

Election 2006: Party leaders debate the health of the nation

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As the January 23 federal election looms, health care is featuring prominently in the platforms and the speeches of all major party leaders, as well as in the concerns of voters. *CMAJ* asked all 4 leaders for interviews to respond to our questions about health care policy. None of the leaders would grant us interviews. All 4 parties, however, sent responses to our questions. We print them below, unabridged, in the same order in which we received them.

1. What would your government do about the private clinics and services currently operating in Canada?

Bloc Québécois Leader Gilles Duceppe: En matière de santé publique, le Bloc Québécois estime que le principal problème est le sous-financement qui découle du déséquilibre fiscal qui sévit au Canada. Cette situation prive le Québec et les provinces des revenus nécessaires pour s'acquitter de leurs responsabilités en santé et pour les services sociaux.

Le Bloc Québécois considère ainsi que les problèmes vécus aujourd'hui dans le système de santé du Québec ont été causés en grande partie par le gouvernement libéral fédéral qui s'est désengagé massivement de la santé à compter de 1994-1995. En effet, les coupures draconiennes du fédéral à partir de 1994, alors que le Québec amorçait une réforme de ses soins de santé, ont empêché le gouvernement du Québec de mener à bien les améliorations envisagées et rendue illusoire toute planification intelligente pour répondre aux besoins des Québécoises et Québécois.

Le Bloc Québécois juge que seule la correction du déséquilibre fiscal permettra au Québec et aux provinces de développer davantage les services à leur population dans leurs champs de compétences exclusifs et de s'assurer qu'en matière de santé, leurs citoyennes et citoyens reçoivent les soins adéquats.

Ainsi, plus que des ententes ponctuelles, le Bloc Québécois demande qu'en matière de financement



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Bloc Québécois Leader Gilles Duceppe

de la santé et des services sociaux, le Québec et les provinces puissent compter sur un financement récurrent et stable qui leur permettra de développer davantage leurs réseaux respectifs et d'assurer que leurs citoyennes et citoyens seront bien servis.

NDP Leader Jack Layton: The NDP will defend public health care in the next Parliament by

- refusing to permit the dismantling of Canada's single-payer medicare system;
- prohibiting the use of federal transfers, directly or indirectly, to subsidize a new, profit-making private insurance system covering medically-necessary service;
- ensuring that no federal money be used to cover the salaries or costs of doctors and any other medical per-

sonnel involved in a new, separate, profit-making private insurance system; and by

- tough monitoring and enforcement of these rules.

The NDP founded medicare. Working families and ordinary Canadians count on us to fight for the public medicare system they want, and we will.

Conservative Leader Stephen Harper: The Conservative Party stands steadfast in support of a single-payer, publicly funded health care system. Anything less is untenable. A Conservative government would not support a private, parallel system. [I have] only ever used the public health care system — the only system the vast majority of Canadians can afford.

The choice of health care service providers is strictly within provincial jurisdiction. In respect of that jurisdiction, a Conservative government would not interfere in the arrangements individual provinces make in the delivery of health care services as long as they are consistent with the principles of the Canada Health Act.

Liberal Leader Paul Martin: See answer to number 2 below.

2. Should Canadians be allowed to purchase private insurance for health care services already provided in the public health care system? Will you allow this?

Bloc Québécois Leader Gilles Duceppe: L'accès de tous aux soins de santé, sans égard au statut social et au revenu, répond à un impératif de justice sociale élémentaire.

Comme la santé et les services sociaux relèvent de la compétence exclusive du Québec et des provinces, ce sont ces gouvernements qui sont en mesure de mettre sur pied des systèmes de soins de santé qui répondent le mieux aux besoins de leur population respective selon les modalités qu'ils déterminent.

NDP Leader Jack Layton: The Supreme Court said people's right to life and liberty is threatened ... and that people have the right to escape to a private system because the public one is failing. The solution is to fix the public system and make it impossible for a private one to emerge. This [past] fall, the NDP put forward proposals to end the growth of for-profit medicine across the country. But the health minister refused to acknowledge that there was even a problem.

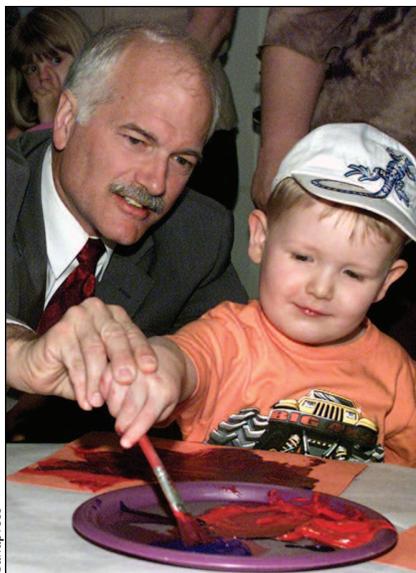
Technical note: In a 4–3 split on June 9, 2005, the Supreme Court struck down a Quebec law that banned people from buying private health insurance to cover procedures already offered by the public system. The Court found the law violated a patient's Quebec Charter right to "life, liberty and security" — because wait times for hip replacement surgery were unacceptably long. The court was split 3–3 on whether his Canadian Charter rights were violated.

Conservative Leader Stephen Harper: The Conservative Party has not addressed or endorsed the provision of private insurance for health care services. The Quebec wing of the Liberal Party of Canada did pass a resolution to allow private insurance to pay for health care.

The question of the availability of private insurance has arisen because of a case that recently came before the Supreme Court of Canada, which concluded that many Canadian patients are suffering, and some even dying, while they wait for necessary medical treatment. In the words of the Chief Justice Beverley McLachlin and Justice John Major: "The evidence in this case shows that delays in the public health care system are widespread, and that, in some serious cases, patients die as a result of waiting lists for public health care. ... denying people vital health care result[s] in physical and psychological suffering that meets a threshold test of seriousness."

The issue is one of human rights. The Supreme Court held that forcing patients to wait for treatment violates the Quebec Charter of Human Rights and Freedoms and (according to 3 of the 4 majority judges) contravenes the Canadian Charter of Rights and Freedoms.

Referring to [the] Charter's guarantees of life and security of the person,



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NDP Leader Jack Layton

the Chief Justice and Justice Major wrote: "Where lack of timely health care can result in death, the [section] 7 protection of life is engaged; where it can result in serious psychological and physical suffering, the [section] 7 protection of security of the person is triggered ...".

In clear and unambiguous terms, the judges declared what thousands of Canadian patients know all too well: "Access to a waiting list is not access to health care."

A Conservative government would respect the judgment of the Supreme Court. We agree that Canadian patients should not face unneeded waits for medically necessary services. As part of our plan to address wait times, a Conservative government would institute a Patient Wait Times Guarantee so that when the wait time is exceeded, the patient will receive treatment in another jurisdiction.

Liberal Leader Paul Martin: The Liberal government believes in a public health care system and is firmly committed to the 5 fundamental principles of the Canada Health Act: universality, accessibility, comprehensiveness, portability and public administration.

The Liberal government is committed to strengthening Canada's publicly funded system of health care.

On Sept. 15, 2004, the First Ministers signed an agreement on a 10-year plan to strengthen and renew the pub-

lic health care system. The Liberal Government's investment of \$41.3 billion will be used to increase ongoing federal health support provided through the Canada Health Transfer, and meet the financial recommendations in the Romanow report on the Future of Health Care in Canada.

Through a patient-centered approach that anchors the federal government as the champion of a publicly funded health care system, we will ensure patients receive access to care based on need, and not [on] ability to pay.

Since the signing of the 10-Year Plan to Renew Health Care, this Liberal Government has announced additional investments to

- reduce wait times;
- improve the health of Aboriginal peoples;
- integrate internationally educated doctors and nurses into the health care system; and
- improve data collection and reporting on health system performance.

In July 2005, Dr. Brian Postl was appointed as the Federal Advisor on Wait Times. He is currently working with governments, health care providers and researchers to achieve meaningful reductions in wait times.

Through these investments, we can see real change. Most importantly, wait times are dropping in our provinces and territories.

In November 2005 we also created the Canadian Public Health Care Protection Initiative — our proposal to further strengthen the public health care system. It will do 3 specific things:

- attach conditions ensuring that any future dedicated health care funding investment — whether for additional doctors and nurses, medical equipment, a national pharmaceuticals strategy or other purpose — will be solely for use within the public health care system;
- eliminate so-called double-dipping by doctors, the practice of which can serve as an incentive to the fostering of private alternatives; and
- ensure the establishment of a proper information base to track the patterns and activities within our health care system so that when we act, we act on the basis of facts.

Our government is taking actions concerning clinics who may charge for medically necessary services. Every year for the last 10 years, some provinces have been fined for contravening the Canada Health Act. We will continue to enforce the Canada Health Act through financial penalties to provinces and territories who contravene the principles of the Act.

On April 26, 2005, Canada's Health Minister Ujjal Dosanjh wrote to the Health Ministers of British Columbia, Alberta, Quebec and Nova Scotia to ensure that Canadians will not be charged for medically necessary services at clinics. These discussions at the officials' level are on-going.

3. What would your government do to improve First Nations Health and water quality? How much money are you prepared to commit, and over what time frame?

Bloc Québécois Leader Gilles Duceppe: Le Bloc Québécois, qui reconnaît les peuples autochtones comme des peuples distincts ayant droit à leurs cultures, à leurs langues, à leurs coutumes et traditions et ayant le droit d'orienter eux-mêmes leur développement, fait siennes les recommandations de la Commission royale sur les peuples autochtones, dont le rapport a été publié il y a près de 10 ans déjà, et croit donc que le gouvernement fédéral doit non seulement réparer les torts occasionnés aux peuples autochtones par l'application, depuis plus de cent vingt-cinq ans, de la rétrograde Loi sur les Indiens mais aussi soutenir les peuples autochtones dans la concrétisation de leur droit inhérent à l'autonomie gouvernementale.

Pour le Bloc, tout comme pour le Québec, l'avenir des relations avec les nations autochtones passe par le partenariat constructif et respectueux des intérêts légitimes de chacun. Le gouvernement fédéral devrait commencer par doter les Autochtones d'outils de développement économique et social afin qu'ils puissent se dégager des ressources adéquates pour pallier aux graves problèmes auxquels ils font face, notamment en santé, et pour améliorer leurs conditions de vie.

En attendant le jour où toutes les nations autochtones réaliseront leur autonomie gouvernementale et se doteront des outils adéquats, il est de la responsabilité du gouvernement fédéral, fiduciaire des peuples autochtones, de s'assurer que les Premiers peuples disposent de tous les moyens nécessaires pour pallier à ces graves problèmes.

NDP Leader Jack Layton: We are proud of the work our MP Charlie Angus did to denounce the water quality and housing crisis in the community of Kashechewan and to bring this tragedy to the national scene and force the federal government to help this community.

The NDP is committed to introducing and passing a Clean Water Act that would establish national standards and protection for drinking water, including those jurisdictions under federal control. Water quality regulations under this law would include standards for solid waste disposal, dump management, mine site operations and rehabilitation, forestry and farming practices, and pesticide use. Finally, related to this legislation, the NDP's infrastructure-financing program will provide funding for badly needed improvements to public sewer and water systems, making a real difference in water quality.

Also, it was the New Democratic Party who forced the Liberals to stop their \$4.5 billion in corporate tax cuts and instead invest \$4.5 billion as a critical down payment on things like Aboriginal housing, education and training.

In fact, the NDP secured \$1.6 billion for affordable housing, including dedicated funds for Aboriginal housing. And we secured \$1.5 billion for education and training, with dedicated funds for Aboriginal peoples. It's a good beginning. But there's a lot more to do.

Conservative Leader Stephen Harper: A Conservative government would uphold the fundamental obligation of the Government of Canada to provide health care services to Aboriginal peoples. The federal government has failed First Nations by not giving their communities levels of protection comparable to that of people living off reserves.

We will work with First Nations and the provincial health ministries to ensure adequate and comparable levels of care are delivered in a timely and effective manner.

As the tragedy in Kashechewan so clearly illustrates, water quality on reserves is a serious problem that has been neglected for far too long. Despite the hundreds of millions in federal funds spent to improve drinking water on reserves, a significant proportion of drinking water systems continue to deliver water that is often not safe to drink. As of the date of the election, more than 100 First Nations communities live under boil water advisories. This is a public health issue, and a Conservative government would pay particular attention to issues of public health. A Conservative government would work with First Nations and the provinces to address this pressing problem.



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Conservative Leader Stephen Harper

Liberal Leader Paul Martin: This Liberal Government is proud of the fact that Canada has some of the safest and cleanest drinking water in the world. We will continue to work hard to ensure clean, safe and reliable drinking water for all Canadians, including First Nations and Aboriginal communities.

In 2003, the Liberal Government allocated \$600 million over 5 years to Indian and Northern Affairs Canada and Health Canada to upgrade, maintain,

and monitor water and wastewater systems on First Nations reserves.

The Government of Canada assists First Nations in identifying and addressing potential drinking water quality problems. This includes testing and sampling the overall quality of drinking water at the tap, and reviewing, interpreting, and disseminating results.

We recently announced an action plan to ensure the health and long-term well being of First Nations communities. This includes immediate acceleration of the First Nations Water Management Strategy and development of a regulatory regime with First Nations.

The Liberal Government is strongly committed to working with Aboriginal peoples, provinces and territories to improve health care for Aboriginal people and help them attain a level of health comparable to that of other Canadians.

In 2004, this Liberal Government committed \$700 million over 5 years for Aboriginal health initiatives, including

- \$200 million for an Aboriginal Health Transition Fund, for key stakeholders to work with Aboriginal communities to devise new ways



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Liberal Leader Paul Martin

to integrate and adapt existing health services to better meet the needs of Aboriginal people;

- \$100 million for an Aboriginal Health Human Resources Initiative, to increase the number of Aboriginal people choosing health care professions, provide a more culturally sensitive focus on Aboriginal health delivery service, and improve the retention of health workers serving all Aboriginal peoples, including First Nations, Inuit, and Métis;
- \$190 million to make permanent and enhance the Aboriginal Diabetes Initiative;
- \$65 million for an Aboriginal Youth Suicide Prevention Strategy; and
- \$145 million for maternal and child health, including enhancements in early childhood development.

4. What would your government do in the short term and long term to increase the supply of physicians?

Bloc Québécois Leader Gilles Duceppe:

Le Bloc Québécois, qui œuvre sur la scène fédérale, lutte d'abord pour que le gouvernement fédéral reconnaisse le déséquilibre fiscal et laisse au gouvernement du Québec les moyens de s'acquitter de ses responsabilités, notamment l'éducation et la santé.

Nous notons par ailleurs que le gouvernement québécois a déjà pris les moyens pour s'assurer que plus d'étudiants sont admis dans les facultés de médecine afin de combler le manque d'effectifs sur son territoire.

NDP Leader Jack Layton: In the short term, New Democrats have always committed to take action to get credentials recognized for foreign nurses and technologists as well as doctors and other medical specialists. We are also committed to developing a plan to get the many workers already in the system, but not working at their full competencies, upgraded to higher levels,

and to increase funding so that provinces and territories can act immediately to increase their health human resource capacity.

In the long term we are committed to working to establish a national strategy that would address the shortage of health professionals.

Conservative Leader Stephen Harper: A Conservative government would work with the provinces and territories to increase the supply of health care professionals in Canada by supporting the expansion of educational programs for doctors, nurses and other health professionals.

We have introduced a generous package of support for postsecondary education to assist students and their families with the rising costs of university and college attendance. The package will include new funding for the Canada Student Loan program and tax relief for students receiving bursaries and scholarships.

Liberal Leader Paul Martin: The Liberal Government believes that investing in our health care professionals is critical to maintaining our public health care system.

In 2005, this Liberal Government pledged \$75 million over 5 years to accelerate and expand the assessment and integration of internationally educated health care professionals, to address Canadians' concerns about improved and more timely access to care.

This funding will be used for evaluating clinical skills, knowledge, language proficiency and prior learning activities of internationally educated health care professionals, and increasing the number of clinical placements for physicians, nurses and other health care professionals.

— Compiled by Laura Eggertson and Barbara Sibbald, *CMAJ*

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