

What the government's health survey doesn't ask

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By Dr. Gordon Guyatt

"Despite increased spending (25 per cent over the past three years) most people say they haven't noticed any improvement in care."

The statement appears in the introduction to the Ontario government's health survey, now circulating to all households in the province. The image: huge increases in health expenditures, with little effect.

What alternative introduction might the Tories have chosen?

How about: "Between 1992 and 1997, per person spending on health care in Ontario decreased substantially. With recent increases, we are just catching up to 1992 levels."

Or: "Despite expensive advances in drugs and medical technology, Ontario still spends less of its gross domestic product on health than in 1992."

These introductory statements create a different image. In the face of expanding services to a growing elderly population, and expensive health care innovations, Canada has done remarkably well in containing health costs. But the price has been an increase in stress for health workers, and increasing waits for some necessary services.

The Ministry's health care attitude survey is part of a Mike Harris policy initiative. The preparatory work has included Health Minister Tony Clum's repeated doomsday-sounding pronouncements about out-of-control health care spending. It has also featured Harris himself musing about the desirability of further increases in private delivery of health care. Despite our stable spending, there remains a real upward pressure on health care costs, and the need for important choices. The government's survey, intended to tap public opinion, doesn't present any of these choices.

What are some of the missing questions that the government might have asked? How about: "Would you prefer us to make a major reinvestment in

health, or cut corporate taxes, as we did (to the tune of 2.1 billion dollars) in our last budget?" Or: "Should non-profit groups like the Victorian Order of Nurses be delivering home care, and administering nursing homes, or should profit-making companies be doing the job?" And: "Should the government keep de-listing publicly insured services, like the coverage for fitting hearing aids we recently dropped?"

Along the same lines, the government might have asked about its decision to discontinue OHIP funding for audiologists unless they relocate their practices and work directly under physician supervision. While the government claims the decision will help ensure the quality of the audiologists' work, they have provided no evidence that audiologists' practices are substandard. Meanwhile, the new policy will reduce access to insured audiology services. The Physicians' Services Committee, made up of doctors from the Ontario Medical Association and Ministry of Health representatives, made the decisions to delist audiology testing for hearing aid fitting, and insist that audiologists work under direct physician supervision.

Who is missing from this committee? There are no other health professions, including nurses or audiologists. And no public representatives. Which raises another question for the survey. "Would you like to see the committee considering what services OHIP should cover have broader representation than just doctors and government?"

Further, would you like to see this committee considering areas in which OHIP coverage should be extended, rather than chopped? This could include coverage of essential dental care, and essential eye care, including glasses, or drug benefits for the 15% of Ontario citizens who cannot afford prescription drugs when they need them.

The list of omitted questions could go on. One might argue, though, that even a more informative public survey misses the opportunity for dialogue, or a detailed exploration of the issues.

What else might the government have done to achieve their stated goal of broad consultation on health policy? They could have taken up the offer made by District Health Councils to help the government engage in a serious dialogue with their communities around health issues. They could have invited community groups with a health focus to present their views

on policy issues like the ones I've mentioned.

For the provincial government, the advantage of the survey over such consultation is that it allows them to make a sales pitch to the Ontario public. The survey introduction includes, in addition to the government's view of health spending, reassuring statements about the Tories' commitment to make the system work better for patients.

In addition, a full page letter from the Health Minister lets us know that he is committed to ensuring that health care is there for everyone, regardless of income. If you are puzzled how this statement fits with the government's delisting of audiologists' services for fitting hearing aids, you are not alone.

It appears that the survey, whatever its limitations in allowing Ontarians to express their views on important health policy issues, is good Tory advertising. At public expense. The Harris government has received criticism for repeatedly using public money to push their message. Party strategists must have concluded that what they gain is worth the public criticism. In late August, following the health survey, the government announced a \$6 million ad campaign to inform the public about their plan to test public school teachers. For the health survey, the government could have avoided controversy about using public funds to promote themselves, and produced a better survey. They could have handed the task over to an independent body of health care policy and survey professionals. That group would certainly have omitted the advertising, and asked the public the key questions in health care today:

Should we be spending our society's resources to support tax cuts, or to rebuild our health care system?

Should health care delivery be in the hands of profit-making, or not-for-profit providers? Do we wish to maintain public funding of important health services, or do we want to shift the burden of payment to the patient?

Do we wish to leave gaps in public funding in areas of health such as home care, drugs, dental and eye care, or do we wish to close those gaps?

Unfortunately, when the survey results are in, whether the Harris'

government's answers to these questions match those of the public will remain uncertain.