

Liberals and Conservatives won't enforce Canada Health Act The Winnipeg Free Press and Straightgoods – June 17, 2004

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(Winnipeg Free Press Headline: Liberals, Tories, seek reconciliation)

Since Confederation, three contentious issues have haunted the Canadian political debate. The troubled relationship between Quebec and English Canada, and our ambivalent attitude toward the US, have already appeared in this election campaign. The third issue, the federal–provincial tussle over power and money, will determine the future of Canadian health care.

All three national parties have clarified their approach to the issue. The Liberals and Conservatives will mollify the provinces, while the NDP will challenge the provincial premiers.

These different strategies will influence key areas of Canadian health care. One is growth of user pay health care in which those with thick wallets use their money to jump the queue. In some provinces, patients are paying to get to the front of the line for MRI scans and surgical procedures.

Queue jumping violates the Canada Health Act, which prohibits patient charges for medically necessary services. All three parties are doing obeisance to the health act principles. But the Liberals have admitted they haven't been enforcing the act. Paul Martin's solution: an arbitration panel of experts. Sorry, Prime Minister, but the violations are obvious, and need no expert to identify.

Rob Merrifield, the Conservative health critic, says that he will enforce the Canada Health Act, but leave it to the provinces to define medically necessary services. Under Conservative rules, provinces can define services in which patients are queue jumping as unnecessary. Poof, the problem disappears.

Jack Layton has campaigned at the door of a Quebec MRI clinic that charges patients for quicker service, and vowed that he would enforce the health act to stop such practices.

Similar differences emerge for the choice between the current dominant

private not-for-profit approach to health care delivery, and an emerging alternative, private investor-owned for-profit delivery. Stephen Harper is an enthusiastic proponent of the for-profit option. The Liberals have blown hot and cold, but show no inclination to make the major changes needed to stop provincial initiatives to open health care delivery to big business.

Major changes would be necessary because the Canada Health Act dictates how we should pay for health care, but says nothing about how it should be delivered. Research shows that investor-owned for-profit care leads to poorer health outcomes and higher cost than not-for-profit delivery. Consequently, the NDP proposes to amend the act to permit withholding of federal funds from provinces that go the for-profit route. That amendment would put the heat on provinces to stop deviating from the not-for-profit model.

On the final issue, the policy lines are slightly less clear. The Romanow Commission, and the Senate Kirby Commission, recommended national home care and prescription drug programs. Stephen Harper has proposed a national pharmacare program, while the Liberals and NDP have set their sights on national programs in both areas.

But in fact, in the February 2003 health accord that provided the provinces with a major injection of federal money, all parties agreed to start work on establishing national home care and pharmacare programs. Over a year has passed, and negotiators have made no progress.

They won't either, because a number of provinces, led by Alberta and Quebec, have given a clear message to Ottawa's attempts to set national standards of care: butt out. Even the provinces that seem open to some degree of accountability are clear in opposing any conditions on federal money.

And unless the federal government takes a similar approach to home care and pharmacare as the Canada Health Act permits with physician and hospital services – that is, provinces meet the conditions, or the feds can withdraw the money – Canadians can forget about national programs with national standards.

Neither Liberals nor Conservatives are likely to make federal money

contingent on provinces adhering to Ottawa's rules. Indeed, following announcement of the Liberal health platform, Paul Martin took pains to reassure the provinces that waiting list targets were just that – targets that provinces could meet, or not meet, as they chose. “There is no question of national standards”, Martin said. Can't be much clearer than that.

As for Stephen Harper, he is the champion of a passive federal role that allows provinces to do what they like. The uncertainty here comes in the Conservative proposal for a national pharmacare program. To work, such a program would require federal rules for money expenditure.

The NDP platform doesn't spell out the conditions their national home care and pharmacare programs would place on the provinces. But their general approach suggests that they would establish standards that would leave the provinces squawking.

Bottom line: Canadians have a clear choice. Liberals and Conservatives will provide relative federal-provincial peace at the price of fragmented national health care standards as some provinces embrace user-pay for-profit health care, and others don't. The NDP offers a true advance in national health care delivery, at the price of federal-provincial battles.