

## An open letter to the minister of health

Dear Honourable Leona Aglukkaq,

Belated congratulations on your appointment. We are heartened by the appointment of someone with your experience as a health minister in Nunavut. By now, you will have settled in, been brought up to speed by ministry officials and learned how Cabinet sets priorities and policies.

We were disappointed that the recent budget did not stress health as a major concern. Our greatest fear is that hard economic times will lead to another round of cuts to the transfer payments from the federal government to the provincial governments for health care. We hope that the health of Canadians remains a priority for the federal government.

After more than a decade, the health system has not fully recovered from the last round of federal cuts in the mid-1990s. The large reduction of about 10% in federal funding for health forced provincial governments to axe many health care programs, close some hospitals and reduce the number of beds in the remaining institutions, as well as slash training positions for physicians and other health care providers.

Another unintended secondary effect was that the federal influence on health decreased as federal funding decreased. Provincial governments have become much more autonomous and, in many instances, unwilling to adopt new programs and standards in the interest of all Canadians. The ongoing jurisdictional battle between federal and provincial governments, whether over First Nations health, public health, access to care and expensive medications or the setting of national standards, suggests that the federal government has little influence on Canada's health systems. The ability of the provinces to offer private services<sup>1</sup> and mount administrative barriers to portability of services without consequences is a constant reminder of this weakened federal authority.

Canada's health care systems seem to be moving further and further away from fulfilling the promise of the Canada Health Act. Twenty-four years after it was passed, we are left with 14 fragmented health systems with major differences in health outcomes and significant disparities in health services. Quebec alone provides a program for drug coverage, but it has too few long-term care beds and many tertiary care hospitals housed in dilapidated buildings. In Ontario, hospitals are better funded, but there is limited home care and no universal drug coverage. And, as you are well aware, Canada's federally funded Aboriginal health system is plagued with major access issues,<sup>2</sup> and Nunavut's only hospital has failed to meet minimum accreditation standards.

There have been glimmers of hope. In 2000, in response to public pressure, the First Ministers put forth a vision for health care, which was augmented through health accords in 2003 and 2004.<sup>3,4</sup> Systemic changes were urged, including re-

forming primary care and providing greater access to primary care practitioners, increasing the number of health practitioners, decreasing wait times, developing home care services, implementing a program to provide universal access to medications modelled on Quebec's program or our national medicare system and improving the reporting of health outcomes. Subsequently, health care cash transfers to the provinces increased from \$16.5 billion in 2006 to \$24 billion by 2009/10 (plus substantial tax point transfers).

Five years later, the federal government has written cheques to the provinces, but the gains are at best modest. Wait times for many procedures have not decreased substantially in many jurisdictions. There are major shortages of health professionals. And we are still waiting for a nationwide drug benefit and national indicators to ensure accountability. Canadians need reform that will improve primary care access and health outcomes.

The reason for limited progress is an erosion of national leadership in health. Successive federal governments have either decreased investments or, through inaction, allowed health to be a purely provincial matter. Despite the importance of health in the minds of the voting public, we remain very concerned that health has slipped entirely off the federal agenda.

While we trust that your government will continue to act in the public interest, paying some of the bills is not good enough. We urge you and your government to provide real leadership by enforcing the Canada Health Act and acting on decisions emanating from the health accords. Further delays will only mean that more Canadians will suffer. Our nation's health depends on you.

**Paul C. Hébert MD MHS**

Editor-in-Chief

*CMAJ*

With the Editorial-Writing Team (Matthew B. Stanbrook MD PhD, Ken Flegel MDCM MSc, Noni MacDonald MD MSc and Amir Attaran LLB DPhil)

**Competing interests:** See [www.cmaj.ca/misc/edboard.shtml](http://www.cmaj.ca/misc/edboard.shtml).

### REFERENCES

1. Silversides A. Canada Health Act breaches are being ignored, pro-medicine groups charge. *CMAJ* 2008;179:1112-3.
2. Gao S, Manns BJ, Culleton BF, et al. Access to health care among status Aboriginal people with chronic kidney disease. *CMAJ* 2008;179:1007-12.
3. First ministers' accord on health care renewal. Ottawa (ON): Health Canada; 2003. Available: [www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/index-eng.php](http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/index-eng.php) (accessed 2009 Mar. 20).
4. First ministers' meeting of the future of health care 2004: a 10-year plan to strengthen health care. Ottawa (ON): Health Canada; 2006. Available: [www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php](http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php) (accessed 2009 Mar. 20).