

A spending spree as Chrétien prepares to leave? Don't count on it

They've become staples of Jean Chrétien's dealings with the media: he says reporters are indulging overheated imaginations by claiming he has an insatiable desire to leave a mark as his 41-year political career winds down, and they dutifully respond by casting everything he says through the prism of this "legacy agenda."

Regardless of whether the legacy beast even exists, the rhetoric certainly suggests that Chrétien plans to make health care the focus of his farewell swing through Parliament. Of course, he may not have an option. Having bought time by creating Roy Romanow's one-man royal commission, Chrétien must now deal with the large bill Romanow is likely to hand him.



Chrétien: A fond, inexpensive farewell?

He has already begun setting the stage for sizeable tax increases to cover the cost of a medicare overhaul. "The issue is not whether we will pay more as a society for health," he said while prepping Parliament on government priorities during the coming session. "We will. [This] is about the type of society we want: either we have a society where individuals assume risk without regard to their ability to pay, as in the United States, or we have a society where, through government, we spread risk and spend collectively because health is a fundamental human right."

Yet, even Liberal MPs privately express doubts about the depth of the government's commitment to financing health reform. "Remember the National Forum on Health? What happened to it?" one skeptical MP told *CMAJ*. (In 1997, that \$10-million body recom-

mended a national pharmacare program and expanded home care.) "With Chrétien, it's always been the deficit," adds another. "He's not going to risk that record just to keep the provinces quiet."

But there's no doubt expectations are huge. CMA President Dana Hanson says the 100 days following the release of the report "will be judged as a seminal period in Canadian history." However, Health Minister Anne McLellan has gone to considerable lengths to rein in the high hopes. "You don't reform the way you deliver primary health care in this system overnight," she says.

It's also unclear whether health care can sustain a prominent position on the political priority list. "It's a crowded agenda," notes Canadian Healthcare Association President Sharon Sholzberg-Gray. Among items on the wish list: ratification of the Kyoto accord, creation of a 10-year program for urban redevelopment and a new deal for Aboriginals.

"There are a lot of items," Sholzberg-Gray adds, "and the issue is whether everything in that so-called legacy agenda is going to be implemented. Remember that even as it was cutting spending, the government kept saying it was committed to medicare. However, in order to have a system that meets the needs of Canadians, it has to step up and pay a greater share."

As far as the provinces are concerned, it'll cost \$6 billion per year for Ottawa simply to earn a spot on the health care roster. In their own run-up to the legacy agenda and Romanow report, they launched a national advertising campaign that slagged Ottawa for failing to pay its "fair share" — they say the federal share of total health spending has dropped to 14%.

The ads were a clear signal that the temporary peace purchased in the 2000 "health accord," in which Ottawa agreed to increase cash transfers by \$21 billion over 5 years, is rapidly dissolving. However, if \$6 billion is the bottom line for temporarily quenching the provincial thirst, observers say it could easily cost much more than that to implement any conditional programs Romanow might recommend, such as national home care or pharmacare programs. But money can buy systemic change, says Canadian

Health Coalition spokesperson Mike McBane, who says the provinces would overcome their fabled resistance to national standards if enough money is on the table. "You don't have to force provinces to take money for home care. But if they take it, it comes with strings. That's the way medicare was established, and that's the way it can be expanded — even Quebec would take the money and live with the conditions.

"The question is, do we have the federal leadership to direct the change that's needed?" — *Wayne Kondro, Ottawa*

"Lactation consultant" arrested in Toronto

A Toronto man was arrested in October after he slipped into a maternity ward, posed as a lactation consultant and assaulted 2 new mothers. The 25-year-old suspect was placed under house arrest after allegedly groping the 2 women at Mount Sinai Hospital. He was later charged with 4 additional counts of sexual assault linked to similar incidents at other area hospitals.

The women, who had given birth less than 24 hours earlier, were approached by a man wearing green scrubs who said he was a lactation consultant. "We're assuring everyone that this was an isolated incident," said David Davenport, media relations manager at Mount Sinai. The man, who had also worked at nearby St. Michael's Hospital delivering supplies, had been banned from the maternity ward there. He also worked part time at the Toronto General Hospital, where he had acquired the scrubs used at Mount Sinai.

Mount Sinai, which has 5000 full- and part-time staff, requires all staff members to wear photo identification, but many do not. The man who was arrested was not wearing any ID at the time of the assaults. "We're now enforcing zero tolerance [regarding missing identification]," said Davenport. "We've also reminded patients that if someone comes to them and is not wearing proper identification, then they should refuse their services." — *Brad Mackay, Toronto*