First the report, then the opinions on it

After reporters emerged from the media lock-up when the Romanow report was released Nov. 28, they witnessed more spinning than the scribes who cover the World Figure Skating Championships. Following its release, everyone from Canada’s dental hygienists (“we need categorical dental hygiene services for low-income Canadians”) to Ontario’s pharmacists entered the debate. Here is the reception Romanow’s report received from some of health care’s major players.

• “The commission’s report should give Canadians considerable cause for optimism. It now becomes a question of national leadership: Mr. Romanow has put meaningful health care renewal within our grasp, and what is needed is the political will to move forward. For this to happen, Canadians must speak out now.” Dana Hanson, President, CMA
• “There’s an untenable shortage of family physicians in Canada. Canadians are personally experiencing these shortfalls and it is critical that any action include immediate and long-term increases to [provide] adequate numbers of nurses and doctors in Canada.” Peter MacKean, President, College of Family Physicians of Canada
• “Half the medical care delivered in Canada is specialty care, but not one of the report’s 47 recommendations dealt specifically with specialty care.” Royal College of Physicians and Surgeons of Canada
• “We need to stop people from getting sick in the first place.” Christina Mills, President, Canadian Public Health Association
• “Government wins, patients lose.” Canada’s Research-Based Pharmaceutical Companies
• “The devil will be in the details.” Sharon Sholzberg-Gray, CEO, Canadian Healthcare Association
• “Mr. Romanow’s report demonstrates conclusively that there is absolutely no credible evidence linking for-profit delivery to improved efficiency.” Robert Calnan, President, Canadian Nurses Association — Patrick Sullivan, CMAJ

Youth will be served by Romanow

Canada’s physicians in training say they are well placed regardless of the fallout from the Romanow report.

“We are very encouraged that Mr. Romanow came out so clearly in support of a publicly funded system,” Dr. Joseph Mikhael, president of the Professional Association of Internes and Residents of Ontario, told CMAJ. “Physicians who are in training now will be working in the system for the next 40 years, so we have the most at stake.”

Mikhael thinks the latest generation of physicians is ready to respond to Romanow’s call for a more integrated health care system. “We don’t see ourselves as barriers to change,” added Mikhael. “The younger generation of physicians in Canada is very familiar with working in a team approach, so we consider Mr. Romanow’s call for collaborative care another opportunity.”

As was the case with their more experienced colleagues, however, interns and residents are worried that Romanow didn’t go far enough in responding to the widespread shortage of health care professionals in Canada.

“Overall, this [report] is a positive step,” said Dr. James Clarke, president of the Canadian Association of Internes and Residents. “However, there is a critical shortage of doctors in this country and something must be done about it.” — Steve Wharry, CMAJ

Everything old is new again

In 1964, when Chief Justice Emmett Hall and his 6 colleagues completed the 2-volume report that would prove to be the prequel to Canada’s first national medicare system, he produced 200 recommendations.

Some of Justice Hall’s proposals now seem quaint. For instance, one asked that “centres for treatment of cleft palate cases be established in children’s hospitals and in general hospitals [when possible].”

However, some that fell by the wayside 39 years ago have been given a new side 39 years ago have been given a new. For instance, one asked that “centres for treatment of cleft palate cases be established in children’s hospitals and in general hospitals [when possible].”

Hall: “That the Food and Drug Directorate … prepare and issue a National Drug Formulary which would be maintained on a current basis.”

Romanow: “Establish a national formulary of prescription drugs to provide consistency across the country, ensure objective assessments of drugs, and contain costs.”

Hall: “That the Federal Government contribute grants to the provinces (50 per cent of the cost of the programme) for the purpose of introducing a Prescription Drug Benefit within the Health Services Programme.”

Romanow: That a proposed new catastrophic drug transfer “be used to reduce disparity across the country by covering a portion of the rapidly growing costs of provincial and territorial drug plans.”

Hall: “That subsidies chargeable to the Health Services Programme be used to attract physicians to rural areas.”

Romanow: “The Rural and Remote Access Fund should be used to attract and retain health care providers.”

Hall: “That Section 41(3) of the Patent Act be amended to extend compulsory licensing [of drugs] …”

Romanow: “The federal government should immediately review the pharmaceutical practices related to patent protection …” — Patrick Sullivan, CMAJ

Dr. Joseph Mikhael: “We have the most at stake.”