

**This is how to save Medicare, Mr. Romanow**  
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**By Rosana Pellizzari**

Dear Roy Romanow:

Welcome back to Toronto.

Today, at the Colony Hotel, you'll hear more than 20 Torontonians, including me, telling you how to save Medicare. Among us are former politicians, nurses, physicians, academics and activists. Each of us is bringing our own prescription for sustaining Medicare. Each of us hopes that the advice we offer today will inspire you to point policy makers and bureaucrats in the right direction.

This is what we mean by "the right direction:" It leads to a federal-provincial partnership guaranteeing Canadians in every part of the country a health system which is well-funded, with explicit, enforced national standards.

Today, Dr. Gordon Guyatt of the Medical Reform Group will tell you that Canadians do not believe that health care spending is either "out of control" or in crisis.

He'll set the record straight with these facts: We now spend 9.4 per cent on health care, as a proportion of Gross Domestic Product, compared to 10 per cent a decade ago.

Public funding, the portion coming through governments from taxpayers, is now 6.3 per cent of GDP, down from 6.8 per cent. Yet, in 2001, federal and provincial governments generated \$40 billion in surpluses and tax cuts.

With billions of dollars vanishing from spending, no wonder health care, the largest provincial budget item, has come under attack.

Today, economist Armine Yalnizyan will tell you that the real problem is the status quo: the federal government makes unilateral cuts; provincial governments fund tax cuts with federal transfer payments intended for

health funding; the system lacks transparency so that voters can't tell who's really to blame.

Dr. Alex Heber, a Toronto psychiatrist also representing the Medical Reform Group, will urge you to recommend a revised funding formula for health care which ties federal funding to the GDP and ensures that increases in provincial funding are matched federally.

Mr. Romanow, the funding of health care must be transparent so that Canadians can hold governments accountable.

"The federal provincial dialogue is exclusionary and unduly narrow," Dr. Sheela Basrur, Toronto's Medical Officer of Health will tell you. "Our biggest problem, in public health, is that we have been invisible, or at best, marginal in discussions on how to improve the health of the public."

Dr. Basrur will remind you, Mr. Romanow, that public health is decentralized, often delivered by local governments and health authorities. Decisions about the future of health care must include these important perspectives.

Finally, what you will hear, again and again, is that Canadians want and need a strong federal role in the protection of Medicare.

It's that simple: the federal government must and should use its funding and legislative powers to direct and enforce provincial and territorial health care delivery.

But Dr. Basrur will add that it's equally important to have leadership in research, in healthy public policy and in taking the broader perspective on the health and well-being of Canadians. All this can be accomplished through strategic investments.

You may want to ask questions, too, Mr. Romanow. You may want to ask Dr. Guyatt of the Medical Reform Group about his ground-breaking research which found an increase in mortality rates of at least 2 per cent in private, for-profit hospitals. Dr. Guyatt and his co-authors looked at 38 million patients in 26,000 hospitals. The results were published this week.

There should be no doubt your mind, Mr. Romanow, or in the thinking of any Canadian, that allowing the expansion of for-profit delivery of health care is dangerous to the health of Canadians. Armed with his evidence, Dr. Guyatt will argue that for-profit delivery of care results in less care, with tragic consequences, and more expensive care.

We are coming today to tell you that Canadians can't afford either.

As for me, Mr. Romanow, I'll be speaking to you as a family doctor on behalf of patients who can't find family doctors, or who can't get appropriate care at night or on weekends.

I'll be telling you, as a representative of the Coalition for Primary Health Care, that we do not believe Medicare will be sustainable without a national commitment to provide accessible, comprehensive and predictable care at the end of the phone or on the corner of the street.

We ask you to take Medicare into the 21st century. We ask you to propose a federal strategy to support community health centres, run by boards of citizens, and staffed by nurses, nurse practitioners, midwives, social workers, doctors and dieticians. Quebec and New Brunswick are already on the right track with this. We'd like to see Ontario and the rest of the country stop stalling and make real progress at transforming what Senator Michael Kirby has characterized as a "19th Century cottage industry" into an important element of a strong and effective health care system.

Mr Romanow, Medicare is not in crisis.

The real crisis is in the lack of political will to give Canadians what they really want: compassion and fairness for the sick and vulnerable; equity and justice in social policies; a strong public health system; comprehensive care which includes prescription drugs and homecare; and politicians who will serve in our interest and whom we can hold accountable.

We are telling you today that nothing less will sustain us into the future.

The views expressed are those of the author, a family physician at a Toronto community health centre.