

Brief to the Commission on the Future of Health Care

Submitted by The United Church of Canada to the Romanow Commission in 2002

1. Reaffirmation of United Church policy

At our 35th General Council, which met in the summer of 1994, The United Church of Canada passed new policy on Health Care in Canada. That policy included the following points:

1. We strongly affirmed our support for the principles of Medicare—Universality, Accessibility, Comprehensiveness, Portability and Public Administration—as a critical foundation and framework for reform of, and for innovations made to, the Canadian Health Care System. We made this affirmation recognizing:
 1. the limits to current health care resources, and
 2. the complexities involved in the health care reform decisions facing us as Canadians.
2. We reaffirmed the critical role of the Federal Government in maintaining the five principles of Medicare.
3. We affirmed our support for reforms to the Canadian Health Care System, which reflect a shift from a treatment-based system to a more balanced and holistic one that emphasizes health promotion, disease prevention and community-based care.

We also pledged to continue to be involved in the study of Canada's health care system with emphasis on the well-being of the whole person, including such aspects as health promotion, disease prevention, mental health, spiritual health, and community-based care with concern for the whole range of social and personal factors that affect individual and family health.

These policy affirmations that we made in 1994 we reaffirm as part of our presentation to this Commission on the Future of Health Care. We would also stress that the reforms we support (which reflect a shift from a treatment-based system to a more balanced and holistic one that emphasizes health promotion, disease prevention and community-based care) we see being delivered as part of the public system governed by the five principles of Medicare.

2. Values discussion

As we reaffirm our support for the five principles of Medicare, we do so understanding the values, which under gird those principles. We understand the principle of Universality, for example, to be based on the concept that “We’re all in” and that this principle gives expression to the values of **solidarity**, **community**, and **compassion**. Accessibility, which includes accessibility to doctors, to hospitals and to interventions, all on the basis of need, gives expression to fundamental fairness based on **equity**. Public Administration we understand to be based on **efficiency**, but we further clarify our understanding by saying that a public good is most efficiently provided when it is provided in the public arena.

We live in a very different world from 1944, when Tommy Douglas, whom some call the Father of Medicare, was elected to office. We have become tremendously dependent on science and

technology. The medical advances from 1900 to 1950 were primarily public and had common benefit. Such advances included vaccines, antibiotics and the tremendous health benefits from the sterilization of surgical instruments. The advances from 1950 to 2002 have tended to benefit one person at a time (e.g. the ventilator for asthmatics, dialysis, organ transplants and joint replacements).

In this changing world, characterized in part by an increase in the demand for choice and a narrowing of the public space, we are faced increasingly with competing values, including the values of self-reliance, commercialization, commodification and globalization. Dr. Nuala Kenny, speaking at a Church's Forum on the Future of Health Care in Canada on February 28, 2002 on Parliament Hill in Ottawa, challenged us by saying that "If we hold so few values in common, we are not any longer a community." And "We've got to put our money where our values are!!" The United Church of Canada believes that the key values of solidarity, community, equity, compassion, and efficiency (which under gird Medicare today) are the values that should hold sway in this clash of competing values.

Dr. Kenny writes in "Ethical Dilemmas in the Current Health Care Environment" (as part of *Do We Care? Renewing Canada's Commitment to Health*) "Without an explicit reflection on the values Canadians hold in common there can be no good judgment as to which new values to incorporate and which to reject. And certainly, without attention to values there can be no good policy." We believe that the key values expressed above, which currently are at the heart of the 5 principles of Medicare, should continue to help shape our future vision for health care in Canada and should also help this Commission choose from among the competing alternatives currently being proposed for reshaping our Canadian health care system.

3. Recommendations for reform

We do not believe that the Canadian Health Care system is in crisis, though we do acknowledge that it needs to be reformed. The current system is hampered by uncertainties in its financing, making long range planning difficult, if not impossible. It is also too closely tied to delivery systems that focus on acute care at the cost of spending on preventative care, home care, pharmacare and other determinants of health. We believe that Medicare should be extended into these areas.

Dr. Michael Rachlis, who also spoke at the Church's Forum on the future of Health Care in Canada on February 28, argued that care that is poorly organized in its delivery mechanisms and poorly focused in terms of health needs will be poor quality care, and it will be expensive care. He also offered concrete, encouraging examples of clinics and health care regions that have made real breakthroughs in reforming health care delivery systems.

With these points in mind, we offer the following recommendations for you to consider:

1. We urge that you hold the **key values** of solidarity, community, equity, compassion and efficiency at the centre of your policy deliberations. These values should enable you to see clearly that:
 - o Health care is a public good, not a market good, and that

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- Health should be seen as holistic, including physical, emotional, spiritual and social well-being.
2. We urge you to recommend legislation for a **national home and community care program** that will assure health care remains universal, comprehensive, accessible, publicly administered and portable beyond the walls of hospitals and doctors' offices. We also urge you to recommend substantial federal funding as well as operational regulations to accompany the new legislation.
 3. We urge you to recommend that the federal government develop a **national drug program** to guarantee equity of access, improved prescribing appropriateness and cost containment. This would enable the federal-provincial health insurance system to integrate prescription drugs as a full funded component of Medicare.
 4. We urge you to take seriously the many concrete, encouraging examples of clinics and health care regions that have made real breakthroughs in **reforming health care delivery systems**, and to build these examples into models of health care reform that are already working and should be more extensively adopted throughout Canada.
 5. We urge you to recommend a solution to the federal-provincial-territorial impasse that ensures **strong, stable funding for health care** and a more effective federal-provincial-territorial decision-making and dispute resolution process.