

## Romanow's biggest hurdle? Skepticism

When Roy Romanow opened his public hearings on medicare in Regina in March, he said he hoped to rekindle the same passion found in Saskatchewan 4 decades earlier when the province "launched a huge debate — very passionate, sometimes too passionate — about values and ideals about the way medicare should be organized."

But can Romanow overcome the suffocating cynicism about Ottawa's motives in launching his one-man commission? The mood was promptly articulated by one of the first presenters in Regina, the Council of Canadians' Maude Barlow. She said the commission's 18-city tour is nothing but a ruse to distract Canadians while provinces such as Alberta, British Columbia and Ontario push ahead on the privatization front.

Michael Decter, Ontario's former deputy minister of health, was only marginally less skeptical when he spoke with *CMAJ*. "There are no new ideas out there, and there are so many vested interests," he said.

In February, Romanow's interim report outlined the 4 basic options for reform: additional public money; the introduction of user fees or copayments; private sector participation; and reforms to improve efficiency, but without any new money. If he is successful in generating public discussion, by the end of the public hearings on May 16 he should have an idea which option Canadians favour.

Romanow, Saskatchewan's former New Democratic premier, has already received thousands of personal tales of health care woe from Canadians, and he's bound to hear hundreds more. However, at the Regina hearings personal stories were at a premium. Among the presenters were plenty of health care providers and experts (a public health nurse, a social worker, 2 physicians, an environmentalist, a social planner) but only 1 patient. If Romanow continues to hear only from advocacy groups and vested interests, his commission will be stuck in the same rut as its many predecessors.

"Cynical folks say that the National Forum on Health [created after the Lib-

erals' 1993 election victory] was the perfect shield for the Chrétien Liberals for 3 years," says Decter, "and now this will give them another 2 years during which they don't have to do anything."

However, Decter also articulates another, more hopeful view. "It is possible that a former premier can find common ground with the provinces in a way that the federal government has failed to do."

Most observers sense that Canadians

are not interested in allowing private insurance companies to take a share of the medicare action but have no problem with the private delivery of care outside medicare, and that the issues that may ignite debate are accessibility, quality and breadth of services.

Whether the former premier achieves the kind of passionate public debate he pines for on these issues remains to be seen. — *Charlotte Gray, Ottawa*

### ON THE NET

## Virtual hospice

Last fall, Ottawa announced a \$100 000 grant toward development of a Web-based virtual hospice. The Canadian Virtual Hospice Project, now under way, is supposed to connect health care providers and patients with the palliative care services they need.

Anita Stern of McMaster University, one of the project's principals, says the online needs of the palliative care community are currently being determined, but a pilot Web site should be online early next year.

While work on that project continues, other palliative care sites are already up and running. The Canadian Palliative Care Association ([www.cPCA.net](http://www.cPCA.net)) maintains a comprehensive site with online resources for physicians, while the University of Ottawa's Institute of Palliative Care offers an online forum rich with services for both the professional and the patient ([growthhouse.net/~ottawa](http://growthhouse.net/~ottawa)). It includes discussion groups, chat services and mailing lists.

Similarly, the Edmonton Palliative Care Program ([www.palliative.org](http://www.palliative.org)) offers an extensive site that includes clinical information, cancer material, pain-assessment tools such as the Edmonton Staging System for Cancer Pain, and links to related resources.

Finally, for those wanting to enhance their palliative care skills, Grant MacEwan Community College in Edmonton has developed a distance education program ([www.hcs.gmcc.ab.ca/palliative](http://www.hcs.gmcc.ab.ca/palliative)) delivered over the Net. Its Palliative Care Post Diploma Certificate Program is aimed at professionals and covers the skills needed to provide quality care for the terminally ill in either an institutional or home-care setting.

Physicians may wish to inform patients or their families of the college's Compassionate Care for the Terminally Ill Certificate Program ([www.gmcc.ab.ca/users/hcs/pcare/compcare.htm](http://www.gmcc.ab.ca/users/hcs/pcare/compcare.htm)), which comprises 4 noncredit courses that provide knowledge and skills for people caring for terminally ill family members or friends. — *Michael O'Reilly, mike@oreilly.net*

