

Lecture Outline: Canadian Health Care

Introduction:

- health care & national identity
- limits of state medicine
- health care crisis

1. Changing face of Canadian Health Care: Hospitals

2. Changing face of Canadian Health Care: Health Workers

3. Changing face of Canadian Health Care: Prescription Drugs

Conclusions: New Directions in Canadian Health Care

- evidence-based policies
- primary health care
- people-centered medicine

The Limits of State Medicine

- **state medicine - a 'public' that is constantly shifting**
- **doctors + hospitals = medicine?**
- **1974 Lalonde Report - bias to technological, curative, individualized medicine**

The Limits of State Medicine

- **state health care in late 20th century**
- **1977 Bill C-37 - cut federal funding to provincial health care programs to 25%**
- **1980s & 1990s - era of fiscal restraint, cut-backs, restructuring**

Crisis in Canadian Health Care

- **1980s & 1990s: user-fees, private for-profit involvement, individual responsibility for care**
- **covert health care reforms**
- **2001 Romanoff Commission & Report**

Crisis in Canadian Health Care

- **2001 Romanoff Commission & Report**
- **Big Question: How to keep universal health care alive & well in Canada?**
- **Challenges to sustainability: Aging Population; Health Technologies; Care for rural & Aboriginal Canadians; Health Personnel Shortages**

Changing Face of Canadian Health Care

- **The place of hospitals in the health care system**
- **The roles & cost of health care workers**
- **The use & cost of prescription drugs**

1. Canadian Hospitals

- **cost of hospitals: 1994 - acute care hospitals using 38% of health care resources**
- **cutbacks: reduced hospital stays & number of beds, hospital closures & amalgamations**

1. Canadian Hospitals

- **hospitals as evolving institutions**
- **narrow view of patient**
- **antibiotic-resistant superbugs in hospitals**

Caledonian Institute of Social Policy, 1999

Briony Penn, *A Year on the Wild Side*

2. Health Workers

- **Personnel Statistics, 1975-2000: doctors dropped from 15.1 to 13.5 cents; other health workers professionals increased from 9 to 11.8 cents**
- **Personnel Statistics: 2000 - 1.5 million workers in health & social services**

Table 4.1 Labour Force in Health Industries, Canada, 1996

INDUSTRY	% OF ALL WOMEN IN THE LABOUR FORCE	% OF ALL MEN IN THE LABOUR FORCE	% OF WOMEN IN THE INDUSTRY
Hospitals	6.3	1.3	80.2
Other Institutions	3.0	0.4	84.2
Non-Institutional Health Services	0.9	0.2	76.4
Offices of Physicians, Surgeons, and Dentists in Private Practice	1.9	0.6	73.6
Offices of Other Health Practitioners	0.6	0.1	78.0
Medical and Other Health Laboratories	0.3	0.1	76.5
Health Associations and Agencies*	0.5	0.1	76.5
Totals	13.5	2.9	79.5

*Also includes social services, many of which could be defined as health services.

SOURCE: Statistics Canada, 96 Census: Industry and Class of Worker (Cat. no. 93F0020XCB96004). Available at: <<http://www.statcan.ca/english/census96/mar17/occupa/occ.htm>>. Accessed 25 Mar. 2001.

CANADIAN NURSING STATISTICS:

- 50% drop in nursing graduates over the last 10 years**
- 3 out of every 10 nursing graduates leave the profession within 5 years of graduating**
- average age of Canadian RN in 2001 = 43.7 years**
- most nurses retire in their 50s so a large exodus from the nursing profession is anticipated over the next decade**

2. Health Workers

- **Romanoff Report: nurses dissatisfied on personal & professional levels**
- **new work patterns**
- **lack of time for education & training, less patient time**

3. Prescription Drugs

- Drug costs: 1975 - 8.8% health care costs; 2000 - 15.5% health care costs
- Drug inflation rate, 1980-90 - Canada = 4.4; USA = 3.8; European nations = decline
- Drug vs hospital costs – 1991-93 per capita hospital expenditures decreased by \$17.08; drug expenditures increased by \$20.96

3. Prescription Drugs

– why raising costs?

- **drugs costs ‘outside’ universal health care**
- **federal government Bill C-91**
- **increasing reliance on drug therapy, linked to early hospital release**

http://media.cbc.ca:8080/ramgen/newsworld/clips/rm-lo/macleod_pharmacare021128.rm

macleod_pharmacare021128.rm

New Directions in Canadian Health Care

- **evidence-based medicine & health care policy**
- **primary health care versus institutional care**
- **the place of people-centred medicine**

1. Evidence-based policies

- **primary-care reform & tele-health**
- **community programs strategies to keep people out of institutions**

2. Primary Health Care

- **care in the community**
- **basic medicine - World Health Organization model**
- **CLSC in Quebec**

3. People-Centered Health Care

“Nursing is a preventative, educational, restorative, and supportive health-related service, provided in a caring manner, for the purpose of enhancing a person’s quality of life or, when life can no longer be sustained, assisting a person to a peaceful and dignified death.”

College of Nurses of Ontario, 1990

Commission on the
Future of Health Care
in Canada



Commission sur
l'avenir des soins de santé
au Canada

BUILDING *on* VALUES

THE FUTURE OF HEALTH CARE
IN CANADA



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