

Will the Health Care Watchdog Have Teeth?

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In their dealings over health matters, provincial and federal governments have been devious and self-serving.

Roy Romanow's landmark report on how to rescue Medicare included a key recommendation to form a National Health Council.

Romanow saw the Council as serving an auditing function, making sure that public money devoted to health care was wisely spent. More than that, Romanow envisaged the Council as a sort of soul of Medicare, a national conscience ensuring that every Canadian maintains access to high quality health care.

But shouldn't governments have that role?

Perhaps they should but, if so, governments have been derelict in their duty. Rather than working together, both federal and provincial governments have excused their health care failings by pinning blame on one another.

In his interim report, Romanow described "the corrosive and unproductive long-distance hollering and finger-pointing that currently passes for debate on how to renew the health care system".

The federal government has behaved badly by making massive cutbacks in funding transfers for health care to the provinces. Provincial misdemeanors have included complaining about inadequate funds while cutting taxes, and violating the Canada Health Act by allowing direct charges to patients for elective surgeries and diagnostic tests.

Some provinces have also misled the public with statements that health care spending is out of control when the truth is that, as a proportion of gross domestic product, spending is no higher than a decade ago. Provinces have also ignored evidence that investor-owned private for-profit companies deliver health care that is lower quality, and more costly than not-for-profit health care delivery.

Romanow saw that when it comes to health care, our governments have proved untrustworthy, and incapable of co-operation. He proposed the Health Council as a way of dealing with political bickering, and with government lies. The public would have a trustworthy guardian of the health care system. If the provinces, or Ottawa, weren't doing their job or telling the truth, the Council would let Canadians know.

Romanow suggested that to be effective, a Health Council must include scientists who know the evidence about how health systems work best, experts in managing health systems, and public representatives.

An effective Health Council will also require independence. And that is where the train may be going off the rails.

In their health accord of February 2003, the federal and provincial governments agreed to create a National Health Council by May, 2003. Then, in September, they agreed to have the Council in place by October 23.

Due to the usual squabbling, the Health Council remains nothing more than a promise. Alberta has been particularly vocal in resisting a council with the authority and resources to play an effective watchdog role.

Indeed, Alberta looked set to kill the deal. Then, in August, a national poll found that 70% of Canadians thought the federal government should ignore provincial concerns and create the Council right away.

That brought Alberta back to the negotiating table and the governments finally have an agreement with specifics about the structure of the Council. Ralph Klein's latest statements suggest he is once again increasingly resistant to a really effective Council. Moreover, the proposed Council structure has major problems.

The suggestion is that the Council will have 27 members, including a Chair, and one appointee from each of the provincial and territorial governments. Direct government appointees will total 13, because Quebec is not participating. The other 13 members will be, as Romanow suggested, experts and public representatives from outside government. The plan presents a number of difficulties.

First, a 27-member Council is too big. The large size threatens effective function.

Second, and more serious, is the large proportion of government representatives. Governments have avoided the accountability that the Council is seeking to establish. One can expect provincial government representatives to do all they can to avoid embarrassing criticisms of their home provinces.

Third, governments will control the choice of experts and public representatives. As a result, anyone with a record suggesting they will be tough in holding governments responsible is unlikely to find a seat on the Council.

How should the Council be constituted and chosen to ensure its independence? First, there should be fewer government representatives, or preferably none at all.

Second, governments should choose a small number of eminent Canadians who have demonstrated leadership in establishing and maintaining a national, publicly funded, universally accessible, comprehensive system of health care delivery. That group would receive all nominations and present to the first ministers a slate restricted to independently minded individuals.

Can a Council intended to critically review governments' actions function effectively if the governments under scrutiny control the Council's membership? The current structure and process of selection of Health Council members suggests, if we ever get a Council at all, it will operate more like a lap-dog than a watchdog.