



The Canada Health Act goes on trial

Steven Wharry

Last month the Ontario Medical Association (OMA) hosted a forum designed expressly to take shots at the Canada Health Act (CHA), but even if a lot of direct hits were registered during the meeting, no clear alternative to the 15-year-old act had emerged by the time the firing stopped.

"The problems we're facing in health care do not exist because of the Canada Health Act, but it is a barrier [affecting our ability] to move forward," said Peter Ellis, a senior vice-president at Ernst and Young.

Ellis was among 70 physicians and other professionals attending the 1-day summit, which was held to discuss whether or not the CHA has outlived its usefulness. A major message emerged early in the exercise, when the OMA released results of a recent poll conducted for it. It showed that even though Canadians consider the health care system very important, they know precious little about the federal law designed to protect it. In fact, almost 60% of respondents had never even heard of the Canada Health Act. After receiving an explanation of its contents, 71% felt it was time to change it, a figure many of the act's critics brought up throughout the day.

The discussion often became emotional, particularly when proponents of increased private-sector involvement faced off with defenders of public funding. "Focusing on the Canada Health Act prevents us from looking at the fact that we don't really have a health care system in this country," said Hamilton family physician May Cohen. "We need to organize primary care first and go from there."

Another issue that received attention was the shrinking federal role in health care. The initial federal pledge made when medicare was introduced in Canada 30 years ago — to contribute half of every dollar spent on health care — has disappeared into the mists of time, with Ottawa now paying less than 16 cents of every dollar. "It is a myth that they control health now," said Dr. Raisa Deber, professor in the Department of Health Administration at the University of Toronto.

Perhaps not surprisingly, the CHA's staunchest defender was one of the policymakers who helped create Canada's medicare system. Tom Kent, who served as policy secretary to Prime Minister Lester Pearson in the 1960s, chuckled and shook his head at much of the discussion. "It's frightening that it seems no one has learned any lessons from the process we went through to bring in medicare," he said.

Even 15 years after the CHA's enactment, Kent argues that the act is as important a framework for federal/provincial relations as it ever was. He also bristles when critics say



Medicare defender Tom Kent (left) and CMA Past President Victor Dirnfeld exchange views during OMA forum

it stifles experimentation on new ways of delivering health care services.

"People say the Canada Health Act is a straitjacket, but it's only designed to be a framework," said Kent. "It was never intended to spell out how much home care or how many fewer hospitals are needed in Manitoba, for example."

Dr. Bill Orovan, the Hamilton urologist and OMA president, set the stage for the day's events during a speech he gave to the Empire Club of Canada last November. He stayed silent throughout much of the discussion during the OMA's May forum, speaking only at the beginning and end of the day.

However, he had this to say last fall. "We've had this Canada Health Act since 1984 and it enshrines the principles of today's medicare system. Since that time, not once has it been openly re-examined to see whether the legislation still applies to today's changed realities in health care."

Orovan served notice that the May forum may not be a one-off event — he hopes that a more structured meeting with smaller groups can be arranged in the future.

"There are many more stakeholders who need to be involved in this dialogue," he said afterwards. "Our goal is a stable, sustainable and adequately funded public health care system that will be there for all Canadians as and when they need it."

Regardless of the format of the next gathering, the OMA will have a hard time convincing sceptics — and there were several at the meeting — who will likely continue to charge that the OMA is involved in this discussion only because it wants to bring two-tier medicine to Canada.

Steven Wharry is Editor of *CMA News*.