



Health ministries considering CMA's access-to-care proposal

Escalating waiting times have Canadians in an uproar about their access to health care, and almost everyone has a story to tell about the aftermath of years of health care cuts. However, no one seems to know exactly how governments should re-invest in health care.

The CMA has responded by proposing a long-term solution. Its Access to Quality Health Care Project proposal urges the federal, provincial and territorial governments to collaborate on developing national guidelines for funding and providing appropriate access to health care.

The project would be led by the CMA in collaboration with the public, other health professions and governments, and would set guidelines for reasonable waiting times and develop a methodology to assess access to care. It would then test these principles in pilot studies.

Although there is substantial anecdotal evidence concerning acceptable waiting times, the CMA is proposing additional levels of evidence: expert opinion, polling, re-

ports from other health care provider organizations and governments, and research studies. The CMA acknowledges the need to develop higher grades of evidence such as observational studies and randomized controlled trials.

Dr. Sam Shortt, the director of health policy at Queen's University, said it is extremely difficult to obtain information on waiting times because data are not gathered in a central repository. "Setting benchmarks for waiting times is all very well," said Shortt, "but first you need a system in place to gather data."

Shortt, along with Stephen Lewis in Saskatchewan and Morris Barer in British Columbia, are just completing a study for Health Canada on the status of waiting times across the country. They gathered data from a literature synthesis and surveys of 73 providers, consumers and administrators, provincial governments and up to 1000 hospital and district health associations. It's not known when the results will be made public.

Shortt said objective research on

waiting times is available for some diseases. He suggests that research should concentrate on the access "hot spots": cataracts, hip/knee surgery, MRI scans, cardiac and cancer care, and outpatient mental health services. "The existing literature is a good place to start," he said.

The CMA hopes to help develop reliable databases on access to quality care. "These would give us a better understanding of the impact the federal funding cuts have had across the country," CMA President Victor Dirnfeld said at a recent meeting in the NWT. "These cuts have created a chain reaction. Reductions in every province and territory have led to a widespread destabilization of the system."

Dirnfeld said governments now "lurch from crisis to crisis" as they try to re-invest in health care. In December 1997 federal Health Minister Allan Rock told the CMA's Board of Directors he would welcome a pan-Canadian database of health care information. — *Barbara Sibbald*

Seal oil (from previous page)

"John Efford was telling people how seal oil had helped his diabetes and, suddenly, the local market went crazy," says Kevin Donahue, Canomega's marketing director. "Everyone was looking for seal oil. We had to move quickly and get approval from Health Canada for our labels and packaging and get Omegavite on the shelves in Canada."

The federal government allows companies to market seal oil as a nutritional supplement or food

product. In fact, international health organizations recommend that people consume 1 to 3 grams of omega-3 fatty acids a day. However, manufacturers can't make any health claims about these fatty acids, seal oil or their specific product.

Dr. Fereidoon Shahidi, a biochemist at Memorial University of Newfoundland, has done extensive research on seal oil's properties and has published a book on the development of seal-related products. Shahidi said there is only anecdotal evidence that seal oil has a positive impact on humans, since no formal studies have been done. — © *Beth Ryan*, St. John's