

Comment

Commentary on: “The future of health care in Canada”

Steven Lewis and colleagues have produced a thoughtful article in the British Medical Journal [1] on the challenges facing the Canadian health care system. Lewis et al. point out that the Canadian health care system, an icon of Canadian values, is going through a period of turbulence and a crisis of confidence. They rightly point out that Canadians continue to favour a publicly funded, comprehensive health care system, but seem pessimistic about whether it is sustainable; and that increasing privatisation, in numerous forms, has crept into the system. Though numerous reports from federal and provincial governments have called for substantial reforms, the authors feel that achieving a consensus among players in the health care field remains elusive. To date, after withdrawing money from the health care system in the 1990s, the federal and provincial governments now have simply started to put more resources back into the system without carrying out the fundamental necessary reforms.

Lewis and colleagues indicate that privatisation, seen by some as a solution, is really a red herring. They are right to be concerned about privatisation judging by recently published reports by a federal government senate committee [2,3] and an advisory commission to the Premier of the province of Alberta [4]. Lewis et al. suggest the need for primary care reform, implementation of population and health strategies, development and use of performance measures and other important reforms. They then suggest that the political solution may be in convincing the provinces to give over jurisdiction on health care to the federal government to carry out crucial reforms and policies.

Lewis and colleagues may have in fact raised a red herring of their own suggesting that the federal government would somehow be more capable than the provinces in carrying out the important needed reforms to the Canadian health care system. In fact, it is interesting to note that in their article, Lewis et al. have not mentioned the fact that both Quebec [5] and Saskatchewan [6] have created independent “Royal-type” Commissions which, in the past year, have produced

major recommendations for reform of their health care systems respecting the major principles and values of the Canadian health care system. In fact, the report of the Commission in Quebec (known as the Clair Commission) created a surprisingly major consensus among all the actors in the Quebec health care system.

Consensus, therefore, is possible. The problem is not which level of government will carry out the necessary reforms but the capacity of governments to develop and implement medium and long-term strategy and planning, as well as the necessary investment in order to carry out these reforms. This is particularly true for carrying out primary care reform, an essential element in promoting greater integration of health care delivery at the local and regional levels. There is nothing to suggest that the federal government would be less driven by the immediate political electoral agenda and the day-to-day crisis management than the provincial governments.

Provinces will *not* cede jurisdiction to the federal government and there is no point in spending time and energy trying to convince them. In fact, Canada does not really need a single unique model from sea to sea but rather the capacity to implement medium and long-term strategy for health care reform and innovative models in the organisation, financing and delivery of care within the context of the principles and values of the Canadian health care system.

Howard Bergman, MD

*Dr. Joseph Kaufmann Chair in Geriatric Medicine,
Professor and Director, Division of Geriatric Medicine,
McGill University Co-Director, Solidage-McGill/
Université de Montréal Research Group, on Integrated
Services for Older Persons*

François Béland, PhD

*Professor, Department of Health Administration,
Université de Montréal, Co-Director, Solidage-McGill/
Université de Montréal Research Group, on Integrated
Services for Older Persons*

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