

CMA proposes health charter, medicare “auditor general”

The CMA has released 30 detailed recommendations on the medicare system (www.cma.ca) in an attempt to pry open what it calls the “black box of bureaucracy” surrounding health care.

“Canadians have the right to know exactly what to expect when they need health care, so at the heart of our prescription package is the Canadian Health Charter,” President Henry Haddad said in June as he released the CMA’s proposals for reform to Roy Romanow’s Commission on the Future of Health Care in Canada. “A health charter will spell out everyone’s rights and responsibilities in providing and receiving health care — patients, health providers and even government.”



Lester Pearson had just become PM when charter idea was first broached

This approach is considerably different from the patient’s charter introduced in the United Kingdom in 1991. It proved such a flop that it was replaced by a revised National Health Service charter in 1998. Then Health Secretary Frank Dobson complained that the original charter focused too narrowly “on patients’ rights and on easily measured administrative targets. It encouraged consumerism, but made health professionals defensive and led to wasteful reactions.” Critics claim the revised version still focuses too narrowly on patients’ rights and not enough on developing rigorous standards of care.

In proposing its charter, the CMA is responding to a suggestion first made by Mr. Justice Emmett Hall in his 1964 Royal Commission on Health Services. The CMA contends that its charter would avoid the problems experienced in the UK because it would be “broader in scope than a patient’s bill of rights” and would spell out the rights and responsibilities of all 3 players: governments, health care providers and patients.

Roger Tassé, a chief architect of the Canadian Charter of Rights and Freedoms and former deputy minister at the federal Department of Justice, helped craft the charter.

“The CMA looked at a number of options, including the addition of a special section on the right to health care in the Charter of Rights and Freedoms,” he told *CMAJ*. “However, it would be extremely difficult to bring in an amendment to the Constitution, and the health charter is different anyway since it would include the notion of responsibilities along with an

enunciation of an individual’s rights. In the end I think what the CMA is recommending is a very comprehensive approach in which various elements will work together to make the system more efficient and responsive.”

The CMA says the charter is needed because many decisions, such as which services are covered under medicare, are being made without public input. The charter will also include timeliness and quality benchmarks to ensure that the system responds to nationally established goals and health-outcome targets.

However, defining these goals may be difficult. “As a country, we must discuss which other services, apart from hospital and physician services, should or should not be available through medicare,” added Haddad. “This discussion needs to be open and honest.”

The charter provisions would be enforced by a new Canadian Health Commission led by an “auditor general for health.” This new body, independent from government, would ensure that appropriate investment is available to meet defined health targets.

Haddad says this would help create the same transparency the federal auditor general brings to government spending and “bring an end to the back room decision-making that typified health care in the ’90s. The commissioner will tell Canadians straight up whether our national standards are being met.”

The CMA also called for the modernization of the Canada Health Act to recognize — at a minimum — the new charter and commission. Its submission contains another 27 recommendations for reforms on everything from the need to provide an emergency response system with “improved surge capacity” to offering tax breaks for health care volunteers and those who must provide long-term care for loved ones.

“It would be unfortunate if the recommendations were not addressed as a whole because taken together they provide important ideas for long-term sustainability,” said Dr. Arun Garg, who chaired the group that drafted them. “You might say that the drive for short-term solutions has put us in our current position.” — *Steven Wharry, CMAJ*

Last proposed charter helped launch medicare

The last health charter proposed in Canada provided the framework for the country’s medicare system.

The final recommendations from Mr. Justice Emmett Hall’s Royal Commission on Health Services in 1964 included a call for a “Health Charter for Canadians.” That charter, while not formally implemented, provided the skeleton for the Medicare Act of 1966, which in turn was the basis for the country’s medicare system and for the Canada Health Act of 1984.

The Hall commission’s charter called for “a comprehensive, universal Health Services Programme for the Canadian people that would include all health services, preventive, diagnostic, curative and rehabilitative that modern medical and other sciences can provide.” — *CMAJ*