Everyone claims victory in health care deal, but who really won?

On Sept. 12, the day after the First Ministers Conference ended, the words "health deal" dominated the headlines. Despite predictions from all sides that the talks were doomed, the prime minister and provincial and territorial leaders all signed on the dotted line and agreed to increased federal transfers in a deal worth $23.4 billion over 5 years.

Each side immediately proclaimed victory at the expense of the other, but this was as predictable as snow in January: elections loom both federally and provincially, and everyone wants to wear the cloak of "protector of medicare." And as Saskatchewan Premier Roy Romanow put it ever so succinctly, any premier who went to the polls after spiking a health care deal would be "dead meat."

So what does the deal mean? First, more money. Not as much money as the premiers wanted, of course, and money that is not coming as quickly as necessary. Nevertheless, the premiers got what they have been clamouring for ever since Ottawa began to report surpluses. The agreement to put back into provincial transfers the billions carved out of the system in the 1995 budget will boost Ottawa's spending on health and social programs by about 35% over the next 5 years, from $15.5 billion this year to $21 billion in 2005.

The deal hinged on Quebec and Ontario, the 2 most populous provinces and the only 2 to arrive at the meeting in a pugnacious mood. For different reasons, Premiers Lucien Bouchard and Mike Harris want to eliminate the federal role in health care. They presented a solid front. Harris announced that he would not agree to any deal that Bouchard would not sign, and this enraged the other premiers. Why would Ontario's premier give a veto to someone outside his own province? they asked. The Atlantic premiers, in particular, were eager for a deal, because they desperately need the money. And unlike Quebec and Ontario, they actually want Ottawa to play a stronger role in health care.

Canapress

Why is this man smiling?

Friction among the premiers was clear in many of the nasty comments made during the talks, but in the end federal bureaucrats amended the final communiqué to assuage Harris and Bouchard, who were concerned that it gave Ottawa and the provinces equal roles in health care, even though health is a provincial responsibility. This allowed the 2 renegade premiers to claim they had stopped Ottawa from encroaching on provincial turf. The Bouchard–Harris "victory" did not sit well with the other premiers; Alberta's Ralph Klein suggested that they had endangered consensus in order to play word games.

The deal that was signed is a lot less ambitious than the one the federal government had hoped to secure. While campaigning for re-election 3 years ago, the federal Liberals promised that they would introduce home care and pharmacare programs. These, of course, never saw the light of day because of provincial hostility over having such programs introduced under the federal banner.

Ottawa has also had to back off from its plans for a federal reporting mechanism that would tabulate health care statistics across the country and allow the federal government to establish national standards. The deal signed by the premiers makes only a vague mention of a "third party" that will collect and compare statistics from each province; provinces don't have to produce "report cards" for at least 2 years. In other words, the provinces got their money with few strings attached, and it is not yet evident if and when Canadians will see any real reforms in the health care system. The new dollars from Ottawa could be siphoned off to welfare or postsecondary education programs.

So did the deal represent a defeat for the federal government? Absolutely not, the feds say. The agreement relegitimized Ottawa's role as guardian of the Canada Health Act, since the premiers all committed themselves to the CHA's principles of universality,

accessibility, comprehensiveness, portability and public administration.

The deal also represents real progress in some directions that will improve the delivery of care and ensure a national rather than a patchwork system. The initial $500 million for health data technology is only the first step in a potential $2.8 billion program. The federal government also put $1 billion in the pot for medical equipment, an investment that allows Ottawa to claim a leadership role in modernizing health care.

Politically, this conference allowed Jean Chrétien to emerge with more moral authority than most of his provincial counterparts. The unholy alliance between Harris and Bouchard, the exasperation that Harris triggered in Ralph Klein, the unseemly spitting match between the have and have-not provinces — all this revealed that Ottawa bashing is the only activity that unites premiers.

Bouchard's signature on the final deal must have been particularly gratifying for Chrétien. Only 3 days earlier, Bouchard had expressed outrage that Ottawa was trying to bring the provinces "to their knees." However, Chrétien also knew that Bouchard could not afford to walk away from the deal: his voters would never forgive him. He simply told the Quebec premier that if he didn't sign, he wouldn't get the money. And billions of dollars will lubricate any negotiations.

In the end, Chrétien managed to smooth over voters' fears about health care, reveal the rifts between the premiers and reinforce his vision of health care as a national program, rather than a crazy quilt of different provincial services. All in all, not bad for a day's work. — *Charlotte Gray*, Ottawa

Canada's only Di Bella cancer clinic a very lonely place

One year after Canada's first Di Bella method (DBM) cancer clinic opened in Toronto's Italian district, the number of patients it has attracted can be counted on 2 hands. In fact, 1 hand might do the trick.

"I must say, it is a little discouraging at times," said Dr. Aaron Malkin, 12 months after setting up the Isola Bella Oncological Multiple Therapy Clinic in a second-floor office in August 1999. During its first year the clinic received many inquiries, Malkin said in an interview, but it actually treated only "5 to 10" patients. This was a far cry from the situation in 1997 and 1998, when the "cure" developed by Italian physiologist Luigi Di Bella was attracting a firestorm of international attention. As Charlotte Gray reported in *CMAJ* in 1998 (158[11]:1510-2), the phones of Toronto MP Joe Volpe were then ringing 10 times a day with inquiries about DBM. Most callers wanted Volpe, an Italian-Canadian who was then parliamentary secretary to the health minister, to explain why the "miracle" cocktail was not available in Canada.

Di Bella's controversial cocktail combines bromocriptine, melatonin and somatostatin or octreotide with complementary substances, including vitamin C and shark cartilage; it is taken with low doses of chemotherapeutic agents such as cyclophosphamide.

Under immense political and popular pressure, Italian health officials supported historical studies of DBM patients and 11 uncontrolled phase II trials. The historical review, reported last year in *Cancer* (86[10]:2143-9), concluded that the 5-year survival rate for DBM patients was significantly lower than for patients receiving conventional therapy, with no evidence of improved survival prospects. The phase II trials, reported in the *BMJ* (1999;318:224-8), found insufficient efficacy to warrant further clinical trials.

Malkin thinks his Toronto clinic is the only one of its type in North America. The clinic's original advertising was limited to the *Buffalo News* and a Toronto-based Italian-language newspaper, but in August he began promoting the clinic and DBM on a Web site, **www.oncomtc.com**.

Three doctors are involved in the clinic. Malkin, an internist with a doctorate in biochemistry, was head of clinical biochemistry at Toronto's Sunnybrook Hospital from 1961 to 1992. The other physicians are DBM specialists based in Italy. Malkin meets initially with the patient, then consults with his Italian colleagues, who develop a treatment protocol that is prepared by an Italian pharmacy. Initial treatment lasts at least 3 months. "For all of these services, the Isola Bella Clinic will require a retainer of $3800 for the first month and $1300 for each month thereafter," Malkin's Web site advises.

The site acknowledges that evidence of DBM's efficacy is "anecdotal" and there is "currently no acceptable Canadian medical proof that this treatment will cure cancer."

Why, then, did he bother introducing the widely discredited protocol here? "I'm curious about the results, and I'm looking after the patient's interest," he said. "All of the information until now has been anecdotal. Di Bella and his colleagues didn't do a careful study."

Because some components of DBM have known anticancer properties, Malkin "thought it would be interesting to see what happened" during treatment. As for his own lack of patients, he says: "I'm not worried about that. I'm semi-retired. I'm doing other things."

At the Canadian Cancer Society, medical affairs director Dr. Barbara Whylie was unwilling to express direct criticism of the Di Bella treatment. Whylie said the society recognizes the growing public interest in complementary cancer therapies and supports the right of patients to make their own decisions about treatment. However, "before abandoning conventional therapies and taking up any complementary therapy, they should thoroughly discuss implications with their physician or health care provider." — *David Helwig*, London, Ont.