

Canada's Medicare System

Building on the legacy!

u n i v e r s a l

a c c e s s i b l e

c o m p r e h e n s i v e

p o r t a b l e

n o t f o r p r o f i t



November 2007

Canada's Medicare System:

Building on the legacy!

1

November 2007



principles

Principles of Medicare

Universality

Medical care is to be provided to all residents of a province regardless of age or condition or ability to pay.

Accessibility

Each province is required to provide health care with reasonable access both financially and geographically. This applies to ward care in a hospital, free choice of a physician, reasonable compensation to physicians and adequate payments to hospitals.

Comprehensiveness

Each provincial plan must cover insured services provided by hospitals, private medical practitioners and other related health care services provided on the request of a physician. This varies from province to province according to what services are listed as essential.

Portability

Health services must continue to be covered when residents move from one province to another. It is supposed to cover Canadians temporarily out of the country.

Non-profit Administration

Provincial health care plans must be publicly administered and operated on a non-profit basis, and subject to public audit.

We can't stand still.

Friends,

I've had the great fortune of traveling to many communities in this country and meeting Canadians from all walks of life.

In my experience, it is clear that through our shared struggles we, as a country, have developed a foundation of shared values that define us as Canadians. Compassion for others. Cooperation instead of competition. And a pragmatic commitment to getting the job done.

Generations of Canadians have worked hard to translate these values into practical reality. Most of the social and health programs we have today arise from this legacy of past generations and our shared values.

Our Medicare is possibly the best everyday example of this legacy. It's a legacy which we must continue to build for future generations. Every Canadian has the right to the best health care regardless of their economic status.

For previous generations of Canadians, health care primarily meant doctors and hospitals. The world has changed. It's time our health care system changed too.

I believe that it is now time for the current generations of Canadians to continue building on our shared values and modernize the vision that we have inherited. Our medical knowledge has expanded greatly from the early days of Medicare. The options presented to us are much greater than previous generations could have imagined. The resources we have are immense compared to those of the past.

I am reminded of the words of Tommy Douglas, the founder of Canada's Medicare system:

“Let's not forget that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick. That means clinics. That means making hospitals available for active treatment cases only, getting chronic patients out into nursing homes, carrying on home nursing programs that are much more effective... It means expanding and improving Medicare by providing pharmacare and dental care programs.

“We can't stand still. *We can either go back or we can go forward. The choice we make today will decide the future of Medicare in Canada.”*

It is time to expand the basket of services available to Canadians. Home care, Long Term Care, Dental Care, and

Pharmacare are viable, effective, and cost-efficient ways to move the system into the future.

It's time to take Medicare to the next level. We have the expertise and resources to make it happen.

This booklet offers ideas about how we can get the job done. Let's continue to defend the values that underpin our Medicare. And let's work together to offer a modern vision for the future of Medicare.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'James Clancy', with a long horizontal line extending to the right.

James Clancy
National President



Triumph of values and economics

Our Medicare is the triumph of values and economics.

It provides all Canadians with equal access to care on the basis of need, not wealth, privilege or status. Our Medicare is a vital aspect of our shared citizenship—what every Canadian can rightfully

triumph

expect wherever they live, whatever their income. It is the clearest reflection of who we are and what we value.

But more than that, our Medicare is, quite simply, a good and sensible idea that works.

Health spending in Canada is on par with most countries in the Western world and is substantially lower than in the United States.

Yet, we devote a smaller portion of our Gross Domestic Product (GDP) to health care today than we did over a decade ago.

Our health outcomes, on almost every critical measure, are among the best in the world. A large majority of Canadians are highly satisfied with the quality and standard of care Medicare gives them.

Over the last 40 years our Medicare has served

us very well. Our Medicare is worth celebrating and defending.

But there is room for improvement. It is up to us to press for and win those improvements and still stay true to the idea and ideals of a universal, public health care system.



Progress stalled

Canadians responded enthusiastically to the 2002 Romanow Royal Commission on Health Care. The Commission's Final Report emphasized that Canadians value their Public Medicare and want to see it protected and expanded.

In the 2004 Health Accord, Prime Minister Paul Martin and the Premiers and Territorial

stalled

leaders negotiated a 10-year plan to strengthen health care. In addition to significantly increased federal health funding, there were first steps in the areas of home care, health human resources, a national pharmaceutical strategy, primary care, health promotion and public health, and Aboriginal health.

On June 9th, 2005, progress toward improving Medicare stalled. In a

narrow vote, the Supreme Court of Canada ruled that Québec's ban on private health insurance for publicly-insured medical services violates the Québec Charter of Human Rights and Freedoms, where there are unreasonable wait times in the public system.

This ruling is called the Chaoulli decision, after the Québec physician who initiated the legal process.

The 2006 federal election brought a minority Conservative government, with Stephen Harper as Prime Minister, which has further stalled progress in expanding the role of public health care as recommended by the Romanow Commission report and the Health Accords. The Harper government has also refused to enforce known violations of the Canada Health Act.



The waiting game

While the social and economic foundations of our Medicare system are strong, it is not perfect. The biggest concern is about wait times.

- Too many of us have to wait months and months

waiting

to see a specialist or have to wait too long to get a critical test.

- Too many people suffer through excruciatingly long waits for an operation to replace a hip or the procedure to remove cataracts.
- Long waits in emergency rooms are too common.

A return to short wait times is essential to improving the health outcomes for many Canadians. It will also help to restore public confidence in the system.

Through it all one thing is laser clear: the real solutions to long wait times are to be found

within the PUBLIC system. We do not need to turn to the private sector for the solutions. In fact, doing so would undermine and eventually destroy our public Medicare system.



Special interests are at the door

The Chaoulli decision has emboldened many special interest groups—particularly those whose special interest is turning health care in

special

Canada into a very big money-making, for-profit private enterprise.

For-profit insurance companies, private clinic owners, conservative think tanks, the Canadian Medical Association and the wealthy elite distorted the court's ruling and

proclaimed the death of public Medicare in Canada.

Behind the scenes are American health corporations that are anxious to get into the health care market in Canada. Private insurance companies see tremendous opportunities for making

huge profits off the health needs of Canadians.



For-profit care is no cure

We can't fix what ails our Medicare by letting private interests start to make a buck out of providing medical care. In fact, allowing a parallel pay-for-care system will do more harm than good.

no cure

Wait times in the public system will get longer as a parallel, private system drains scarce health professionals out of the public system.

The quality of care will go down as private health insurance companies deny coverage and for-profit providers cut corners to

save money and increase profits.

Health care dollars will be diverted away from patient care into outrageously high executive pay and benefits packages and advertising campaigns.

Public Medicare gives Canadian businesses a

competitive advantage.

And it is vital in attracting more new investment into Canada's economy. A private system will erode this competitive advantage.

IT'S OUR
MEDICARE
KEEP IT
PUBLIC!



public

Solution to the wait time crisis: Keep Medicare public

A first step to address the wait time crisis must be a public funding reinvestment in the system. Some of our governments are starting to make that public reinvestment in our Medicare.

Increased funding will not, in and of itself, solve the problem of wait times.

Reforms must, and can, be done within the public system. Reducing wait times through reform within the public system requires action on two fronts.

- First, modernize how services are provided.

- Second, expand the services that are provided.

The National Union is promoting 10 specific steps that will modernize and expand upon our public health care system. These 10 reforms will ensure Canadians receive the highest quality care when they need it.



TOP 10

THINGS
WE CAN DO TO
MAKE OUR
MEDICARE
BETTER
FASTER

1. More health professionals.

A principal cause of long wait times in our public health care system is plain enough: a shortage of health professionals. We need a national strategy to train, recruit, and retain more health professionals.

2. A national public home care program.

Most people want to receive as much quality care as they can in their own home. Home care is cost-effective and can ease the stress on acute hospital beds and long term care facilities. With a national public home care program, people will need hospital services less, they'll require shorter hospital stays and return to hospital less often.

3. A national pharmacare plan.

Pharmaceuticals are an important part of health care and can often reduce demand for surgeries. Universal first-dollar coverage for cost-effective, safe prescription drugs will save money and lives. Some provinces are already moving in this direction. It is time that the federal government supports them in their efforts.

4. Better nursing home care for the elderly.

A lack of affordable long term care spaces results in expensive and lengthy stays in hospital. And many long term care facilities are struggling with few resources, which impacts on the quality of care they can provide. Canada needs a strategy to provide better nursing home care for our elderly.

5. More public investment in dental care and oral health promotion.

Oral infections can be as dangerous as any other. Unfortunately, many people simply cannot afford to get the dental care they need. It is time that dental care be made a part of our Medicare system.

6. A national mental health strategy.

Those services that provide support to people with mental health problems are too often under-funded, overwhelmed and cannot meet the demand placed on them. Lacking these services, many people in crisis resort to accessing emergency rooms and hospitals - often when another form of intervention would be better. There needs to be a national strategy to assist in the creation of community-based services, staffed by mental health professionals, available at all hours - from coast to coast.

7. Primary care reform and expansion.

The health care team has expanded and grown over the past decades. It is time that the way we deliver most health care in this country evolves to reflect this fact. Teams of health professionals - nurse practitioners, counsellors, outreach workers, doctors, pharmacists, therapists, dieticians, and social workers - need to be available in one location to help with a patient's care. And if the primary care teams are salaried workers, it will mean they can spend more time with each patient.

8. Greater focus on prevention, promotion and public health initiatives.

It is obvious that helping prevent people from becoming ill is better than treating them after they are sick. This requires providing accurate information to Canadians on the health impacts of the choices they make. It also means preventing products coming to market that are harmful to people's health. As well it means reaching out to those hard to serve communities and helping them stay healthier.

9. Better chronic disease management.

People suffering from chronic diseases need the best and most comprehensive care available. These conditions are usually complex and may require the involvement of a team of health professionals. Better approaches to managing chronic diseases will help health professionals more quickly identify those with chronic diseases and shorten the wait time for acute services.

10. Accurate information and evidence to make better decisions.

Medical science is advancing at a rate unprecedented in human history. We have also seen the rapid development in a wide range of information technologies. It is time for Canada's health care system to take advantage of the hi-tech revolution taking place around us.



What we can do

DEMAND the federal government implement our **10 steps to faster and better care:**

Honourable Tony Clement
Minister of Health
House of Commons
Ottawa, ON K1A 0A6
Tel: (613) 944-7740
Fax: (613) 992-5092
E-Mail: Clement.T@parl.gc.ca

LEARN about the issues. Check the Medicare pages on the National Union's website:
www.nupge.ca/health.html

CONNECT with your neighbours and get involved in a local Medicare campaign. See our listing (opposite) of **Folks that share your commitment to Medicare!**

ENCOURAGE your friends and co-workers to find out more and become ambassadors of our 10 step plan!

our part

Folks that share your commitment to Medicare

Canadian Health Coalition

The Canadian Health Coalition (CHC) is a not-for-profit, non-partisan organization dedicated to protecting and expanding Canada's public health system for the benefit of all Canadians. The CHC was founded in 1979 at the Canadian Labour Congress-sponsored S.O.S. Medicare conference attended by Tommy Douglas, Justice Emmett Hall and Monique Bégin. The coalition includes organizations representing

seniors, women, churches, nurses, health care workers and anti-poverty activists from across Canada.

- To learn more about the Canadian Health Coalition please visit:
www.healthcoalition.ca

Nova Scotia Citizens Health Care Network

The Nova Scotia Citizens Health Care Network is dedicated to protecting, strengthening and expanding Medicare. Since its beginnings in November

1996, the Health Care Network has grown to become a provincial organization of concerned individuals and organizations representing seniors, women, anti-poverty activists, persons with disabilities, community groups and labour. They are affiliated with the Canadian Health Coalition and other provincial health coalitions.

- To learn more about the Nova Scotia Citizens Health Care Network please visit:
<http://ns-medicare.tripod.com>

Ontario Health Coalition

The Ontario Health Coalition is a network of over 400 grassroots community organizations representing virtually all areas of Ontario. Its primary goal is to empower the members of its constituent organizations to become actively engaged in the making of public policy on matters related to health care and healthy communities. To this end, they seek to provide to member organizations and the broader public ongoing information about their health care system and its programs and services. Through public education and support for public debate, it contributes to the maintenance and extension of

a system of checks and balances that is essential to good decision-making. It is an extremely collaborative organization, actively working with others to share resources and information. It is a non-partisan group committed to maintaining and enhancing our publicly-funded, publicly-administered health care system. It works to honour and strengthen the principles of the Canada Health Act.

- To learn more about the Ontario Health Coalition please visit: www.web.net/ohc

Friends of Medicare

The Friends of Medicare is a coalition of individuals, service organizations, social justice groups, unions, associations, churches and

organizations representing various sectors of our communities.

As a volunteer organization receiving no funding from any government or political party, Friends of Medicare seeks to raise public awareness on concerns related to medical care (in Alberta).

Only when its aims are coincidental and its views on health care issues are best furthered by working together, does the Friends of Medicare form loose associations with groups.

- To learn more about the Friends of Medicare please visit: www.friendsofmedicare.ab.ca

British Columbia Health Coalition

The BC Health Coalition champions the protection and expansion of a universal public health care system. It is a democratic, inclusive and consensus-based network of individuals and organizations that span the province of British Columbia. It strives to encourage activism on health care, raise public awareness, develop constituencies around its campaigns, build unity through campaigns, and solicit participation in BC Health Coalition activities.

- To learn more about the BC Health Coalition please visit:
www.bchealthcoalition.ca

Canadian Doctors for Medicare

A responsive, sustainable publicly funded health care system exists as the highest expression of Canadians caring for one another. The mission of CDM is to provide a voice for Canadian doctors who believe in and support Canada's publicly funded system for physicians and hospital care, and who categorically reject private insurance and direct payment for these medically necessary services.

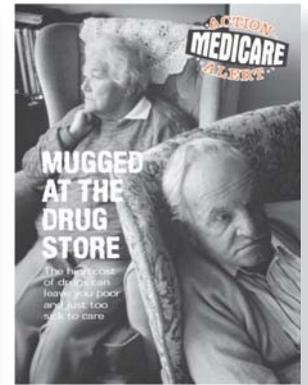
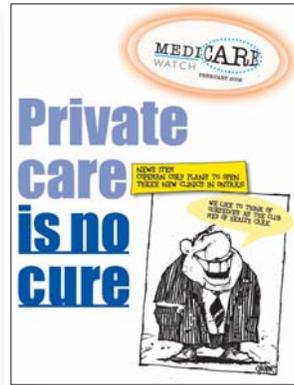
- To learn more about Canadian Doctors for Medicare please visit:
www.canadiandoctorsformedicare.ca

Tommy Douglas Research Institute

The Tommy Douglas Research Institute is an independent, non-profit Canadian economic and social research and educational organization. Named after T.C. Douglas, the former Premier of Saskatchewan and acknowledged father of Medicare in Canada, the Institute's main goal is to raise public awareness of the respective role of both the large business sector and governments in providing for the well-being of Canadians.

- To learn more about the Tommy Douglas Research Institute please visit:
www.tommydouglas.ca

Facing up to making Medicare even better



National Union publications www.nupge.ca/current_pub.html

Order at: national@nupge.ca or call 1 613 228-9800