



Features

Chroniques

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Can Med Assoc J 1997;156:1438,1440

Health care as an election issue: Alberta's experience

Richard Cairney

In brief

WITH A FEDERAL ELECTION in the offing, writer Richard Cairney looks back at the central role health care played during the recent Alberta election.

En bref

À L'APPROCHE DES ÉLECTIONS FÉDÉRALES, le journaliste albertain Richard Cairney examine le rôle central qu'ont joué les soins de santé dans la dernière élection provinciale en Alberta.

Three years ago, when Alberta Premier Ralph Klein's Conservative government was voted into office on a promise to impose "massive cuts" on government spending, no one knew exactly what to expect. After a few months of roundtable discussions with physicians and other health care professionals, an unprecedented overhaul began with a goal of cutting \$700 million in health care spending over 4 years.

The province dismantled public-health agencies and hospital boards, replacing them with 17 regional health authorities (RHAs) that were to develop new strategies for health care delivery. Physicians were basically left on the sidelines, looking on in anger and disbelief as bottom-line issues overtook patient care.

Protests were staged, voters marched at hospitals, doctors bemoaned the cuts and patients began to lose faith in the health care system. At the time opposition to the moves fell on deaf ears, for speaking out against common-sense policies aimed at cutting spending and balancing the budget was politically unpopular throughout Alberta. Nevertheless, Klein did eventually go against his solemn vow never to blink in the face of opposition. First, he gave in to pressure from both physicians and RHAs, as doctors were given nonvoting positions on health-authority boards. Then, in 1996, he ordered a moratorium on health care spending cuts. With \$500 million less being spent on health care than when he took power, more than 8000 nurses out of work and doctors fleeing the province, health care had become the government's Achilles' heel. Klein's confession that the government had "no plan" to restructure health care, combined with an embarrassment of riches in the form of successive massive budget surpluses, led to a "reinvestment" in health care. Last November, months before the provincial election was called, the government announced it would pour an additional \$475 million into health care by the year 2000.

For many Alberta doctors, the gesture was too little, too late. Dr. Harold Swanson, clinical associate professor of radiology and neuroscience at the University of Calgary, said the province's doctors had been left "demoralized." He took such offence to the government cuts that he ran against Klein, contesting the premier's own riding nomination (see *Can Med Assoc J* 1997;156:1313-4). His attack on spending cuts was enormously popular with the party faithful. More than once during his nomination-meeting speech his voice was drowned out by roars of approval. Swanson, more accustomed to lecturing medical students on the finer points of diagnostic imaging than to delivering fiery speeches, was rewarded with a standing ovation. Klein received only a smattering of polite applause — his most strident supporters had given him a stern warning — but he still won the contest.



Undaunted, Swanson joined the Liberal Party, won the nomination in the premier's riding and campaigned against both Klein and the Tories. He ended up losing the surprisingly close contest by 3000 votes. His motivation to get involved in politics, which probably holds a message for politicians contemplating the upcoming federal election, arose from his personal experiences with spending cuts.

"The doctors I've talked to are very concerned about what's happening," he said. "They are demoralized. The province turned hospital boards into regional health authorities, excluded doctors from the process, and they had no plan — so they are unable to turn around and see where they went wrong."

Swanson fears that with the creation of 17 regional health authorities, similar to the US-style health maintenance organizations (HMOs), Alberta is moving toward a two-tiered system.

He pointed out that Klein's \$475-million reinvestment program is drawn out over 3 years and won't return the province to 1992 spending levels on health by the turn of the century. "It will still be a continual decline in health care services."

Dr. Robert Burns, executive director of the Alberta Medical Association (AMA), hears the voices of frustrated doctors every day. And he shares the same feelings of alienation as many of his colleagues. "The entire health

care professional community, the provider community, is still in a hell of a state in Alberta," Burns said during the provincial election campaign. "When you are taking almost half the nursing jobs out and there is an incredible loss in medical lab technicians and a total of 140-odd fewer doctors in the province from 2 years ago — often from key areas — those are some of the outward signs of inward resentment and doctors and not being given their due." (Prior to the election, the government removed a cap on physicians' fees. It also reached a contract settlement with the province's nurses, averting a potential strike.)

Swanson remains concerned about what the future holds. "This is [like] medicine practised in HMOs," he said.

During the Alberta campaign, AMA president Dr. Kabir Jivraj said doctors in the province are getting mixed signals about the reinvestment in health care, and remain uneasy. On one hand, they heard RHAs and the province admitting that mistakes had been made restructuring health care, but on the other hand they felt unable to trust anyone.

Once the election was over, said Jivraj, the government had to show a commitment to improving health care. "Physicians are waiting to see what happens with RHAs and the government," he said. "We as physicians don't want a repeat of the past 4 years." ?

Physicians vocal during Alberta campaign

Doctors in an Alberta health care region made the campaign trail difficult for Premier Ralph Klein during the recent provincial election. For 3 days physicians in the Mistahia Health Region, afraid that a new mandate for the Klein government would mean hospital closures in remote rural towns, stopped admitting patients for anything but emergency cases. They wanted to show residents what health care services might be like if the region did not receive extra funding. Klein called the move by doctors a "war on the sick."

But doctors in the region were simply putting health care front and centre as the month-long campaign wound down. And because the authority's board had been considering closing at least 1 of 3 small rural hospitals within its boundaries, doctors wanted patients to know what impact a closure might have.

The region has 4 hospitals — 3 small facilities and a large hospital in the oil and logging town of Grande Prairie. When word went out that the authority was considering downgrading the 3 smaller hospitals, public meetings in the towns convinced the regional board that residents didn't want to see their hospitals' roles reduced.

"We thought it was important to let people know what the cuts and funding restrictions would mean to them personally," said Dr. Claudia Strehlke, president of the region's medical staff, of the election action. "We were told we should keep quiet during the election and we said 'if we don't make noise during the election, why would we be heard after?'"

So from March 3-5, local facilities handled only emergency cases. Signs posted on the facilities informed patients of the action. "You may have heard that money is short in our region," said the sign posted during the action. "We may not be able to keep all our hospital beds open. We thought we would have a trial run of what your life would be like without your local hospital beds."

"Ask yourself these days: 'If there is no hospital bed for me in my community, what does that mean for my health? What does that mean for my family?'"

"With prolonged winters and bad roads," said Strehlke, "it's already a long drive to see a doctor. We wanted to let people know what the cuts could mean to them personally."