

Romanow hears it all in Ottawa

From an irate teenager's cry that "corporate health care sucks" to squabbles between consumer groups and the pharmaceutical industry, usually staid Ottawa was uncharacteristically impassioned during Roy Romanow's eighth public consultation on the future of medicare in Canada in April.

Despite the crazy-quilt nature of the consortium of 29 speakers and groups that appeared — feminists, coalitions, unions, nurses, physicians, an industry association, First Nations — all delivered the same basic message to Romanow's one-man commission: We don't want privatization.

Why? The Canadian Public Health Association (CPHA), Assembly of First Nations, the National Council of Women and the Canadian Labour Congress (CLC) all said that it would exacerbate poverty and further diminish access while increasing inequity. Paying for health care privately would also be more expensive than a private system because of the need to turn a profit, said the CLC's Nancy Riche. "If we can't afford to pay publicly, we can't afford it privately either."

The Canadian Health Coalition's (CHC) Shirley Douglas commented: "There's an \$82-billion golden egg that politicians are willing to hand over.

That's not what we fought for all these years." Douglas says private industries don't come to Canada to help. "They come to make a profit. Privatization is more expensive in every way."

Many groups, including the CPHA, advocated for stable funding; the CHC wants a 50-50, federal-provincial split. "The provinces are running amok right now," said Douglas, whose impassioned speech earned her a standing ovation.

The other crowd pleaser was 16-year-old Allison Miller, who adamantly opposes privatization and urged Romanow to "stop talking about medicare and do something. We think corporate health care sucks."

The pharmaceutical industry also supported medicare, although the primary messages contained hints of self-interest: the generic drug manufacturers want access to a bigger piece of the pharmaceutical pie, while the research-based companies want a national pharmacare program.

After establishing that privatization is not welcome in Canada, Romanow asked many presenters 2 questions:

- How far should coverage be extended?
- How do you define core or essential services?

No one seemed to have any clear idea of where to draw the line on coverage.



The Raging Grannies are among the groups delivering messages during Roy Romanow's cross-country crusade.

Union groups and various coalitions want a national home care program, and some also want pharmacare coverage. But the Royal College of Physicians and Surgeons of Canada sounded a note of caution. "What technology can provide may go beyond what any country can pay for," said President Bernard Langer.

There were a couple of proposals to stop the bickering between Ottawa and the provinces. The National Council of Women proposed a dispute-resolution or avoidance mechanism, although the CLC fears it could endanger the Canadian Health Act.

The CMA, on the other hand, proposed a new Canadian Health Charter to define the rights and responsibilities of patients, health care professionals and governments, and Romanow said it had a "lot of merit." CMA President Henry Haddad said the charter would "reaffirm the basic social contract that is medicare" and define the roles of various governments and set national standards.

Some speakers had narrower goals. Retired rural physician Denise Bowes urged Romanow to consider more preventive measures to save money — and possibly the system. She also demanded that the fast-food industry bear an additional health tax, accusing it of causing an epidemic of obesity and diabetes.

Romanow's final report isn't due until November, but it's already clear that a lot of people want to talk to him. In Ottawa the demand to speak was so strong another hearing had to be added.

— Barbara Sibbald, CMAJ

Midwifery program opens at UBC

Following the lead of Quebec and Ontario, British Columbia has become the third Canadian province to offer a degree program in midwifery. The 4-year program, which begins this fall in the University of British Columbia's Department of Family Practice, will admit only 10 students annually because of a shortage of training sites. About 400 people have already expressed interest in applying.

Dr. Heidi Oetter, president of the British Columbia Medical Association, welcomes the new course. "Midwives are here to stay," she says, "and a 4-year program is a good start." However, she objects to the inclusion of home birthing in the curriculum because "home births are still very much a problem for us."

The course director, Elaine Carty, says the degree program "secures the place of the profession." Carty, a professor in the UBC school of nursing, hopes some graduates will practise with overworked rural family doctors. However, Oetter is skeptical. She says that new midwives — like their medical school counterparts — will also be "globally sought-after commodities" who may move elsewhere. She predicts that those who do remain in BC will stay in the Lower Mainland, like members of other health professions. Oetter is not sure how family doctors will respond to having midwives in their midst, although she points out that care by a midwife is more expensive than physician care and "that is a bone of contention among family doctors." — Heather Kent, Vancouver