Medicare

"Dream no little dreams" . . .

"Freedom, like peace, is indivisible. I must protect my neighbour's rights in order to safeguard my own."
T.C. Douglas

Wendy Despins
President

It was both a privilege and an honour to attend as a representative on your behalf "The Tommy Douglas Vision of Medicare S.O.S. Medicare 2: Looking Forward Conference" held this spring in Regina. The first conference was held in 1979. I have attended a number of conferences and lectures on Medicare and Wait Times in the last 2 ½ years and this 2007 conference was a historical event from the line up of speakers to the 600 plus delegates. The conference was opened by Shirley Douglas and over the course of the two packed days there were 38 speakers. Some of the speakers included the Honourable Allan Blakeney former Premier and Minister of Health, Monique Bégin former Canadian Minister of Health and Welfare, also the author of the Canada Health Act, Uwe Reinhardt PhD Professor of Political Economy, Robert G. Evans, PhD, Professor of Economics, Honourable Roy Romanow, former Premier of Saskatchewan and Chair Commission on the Future of Health Care in Canada, and Stephen Lewis former U.N. Secretary-General's Special Envoy for HIV/AIDS in Africa.

The audience was equally diverse, and the topic of Medicare was approached from many different angles and viewpoints. The session titles included:

1. Tommy Douglas' Vision and the Future of Medicare
2. International Perspective
3. Financing to Achieve Greater Equity
4. Health Care Reforms: Pharmacare, Home Care & Primary Care
5. Social Determinants of Health
6. Getting There from Here

Monique Bégin provided some sobering statistics:

- **45 million people in the United States are uninsured**
- **1 million people in the United States are underinsured**
- **The total population of Canada is 33 million**

The conference was structured so all delegates were able to attend all panel presentations. Each of the sessions began with a keynote address followed by presentations of four to six different speakers. At the end of the panel presentations the moderator invited the audience to raise questions or comments at one of several floor microphones. They generally took eight questions with approximately 90 seconds per speaker. There were several members of the Canadian Health Professionals Secretariat (CHPS) there including MAHCP, and **we each took advantage of this opportunity to raise the profile of our memberships and our concerns as health care providers.** Of the 600 delegates MAHCP was able to speak twice from the perspective of the allied health professional. I identified who we the members of MAHCP are and some of the issues facing us as health care providers. **I spoke of our critical shortages, our recruitment and retention issues, the increased injury rates in professions such as ultrasound and the ever increasing workloads coupled with extensive overtime.** I also questioned the wisdom of purchasing equipment without the human resources required to operate it. These comments were well received. **A topic such as Medicare must be viewed in all of its complexities and include input from all health care providers.** It was heartening to hear that some of the panelists included all health care workers in their presentations. However, there was only one panelist from the demographic of Allied Health. Elisabeth Ballermann, President of Health Sciences Association of Alberta/NUPGE titled her presentation "It's all about People". Here are some of her key points:

1. The Canada Health Act needs to be expanded to include phase 2
2. Allied Health Professionals need to be acknowledged and included in the discussion
3. There are significant shortages - 85% shortage in laboratory technology by 2015
4. **There needs to be a comprehensive national human resource strategy for health care**
5. Retention is as important as recruitment

Findings in United States by Dr. P.J. Devereaux:

- **8% higher death rate in for profit dialysis clinics versus not for profit dialysis clinics. There are approximately 2,000 premature deaths annually at for profit clinics.**
- **Nursing homes have serious differences in quality of care – for profit nursing homes have a 40% higher incidence of bed sores**
- **Private health care costs approximately 20% more**

When referring to our Canadian Health Expenditures as a % of the Gross Domestic Product (GDP) Robert G. Evans, PhD, Professor of Economics University of British Columbia told us that Canada is in the best fiscal shape of

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any of the G7 countries. He went on to say that **health care spending as a % of GDP had been very stable from 1975 through to and including 2006.** He talked about the Architecture of Conflicting Interests:

1. Who Pays?
2. Who Gets?
3. Who Gets Paid?

Privatization isn't about containing costs but of transferring costs.

- **50% of personal bankruptcies in the USA are due to health care bills**
- **USA Citizens have been arrested for their inability to pay their medical bills**

Michael Mendelson, Caledon Institute of Social Policy spoke on "The Federal Role in Financing Medicare". He stressed the point as did many other speakers that we need a national strategy. The role of equalization is a critical role of maintaining Medicare across the country. **He noted Manitoba and Nova Scotia as "have not" provinces** for an example of why we need to return to a federal strategy, not individual provinces and territories. As a further argument to support a national strategy he talked about First Nation health care and how it is the fiduciary responsibility of the government. There are terrible problems in health care on reserves that need to be addressed at a national level.

Titled "Forward First for Children"; Tom Kent, Principle Secretary to Prime Minister Pearson stressed the importance of addressing the needs of Canada's children when looking at a national health care plan. He also discussed political obstacles to Medicare. **The reduction and loss of federal transfer payments to the provinces has required replacing federal tax dollars with provincial taxes which has undermined Medicare as a national program. We need a national, federally funded strategy** that promotes health and development of children and includes comprehensive nutritional care, dentistry, vision care, prenatal care and comprehensive health care programs.

Colleen Flood SJD, LLM, Faculty of Law, University of Toronto discussed the Supreme Court of Canada's Chaoulli decision (right to private health care in Quebec). The Supreme Court had concluded that monopolies cause "wait lists" so therefore end the monopoly and the system problems are solved. Cuba and Canada are the only countries that have a health care monopoly yet there are many countries without a monopoly that have wait times and access problems. Some have historically much longer wait times than Canada. In New Zealand wait times are reported as reduced at 6 months, however your name is not added to a wait list now unless the system can meet your needs within 6 months. We need to look at the broader picture.

"Medicare is not a business venture, but a moral enterprise."

Honourable Roy Romanow
Royal Commission Report

I have only touched ever so briefly on some of the speakers and their various thoughts on Medicare. I plan to include more in future articles on Medicare and wait times.

This conference reinforced my pride at being a Canadian, my pride that we have one of the best health care systems in the world and that part of our Canadian identity is our Medicare system. **It also reinforced that it is sustainable, that it is affordable and that it is defendable. We need to defend our Medicare system. We need to be advocates for Medicare.** As Shirley Douglas said "we need to raise our voices to protect and defend health care, 33 million people in this country are counting on us."

"Courage my friends, it's not too late to build a better world."

Tommy Douglas

Respectfully submitted by:
Wendy Despins
President