

Expect little, demand more from feds on health

The federal government could and should play a bigger role in health care but likely won't, regardless of which party Canadians elect Oct. 19, experts predict.

"No government is going to tackle health care reform unless it's forced to do so," said renowned reformer Dr. Duncan Sinclair, one of four panelists at a public lecture hosted by the University of Ottawa Centre for Health Law, Policy and Ethics on Sep. 24.

Canada lags behind most international peers on measures of health system performance and value, and Canadians consistently rank fixing health care among their top priorities. But these anxieties haven't yet translated into a serious push for change, argued the panelists.

Sinclair, who chaired Ontario's Health Services Restructuring Commission from 1996 to 2000, explained that only a "real crisis with lasting effects or sustained public pressure" will force a stronger federal hand in health. "I would think a recession that lasted a while would probably do it."

According to Steven Lewis, panelist and health policy analyst, it's clear what Canadians can expect in the meantime. "If the Conservative government is re-elected, you can expect the same, which is nothing," he said. "They are decentralizers by instinct, habit and policy, and I wouldn't expect to see change."

"If someone else wins, the ball game changes a bit," but not substantially, Lewis added. Although the Greens and NDP have notably promised investments in pharmacare, health reform writ large doesn't factor in any federal platform.

The public may have bought into the federal government's oft-stated view that health care is a provincial responsibility, said Colleen Flood, panelist and Canada Research Chair in Health Law and Policy. In reality, "the courts have upheld the federal government's ability to tax and spend in matters that pertain to provincial jurisdiction such as medi-



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Canadians must demand more from the federal government on health, urged an expert panel.

care, and to attach conditions to that money," Flood said.

Under that framework, panelists described a spectrum of roles the government could play in health.

At minimum, the federal government could act as a "truth-teller," reporting on health system performance to spur reform, said Lewis. "There is very little objective information that is widely, clearly and fearlessly shared with Canadians about the state of our health care system," he explained. Instead, organizations like the Canadian Institute for Health Information are "frankly muzzled."

These issues are compounded by broken communication between gov-

ernments, as evident during Toronto's SARS outbreak in 2003, said Dr. Kumanan Wilson, panelist and senior scientist at the Ottawa Health Research Institute.

"The federal government didn't receive the information it needed from Ontario because there were no sharing agreements, and this is why the World Health Organization issued a travel advisory," Wilson said. "If they had the information at the ground level, they would have realized there wasn't community spread."

The federal government could also reduce pressure on health systems without stepping on provincial toes by dedicating funds and programs to address

social and economic inequality — both major determinants of health.

This would mean a “re-examination of the withdrawal of social supports [under the Conservative government] and a rejigging of the tax system so it’s fairer,” said Lewis.

Further along the spectrum, the federal government could provide leadership and targeted funding to close gaps in provincial coverage of pharmacare, long-term care and preventive care.

“We need a rebalance of the acute care system, which is well-funded, and the chronic care system, which is hardly funded at all,” urged Sinclair. Otherwise, Medicare is like a “transportation system in which we pour all of our resources into repair shops, leaving nothing for the design of better cars, much less teaching people to drive.”

Flood would see the federal government go a step further to lead a complete overhaul of medicare to “fund every-

thing that’s medically necessary and have a reasonable process to decide what’s in and what’s out.”

“Mucking around on the edges and trying to nudge people is what we’ve been doing for the last 20 to 30 years, and it’s gone nowhere,” said Flood. “Go big or go home, because these other things won’t do much.” — Lauren Vogel, *CMAJ*

CMAJ 2015. DOI:10.1503/cmaj.109-5166