to \$5 million. In the event that a company breaches the Act, the maximum fine will be determined by the courts. This deterrent measure will help to ensure pharmaceutical companies abide by the rules and ensure the safety of Canadians.

Question 6: Would you restore the public health ministry to full cabinet status?

Liberals: Yes, a new Liberal government would restore the public health ministry to full cabinet status.

New Democrats: Yes, although the ministry's mandate should first be revisited to ensure that health — healthy living and health promotion— are its exclusive focus. Matters with a public security focus should be addressed elsewhere.

Greens: The Green Party of Canada has not developed a specific policy concerning these issues as of yet. However the Party is always open to entering into consultations with all the appropriate stakeholders to ensure a policy that will best serve Canadians.

Bloc: See question 1.

Conservatives: It is important that the Minister of Health remain accountable to Parliament for his full portfolio of responsibilities, including public health.

Question 7: Should the Public Health Agency of Canada be made an independent agency reporting directly to Parliament?

Liberals: The former Liberal government established the Public Health Agency of Canada (PHAC) in 2004. This marked the beginning of a new approach to federal leadership and collaboration with the provinces and territories on new efforts to renew the public health system in Canada and support a sustainable health care system. The Agency currently reports to the Minister of Health. However, as previously noted, a new Liberal government would restore the position of Minister of Public Health, a position that we believe would enhance parliament's and the public's scrutiny of the agency.

New Democrats: Yes. The pivotal role to be played by the Public Health Agency requires a distance from other political priorities that is best assured by direct accountability to Parliament, not a minister. It must be able to assess and report with a critical eye in order to offer Canadians the best advice and timely responses.

Greens: The Green Party of Canada has not developed a specific policy concerning these issues as of yet. However the Party is always open to entering into consultations with all the appropriate stakeholders to ensure a policy that will best serve Canadians.

Bloc: See question 1.

Conservatives: The Public Health Agency is already a separate agency within the Health Portfolio, and the Chief Public Health Officer is independent in legislation passed by the 39th Parliament; he already submits his own annual report to Parliament.

Question 8: Given the demise of the MAPLEs reactor project, how would you ensure long-term supply of medical isotopes?

Liberals: The Conservative government mismanaged the Chalk River nuclear reactor crisis on every level - the maintenance problems that forced the shutdown, the isotope crisis that resulted, and the relationship between Canada's nuclear safety regulator and the federal government. That failure was made more profound by their attempt to cover it

up. A Liberal government would work hard to keep Canadians safe and healthy, and to ensure that the mistakes made by the current Conservative government are never repeated.

New Democrats: Ordinary Canadians have found the government's mismanagement of our vital isotope supply astounding. Its incompetence, rancor and political interference have shown the Harper Conservatives cannot be trusted to responsibly manage this file. Just as impressive was the Liberal effort that brought us this doomed project. There are now a number of isotope producers coming online around the world. An NDP government would do what previous governments have failed to do: lead efforts for international cooperation to plan for an uninterrupted isotope supply to meet Canadian and world demand. We would diversify our sources as needed and develop a long-term strategy for production within Canada— with the open and transparent participation of all stakeholders.

Greens: We believe that the recent medical isotope crisis was caused by numerous factors, not least of which is the Harper Government's unacceptable interference with the independent nuclear regulator. Furthermore, AECL clearly mismanaged the situation, which put many cancer patients around the world at risk. A full public inquiry of the nuclear industry in Canada is required to ensure that this does not happen ever again.

Bloc: L'annonce de l'arrêt de la construction des réacteurs MAPLE soulève plusieurs questions aux yeux du Bloc Québécois. D'abord, le Bloc trouve insensé qu'autant d'argent ait été investi pour arriver à si peu de résultats. L'examen stratégique portant sur la gestion d'AECL actuellement en cours nous permettra peut-être de faire faire la lumière sur cette question. De plus, le Bloc Québécois entend bien, dès son retour à la Chambre des communes, questionner les prochains ministres de la santé et des ressources naturelles sur la stratégie qu'ils entendent mettre en œuvre pour assurer l'approvisionnement des hôpitaux québécois et canadiens en isotopes médicaux. [Translation: The announcement of a halt to the construction of the MAPLE reactors has raised several questions in the minds of the Bloc Québécois. First of these is why so much money was spent to achieve so few results; it makes no sense. The strategic review of AECL management, which is now under way, may shed some light on the matter. Once the House of Commons resumes sitting, the Bloc Québécois fully intends to question the next ministers of health and natural resources about their strategy to guarantee the supply of medical isotopes to Quebec and Canadian hospitals.]

Conservatives: We already have a plan that extends well into the next decade: to relicense the NRU at Chalk River in 2011 and to consult with the medical community and our international partners on the issue of longer-term supply after 2016.

Question 9: Should Canada have no-fault compensation for medical mishaps?

Liberals: The Liberal Party of Canada believes that medical professionals deserve the security to practice using their skills and abilities free of the fear of extraordinary litigation. Every patient should be seen as a partner in the health care process, not a potential litigant. We believe that this understanding should be part of a balanced approach that addresses the concerns of both patients and medical professionals in a system that is designed to be as safe as possible, yet still responsive to those occasions when grievances occur. A Liberal government would be open to discussions and consultations with medical professionals, patients, and all other key stakeholders to explore the challenges and benefits of no-fault compensation for medical mishaps.

New Democrats: Yes, if we can translate the added openness such a system would afford into improvements to help prevent the repetition of costly human errors. The NDP believes that a no-fault system offers the best chance of achieving patient safety, patient compensation and physician accountability while protecting physicians financially. As health care delivery becomes more complex the burden of proving fault under the traditional tort-based system becomes increasingly difficult. We are concerned, as well, that the tort system discourages the kind of openness and transparency needed to build a safer system.

Green Party: The Green Party of Canada has not developed a specific policy concerning these issues as of yet. However the Party is always open to entering into consultations with all the appropriate stakeholders to ensure a policy that will best serve Canadians.

Bloc: See question 1.

Conservatives: As with government auto insurance plans, this issue lies within provincial/territorial jurisdiction.

Question 10: Since the new millennium, what is the single largest failure of a health minister in Canada?

Liberals: Canada's Federal Health Minister Tony Clement's role in the recent listeriosis food safety fiasco stands as the single largest failure of a health minister in Canada. On August 27th, 2008, in the midst of one of the biggest food recalls in Canadian history and the illnesses and deaths it had caused, Minister Clement chose to abandon his post in order to attend the Democratic National Convention in Denver, Colorado as an observer. Mr. Clement didn't feel it necessary to return to Ottawa, saying, "We believe and the prime minister believes that we have to be more aggressive in representing Canadian values and interests in the American political scene." (Ottawa Citizen, August 27, 2008; Globe & Mail, August 26, 2008). Not only that, but Minister Clement sat silently while his government approved a plan to cut food safety programs at the Canadian Food Inspection Agency (CFIA). The plan was suppressed because of what officials called a "significant communications risk." It was later leaked, but has not yet been released

officially to media. The document, revealed by the Globe and Mail, shows the plan includes:

- \$25 million cut to avian influenza preparedness;
- \$25 million cut to BSE testing;
- proposals to reduce inspection of feed, meat processors, and deferring responsibility of inspections to industry; and,
- elimination of pre-market label approval system – effectively eliminating the requirement of companies to verify the nutrition and product claims on labels for meat, fruit and vegetable products.

The cuts are reminiscent of similar cuts made by the Mike Harris Conservative government in Ontario and the human health and safety incidents at Walkerton, ON and the Aylmer Meat Plant in 2001. In 2002, the Walkerton Inquiry found a direct link between the tragedy and program cuts made by the Ontario Harris government in which Tony Clement was a cabinet minister. According recent media reports Mr. Clement's political staff didn't even notify him about the listeria outbreak until August 19 – three days after the Canadian Food Inspection Agency recommended to Health Canada that a recall take place. These events strike at the heart of public concerns of trust, accountability, public health and public safety. They open the door to dangers such as BSE and avian influenza – dangers we already know are out there. Minister Clement and his Conservative colleagues have proven more than once that they can not be trusted with the health and safety of Canadians.

New Democrats: All health ministers since the turn of the century collectively share responsibility for failing to work with the provinces and territories to head off the crisis in health human resources we are now faced with. Five million Canadians today don't have a family doctor. It's estimated we'll be short 78,000 nurses by 2011. And the story is the same for medical technologists, half of whom could be lost to retirement in eight years, and throughout the health professions. Even now, we are lacking leadership from the federal Conservative government to use the levers available to them to attract, retain and educate the physicians, nurses and others that alone can provide the care that is needed, when it's needed. Our aging population with its increased health care demands is no secret. Neither is the failure of the ministers responsible for health to act.

Green Party: We do not wish to point the finger at any one health minister. Rather, we believe that there has been a collective failure to address preventative care and health promotion issues. It is clear that what has been done in the past has not worked and a new approach is needed. We have recently released a comprehensive policy paper on Health Promotion that outlines our vision for a new approach to a healthier Canada. (Policy document is available on our website: www.greenparty.ca/en/policy/healthpromotion.)

Bloc: (No response provided).

Conservatives: Although successive federal Liberal health ministers reluctance to recognize and address rising wait times has placed a huge burden on our health care system, history will undoubtedly judge the tragic refusal to compensate Hepatitis C

victims for their pain and suffering as one of the greatest failures of any Canadian health minister.

DOI:10.1503/cmaj.081488

© 2008 Canadian Medical Association or its licensors