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The endangered Canada Health Council

It isn't so much that this country needs a good and caring health care system; our health care system needs a good and caring country.— Tim Wynne-Jones[1]

In the "Message to Canadians" that prefaced the final report of his Commission on health care, Roy Romanow wrote: "Canadians no longer accept being told things are or will get better; they want to see the proof. They have a right to know what is happening with wait lists … health care budgets, hospital beds, doctors and nurses."[2] The very first recommendation of the Commission — the creation of a Canadian Health Covenant — gives governments the responsibility to, among other things, "regularly review the performance of the health care system and report to the public." This responsibility is enshrined in the Commission's second recommendation, the creation of a "Health Council of Canada" to establish common indicators and measure performance, set benchmarks on quality, access and outcomes, evaluate specific aspects of the system (technology) and, above all, "report publicly."

It is as clear to patients and health care providers as it was to Romanow that Canadians see the values that underpin medicare as "a defining aspect of [their] citizenship."[2] These are national values. Provincial jurisdiction over health care is rooted in the Constitution Act, 1867, and derives from a time when health was viewed as essentially a "local or private" matter.[3] While it is still true that health care administrators, politicians and patients want to work out solutions for health care delivery that are responsive to their own regional and local needs, today's Canadians also want reliable standards and equitable access to high-quality services no matter where they happen to live. And, although neither the Canada Health Act nor the Charter of Rights and Freedoms gives Canadians the "right" to public health care, we nonetheless view it as an entitlement.

That entitlement must be secured by a consensus on values, which Romanow sought and found through regional public meetings and input from health care professionals and patient organizations. In his report he articulated this consensus and presented a reasonable, affordable and practical plan for strengthening and preserving medicare. Oversight by an independent, national council is a central component of that vision.

Certainly the federal and provincial governments moved quickly after Romanow's final report to agree on a new health accord, a 5-year deal that would add $27 billion in new federal transfers to provincial health care coffers. But whether these funds will bring about Romanow's structural reforms is already doubtful. Believing a national health council to be "a stalking horse for federal intrusion into provincial jurisdiction,"[4] the provinces decided to pedal backwards, delaying implementation of the Council and proposing that it be run as a pilot project with minimal funding that would report to the premiers rather than directly to the public. This eviscerated Council is also now envisaged without the very agencies that would enable outcomes to be measured: the Canadian Institute for Health Information and the Canadian Coordinating Office for Health Technology Assessment. Rather than a mechanism for assessing health care delivery on behalf of all Canadians, the Council is construed as a means of policing the premiers' fulfilment of the February health care accord. And, more recently, Alberta and Ontario have seen the Council as little more than a poker chip to be tossed down in their fiscal tussles with Ottawa over mad cow disease and SARS. This has left Health Minister Anne McLellan with little choice but to announce in late July[5] that a national health council would be put in place with or without the provinces on side — a move that, unfortunately, helps to confirm their view of the Council as Ottawa's creature.

The costs of medicare continue to increase, recently passing the $100 billion mark. Although it is a no-brainer to recognize that we need an independent body with adequate resources to monitor how that $100 billion is being spent, it is likely that without federal, provincial and professional association leadership we will have no Council, or that it will be yet another dysfunctional federalist body.

Canadians want medicare to continue. They want it to be of high quality. They are willing to pay for it. They are largely uninterested in who runs it, and to an increasing extent they don't trust federal or provincial politicians to report fairly on how well it is working. An adequately funded health council, controlled by a board with representation from the public, health care providers and governments, and with a chair selected by board members, is not an add-on to a renewed and sustainable medicare system, but one of its cornerstones. — *CMAJ*

References

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