

ELECTION 2004

Party leaders debate health of the nation

Health care. It's *the* big issue of the federal election campaign, according to public opinion polls and party platforms. From home care to pharmacare, from \$9-billion pledges to the Ontario Liberal's premium bombshell, the candidates are flogging their promises on the hustings. In a quest for more specific details about their policies, *CMAJ* asked the leaders of the 4 major parties to participate in an interview that sought their views on 9 questions.

NDP Leader Jack Layton was first to respond, in a lengthy interview expanding on a New Democratic government's health care vision. Conservative Leader Stephen Harper also responded in person, providing more succinct responses to the questions. Bloc Québécois Leader Gilles Duceppe and Liberal Leader Paul Martin chose to respond in writing, via an email sent from staff as they stumped. All these submissions were edited for length; longer versions appear online (www.cmaj.ca).

1. Does the Canada Health Act need to be modified? If so, how?

NDP Leader Jack Layton: We would like to see the Canada Health Act principles protected, either in court, or through modernization, to prevent the privatization of health care that is going on. ... If the NDP were to form the government we would either challenge [privatization] in court, or amend the legislation — or both.

Conservative Leader Stephen Harper: We support universal health insurance [so] that no one is ever denied health service because of inability to pay. We support the national health accord signed between the provincial and federal governments [in February 2003]. It doesn't contemplate any changes to the Canada Health Act so we

wouldn't either. We're prepared to operate within the national health accord.

Bloc Québécois Leader Gilles Duceppe: Bien que le Bloc Québécois soit en accord avec les principes de cette loi, nous ne croyons pas que la Loi canadienne sur la santé nécessite une modification puisque celle-ci représente l'exemple le plus flagrant d'empiètement du fédéral dans le domaine de la santé. Cette loi, «impose des conditions et des critères relatifs aux services de santé assurés et aux services de santé élargis que les provinces et les territoires doivent respecter pour recevoir la contribution financière complète au titre du Transfert canadien en matière de santé et de programmes sociaux (TCSPS).» Pourtant, le domaine de la santé et des services sociaux relève clairement des responsabilités du

Québec et des provinces.

Le Québec ainsi que le Bloc Québécois s'oppose donc à un système pancanadien de santé dirigé par le gouvernement fédéral qui, d'ailleurs, n'a ni l'expertise, ni les compétences nécessaires pour assumer un tel rôle.

Liberal Leader Paul Martin: My government stands by the Canada Health Act, which requires that the health care insurance plans of the provinces be administered and operated on a non-profit basis by a public authority, responsible to provincial governments and subject to audits of its accounts and financial transactions.

2. What is the federal role in Canadian health care? Is it limited to setting standards and defining what are medically necessary services?

NDP Leader Jack Layton: The first role is to properly fund it, as recommended by [Roy Romanow's Commission on the Future of Health Care in Canada]. The second is to assist and work collaboratively with the provinces to accomplish our Canada-wide objective, which is to assure the highest level of health care for every Canadian, irrespective of who they are. ...



NDP Leader Jack Layton touts Tommy Douglas.

Conservative Leader Stephen Harper: The irony is that it's not really clear to me that that has been the federal role. The Canada Health Act has set some very, very broad standards and it says that necessary medical services have to be covered. But the federal government has not provided much of a guide as to what [these are]. To implement ... the health accord requires the federal government to play ... a funding role, which I am prepared to discuss with the provinces. I think the most critical thing is to develop performance standards whereby we can measure the performance and accountability of the funds given.



Conservative Leader Stephen Harper and daughter Rachel: harping on change.

Bloc Québécois Leader Gilles Duceppe: L'intervention du fédéral en matière de santé devrait se limiter à ses champs de responsabilités, des autochtones à l'évaluation des produits toxiques en passant par l'approbation des nouveaux médicaments. Québec, pour sa part, est le seul maître d'œuvre quant aux orientations et à la gestion des services de santé et des services sociaux offerts à la population sur son territoire.

Liberal Leader Paul Martin: The Liberal government [is] ... firmly committed to the 5 fundamental principles of the Canada Health Act. ... In Budget 2004, we committed an additional \$2 billion in funding for health care [for a total of \$36.8 billion]. I intend to meet with the premiers this summer

to agree on a long term plan for a health care system that is properly funded, clearly sustainable and significantly reformed. ... We are also looking forward to forging a cohesive relationship with the provinces and territories, opening up medical spaces in universities, establishing appropriate home care and community services and creating a new pharmaceuticals strategy.

3. Health care expenditures are continuing to escalate above the rate of inflation. Is this sustainable?

NDP Leader Jack Layton: Absolutely it's sustainable. Let's face it, people are going to be cared for one way or the other anyway. Either they'll end up in emergency wards with very expensive care because we didn't nip things in the bud, or their families will have to absorb those costs ... That's why a national home care initiative ... would be the way to go. ... A sustainable approach ... requires the federal government to come to the table. As long as the costs are left to this extent in the hands of the provinces, then what happens is they have to cut education, they have to cut prevention programs, they have to stop building transit, which then creates more disease.

Conservative Leader Stephen Harper: I think health care could be sustained above the rate of inflation; it can't be sustained above the rate of economic growth. That's probably the really critical measure, and that has been happening. So, no. That's why I say ... it is essential that we develop the performance measures ... because simply spending more money is not a long-term viable solution.

Bloc Québécois Leader Gilles Duceppe: Il est vrai que les coûts des systèmes de santé augmentent à un rythme supérieur à l'inflation. Mais les revenus

des gouvernements augmentent aussi à un rythme supérieur à celui de l'inflation. Le principal problème est le déséquilibre fiscal qui sévit au Canada. Cette situation prive le Québec et les provinces des revenus nécessaires pour remplir leurs responsabilités, dont la santé.

Liberal Leader Paul Martin: Since the First Ministers' Health Accord of 2003, the federal government has added ... [\$42 billion in] spending and planned spending to 2005–06 [including] \$15 billion [for the] “Romanow Gap” to 2005–06. The “Romanow Gap” refers to this short-term funding, over 3 years, to provide catchup funding to the provinces.

The Romanow report identified that the base for federal cash transfers should be \$15.3 billion by 2005–06... A new Liberal government will commit an additional \$1 billion in 2004–05, and a further \$2 billion in 2005–06. The federal transfer for health, using calculations in line with Mr. Romanow's, will be \$16.3 billion in 2005–06 ... [and] \$20.3 billion in 2005–06.

4. What would your government do to reduce waiting times for elective and non-elective surgery and to solve overcrowding in emergency departments?

NDP Leader Jack Layton: There are a series of things that should be done, and I would turn to many of the recommendations in the Romanow report ... Some involve trying to ensure that people can get care for things that don't require ... an emergency room. ... [This involves ensuring] the availability of more family physicians. ... We [also] favour clinics ... that allow for multidisciplinary teams to work together. ... It's really about being smarter in the way we do things.

Conservative Leader Stephen Harper: There's little the fed-

eral government can do directly, other than provide funding and insist upon the development of accountability and performance measures on that funding. The provinces themselves, because they ultimately run the core of the health care system and the hospital systems, are going to have to make sure that the money translates into better results. We're prepared to support them.

Bloc Québécois Leader Gilles Duceppe: Le gouvernement du Québec considère lui-même la réduction des temps d'attente comme une priorité, mais il n'a certainement pas besoin qu'Ottawa vienne lui imposer une façon d'agir en la matière.

Liberal Leader Paul Martin: We will work with the provinces and territories to implement a National Waiting Times Reduction Strategy ... [with] \$4 billion in new and targeted funds. The strategy will require the measurement and publication of current waiting times for many key procedures. ... In collaboration with the provinces, [we] will work with [key stakeholders] ... to define timely care, and to identify the areas in which waiting times are unacceptably long.

This will set the groundwork for our Five in Five plan — an all-out drive to achieve, in 5 years, major waiting-time reductions in at least 5 crucial treatment areas: cancer care, heart care, diagnostic imaging, joint replacements and sight restoration.

5. Is there a doctor and a nursing shortage? If there is, what is the federal role in solving that? (What would your government do about that?)

NDP Leader Jack Layton: Yes there is. It particularly has to do with an absence of training and an absence of funding. We have an awful lot of physicians trained in other countries ...

who could be providing health care. ... I think it's a question of ... getting rid of the obstacles, without sacrificing for a nanosecond any of the quality.

Conservative Leader Stephen Harper: I'm persuaded that there is, but once again, it is a matter of a combination of funding and making sure that funding translates into ... better results, and that would include more medical personnel. ... We are going to have to look at ways of getting more medical professionals into under-served areas. Also we're going to have to look at ways of bringing resources in [from] outside of the country and getting credentials recognized more easily than is done today.

Bloc Québécois Leader Gilles Duceppe: Le Bloc Québécois est conscient du manque criant de médecins et de personnel infirmier dans le système de santé au Québec. Toutefois, c'est au gouvernement du Québec de prendre les décisions nécessaires en ce sens.

Liberal Leader Paul Martin: [We] will work with the provinces and territories to overcome the shortage of medical providers.... [We] will work ... to expand the role of nurse practitioners and other health professionals and increase our national capacity to train health care personnel from specialists to technicians. ... We will accelerate the qualification of new immigrants with medical credentials and provide \$75 million to help train 1000 new Canadians

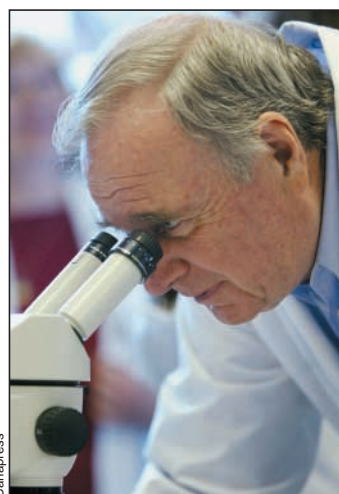
6. Do you support a national cancer control strategy on the model of the AIDS strategy? If so, how much would you allocate to it? [See page 1904.]

NDP Leader Jack Layton: Yes. I very, very strongly support the development of a national cancer control strategy.

Conservative Leader Stephen Harper: I've said that a Conservative government will support health care research and the development of new health technologies, and I think we'd work within that broad envelope. I can't attach specific dollar figures to it. We obviously would continue all existing funding.

Bloc Québécois Leader Gilles Duceppe: Si le Canada décidait de créer une nouvelle stratégie canadienne de contrôle du cancer, le gouvernement du Québec pourrait très bien collaborer en partageant son expertise et en échangeant de l'information, mais le Québec n'acceptera jamais de se faire imposer de quelconques conditions ou normes pancanadiennes provenant du gouvernement fédéral.

Liberal Leader Paul Martin: ... In 2003–04 the Liberal government invested over \$80 million in cancer research through the Canadian Institutes of Health Research. Our government provides stable, ongoing funding of \$7 million a year for the Canadian Breast Cancer Initiative.... The development phase for the Canadian Strategy for Cancer Control is now complete. Health Canada is working ... on finalizing the blueprint for implementation ..., and we expect the new Canadian Public Health Agency to assume ownership of this important file.



Liberal Leader Paul Martin looks at the issues.

7. Does Canada have a responsibility to the health of people outside our own borders? If so, would you increase the proportion of foreign assistance from 0.3% of GDP to 0.7%?

NDP Leader Jack Layton: Yes. We want Canada to be the first country in the world to fund the Global AIDS, Tuberculosis and Malaria Fund at the level prescribed in the concept. ... In addition, the UN goal of 0.7 of GDP going into development aid is one that we support.

Conservative Leader Stephen Harper: We have some [responsibility]. We supported Mr. Chrétien's drug bill — this is the bill that provided additional drugs to Third World countries [the amendment of the Patent Act]. But broadly speaking, our priority in health care, given our challenges, is going to have to be the health care system of Canadians.

Bloc Québécois Leader Gilles Duceppe: À l'instar des autres pays développés, le Canada s'est engagé à consacrer une enveloppe d'Aide publique au développement (APD) qui, à terme, devrait être équivalente à 0,7 % de son PNB. Le Bloc Québécois applaudit cette initiative.

Liberal Leader Paul Martin: Canada will continue to respond to emergencies with humanitarian assistance. Canada will commit 25% of its Official Development Assistance program to basic human needs ... as a means of enhancing its focus on addressing the security of the individual. Canada is committed to doubling development assistance by 2010. Our International Assistance Envelope has increased by 8% annually since 2002–03 and will continue to do so.

8. Do you support user fees or health care premiums?

NDP Leader Jack Layton: No. That's not the way we think we should be going.

Conservative Leader Stephen Harper: I don't have any difficulty with premiums as long as they are not charged to people who can't afford them. I come from Alberta where there has long been a premium in place, so I'm not opposed to that in principle. No government right now to my knowledge is advocating user fees. We certainly wouldn't advocate a user fee.

Bloc Québécois Leader Gilles Duceppe: Le Bloc Québécois partage en tout point les grands principes d'un régime de santé public où il n'existe qu'un seul payeur. Le Bloc Québécois s'oppose donc à la mise en place d'une taxe à la santé. Imposer une taxe ou des frais modérateurs aux patients remettraient en cause les objectifs de la société québécoise qui cherchent à réduire l'écart entre les riches et les pauvres.

Liberal Leader Paul Martin: Extra-billing and user charges for medically necessary insured services are prohibited by the Canada Health Act and are subject to mandatory dollar-for-dollar penalties. Canadians clearly expect the federal government to ... ensure that the health care system continues to reflect both the letter and the spirit of the Canada Health Act. My government remains committed to ensuring that all residents of Canada have reasonable access to medically necessary insured services on the basis of need, not ability to pay.

9. Are you committed to implementing the Romanow report, *Building on Values: the Future of Health Care in Canada*? If so, what would you do first?

NDP Leader Jack Layton: The first thing to do is to close the

funding gap. That's the only way you are going to successfully bring provinces to the table. Sure, you should discuss a framework and put that in place very quickly. The key thing is to make sure those health dollars go to health. ... There are very few elements in [the] report that we have a problem with.

Conservative Leader Stephen Harper: The Romanow report is not the basis of our priorities in health care. We view the starting point for health care reform as the national health accord that was signed in 2003. ... It restored funding for some of the core services ... cut in the '90s, provided a dedicated health transfer from Ottawa, provided flexible delivery options within the public health insurance system, provided an accountability system in the national health council (which hasn't been fully implemented), and [set] some additional priorities such as ... primary care reform, home care and a catastrophic drug coverage as well as some funds for medical equipment and research. Those are all objectives we support.

Bloc Québécois Leader Gilles Duceppe: Le Bloc Québécois se préoccupe grandement des problèmes vécus en santé, conséquence du sous-financement de ce secteur par le gouvernement fédéral. La Commission Romanow suggérerait au gouvernement fédéral qu'il assume 25 % des coûts des soins de santé. Le Bloc Québécois, à l'instar du consensus des premiers ministres provinciaux et du rapport Romanow, exige que le financement fédéral atteigne 25 % d'ici 2009–10.

Liberal Leader Paul Martin: Our efforts are guided by the work of Roy Romanow and many others who have studied the health system exhaustively. Our goal is to ensure that the federal government is bearing a fair share of the cost of publicly provided health care. — *Laura Eggertson, CMAJ*



Bloc Québécois Leader Gilles Duceppe: "un parti propre"