Ontario, Quebec compare views on medicare

A recent town-hall meeting in Montreal gave 2 high-profile experts a chance to compare notes as the 30th birthday of Canada’s medicare system approaches.

The get-together, sponsored by the McGill Institute for the Study of Canada, featured Duncan Sinclair, chair of Ontario’s Health Services Restructuring Commission, and Michel Clair, chair of Quebec’s Commission on Health and Social Services. Both reflected on their work evaluating those 2 systems. Antonia Maioni, the institute’s new director, served as moderator.

The event was just a taste of what’s to come. In February 2002 the institute is focusing its annual conference on providing a full review of Canada’s health care system. “The idea is to gather together policy-makers, people from the medical community, representatives from institutions, academics and the public to look at the system and separate false problems from real ones,” said Maioni. “We want to start with the perception that the system is now a generation old.”

Although the composition of their commissions was different, as were the health infrastructures they studied, Maioni said Clair and Sinclair “went through the same process and came to some of the same conclusions.”

But there were some fundamental distinctions between the report cards delivered by their commissions. Sinclair said that even though the Ontario commission was supposed to operate at arm’s length from government, there was a public perception of government influence. However, he noted that if there had been no true exchange between his commission and the health ministry on budget issues the commission’s recommendations would have been hollow.

“Until the government made corresponding reinvestment in certain sectors, we might as well just whistle in the wind,” he said.

When it came to his commission’s strong push toward reinvestment in home care, added Sinclair, “it just didn’t happen.” Similarly, the commission’s call for increased funding for community-based mental health services has resulted in “very halting progress.” On the bright side, there was substantial reinvestment in long-term care and the beginning of a more coordinated approach to managing health information more efficiently.

Sinclair concluded that his commission was worthwhile because it challenged expectations on how the system should work. Quoting Northrop Frye, Sinclair likened efforts to reform health care to the creation of a moraine, “which is of very high quality but laid down with agonizing slowness.”

Clair had a more upbeat view. Starting with the mandate of his commission to hold a public debate, Clair reported that its members did valuable work within a very tight timeline. The commission’s suggestions started with a new approach to human resources that focuses on “planning and good governance,” said Clair, and a system that is responsive to regional, not centralized, needs. Even more important is the creation of “a culture aspiring to excellence and innovation — which is the opposite of protecting the status quo.” — Susan Pinker, Montreal

ON THE NET

Herbal medicine’s on-the-net garden grows

More than 50% of Canadians use natural health products such as vitamins, homeopathic remedies, traditional therapeutics and herbal medicines. Some herbal products have been well studied, others less so. Some are benign, while others have potential adverse effects, either alone or in combination with commonly prescribed pharmaceuticals. Health Canada has released several warnings concerning natural health products (www.hc-sc.gc.ca/english/warnings.htm). In 1999, Health Minister Allan Rock announced the creation of a new regulatory authority, the Office of Natural Health Products (www.hc-sc.gc.ca/hpb/onhp), to oversee herbal and traditional medicines. Its Web site includes a report of a 1999 conference setting its research agenda and its proposed regulatory framework for clinical trials involving natural health products. Levels of evidence are to be reviewed this fall.

Online information on natural products is not only widely abundant but also widely variable in quality. Well-established resources include the National Center for Complementary and Alternative Medicine, which is run by the National Institutes of Health. It produces fact sheets and literature summaries (ncam.nih.gov). In conjunction with PubMed, NCCAM has developed a PubMed search configured for complementary and alternative therapies (www.nlm.nih.gov/nccam/camonpubmed.html). The Office of Dietary Supplements (ods.od.nih.gov) offers the International Bibliographic Information on Dietary Supplements database (ods.od.nih.gov/databases/ibids.html), which covers vitamins, minerals and selected biologic products in common use in North America. The Cochrane Collaboration (hiru.mcmaster.ca/cochrane) has reviewed evidence for the efficacy of established herbs such as St. John’s wort.

The Alternative Medicine Foundation maintains a database on herbal medicines, HerbMed (www.herbmed.org), which lists published evidence (whether clinical trial or longstanding folk use), warnings, preparations and mechanisms of action for commonly used herbs. On the American Cancer Society Web site (www.cancer.org), the menu-heading for complementary and alternative therapies links to patient information, while research, review and news articles can be found through the site search. For users of hand-held computers, files of “Common Herbs” and “Herbal Reference Guide” are available free from the Peripheral Brain site (pbrain.hypermart.net). — Alison Sinclair, Victoria