

## Governments told to find jobs for nursing graduates

An estimated 1,200 graduates of Canadian nursing schools this spring will not find a job, the Canadian Nurses Association said this week. This represents fully 15 per cent of the 8,000-strong graduating class. The CNA said as many as 800 of these nurses will move to the U.S. for work.

This is National Nursing Week in Canada, and the CNA delivered a stern message to governments to act on the human resources strategy that they promised three years ago by hiring all of this year's graduating nurses, and increasing full-time positions for nurses in general.

"The monies promised in the 2004 Health Human Resources Strategy to provincial and territorial governments have been allocated," CNA President Marlene Smadu said in a news release. "What we are not seeing are the measurable outcomes in the form of promised new jobs for registered nurses in the provinces and territories."

While the Ontario government has guaranteed seven-and-a-half months of full-time employment to its nursing graduates, other governments are virtually ignoring the investments they have made in educating new nurses, the CNA says. It costs taxpayers between \$40,000 and \$50,000 to support each student through a nursing education program.

According to Ms. Smadu, if 1,200 nurses do not have jobs it represents a loss of \$72 million invested in nursing education. She said with health care's problems "Canada cannot afford to lose one, let alone 1,200 nurse graduates." **HE**

# Save medicare conference held

Some 600 supporters of medicare were in Regina last week to figure out how to reform the institution and guarantee its survival in the face of a growing public interest in private sector options.

In a speech last Thursday, on the opening day of the two-day affair, Gregory Marchildon from the University of Regina said the conference was motivated, in part, by "what appears to be a rising tide of anti-medicare sentiment" in Canada.

He said a "small but very vocal and powerful minority" has always been opposed to medicare because it "redistributes resources from wealthier and healthier Canadians to poorer and sicker Canadians."

In fact, the consensus opinion at the conference was that Canada's leaders need to do more to address the growing income gap and persistent poverty issues which are depriving a significant number of Canadians from enjoying good health.

Roy Romanow, the former Saskatchewan premier who headed the Royal Commission on the Future of Health Care, told the conference Friday politicians need to demonstrate the backbone to make needed reforms.

"Ideology and the slow pace of reform are the two main challenges standing in the way of progress on medicare today," he said. "Our political leaders need a wake-up call so they can listen to the evidence and to the voices of everyday Canadians for medicare."

But Canadians also have to speak louder in support of keeping the institution that is so important to them, he added.

(See "Medicare" on page 2)

### In This Issue:

- ◆ *NB task force recommends e-health investment.....4*

## Universal health care a part of Canadian values

Universal health care tops the list of things that reflect the values of Canadians, according to a recent public opinion poll conducted for the Association for Canadian Studies.

The Leger Marketing survey found universal health care, equality between men and women, and the *Canadian Charter of Rights and Freedoms* ranked one, two, three among things identified as "very important." However, there was a significant difference between respondents in Quebec and those in the rest of Canada in the ordering of list.

All respondents were invited to pick more than one thing, and equality of the sexes was chosen as very important by 75 per cent of those in the Quebec sample while 65 per cent picked health care. In other provinces, health care was chosen by 86 per cent of respondents and 77 picked equality of the sexes. The *Charter of Rights* was third on the list of all respondents. **HE**

(*"Medicare" from page 1*)

Like others at the conference, he believes the answer is to expand medicare coverage as opposed to offloading services on to ordinary consumers and the private sector. Things not now included in public health insurance – such as home care and drug coverage – should be brought under medicare's umbrella.

As well, issues like overcrowded emergency rooms and long wait lists need to be addressed so that shaken public confidence can be restored.

The conference, *S.O.S Medicare 2: Looking Forward*, brought together academics, activists, seniors, students, government officials and health care workers to look at reforms that would make medicare stronger. It was sponsored by the Canadian Centre for Policy Alternatives (CCPA) and the Canadian Health Coalition.

On Tuesday, the CCPA and the British Columbia Health Coalition released a paper saying the problem with wait lists for elective surgery can be solved without turning to the private sector for help. Better management techniques are what is needed.

It cited a number of initiatives underway in B.C. and other provinces that have succeeded in dramatically reducing wait times. These include the Richmond Hip and Knee Reconstruction Project that brought down median wait times by 75 per cent by using two dedicated surgical rooms at Richmond Hospital situated on the outskirts of Vancouver, standardizing practices, and investing in new equipment.

The paper said two major changes are needed for such wait-list management projects to succeed: obliging physicians to work in teams, within their own specialty groups or with other professionals in primary care settings; and, transferring account-

(See *"CCPA" on page 4*)

## Hansard Highlights

### Debates in provincial legislatures/House of Commons

**Quebec** Premier Jean Charest delivered his inaugural speech Wednesday to the opening of the 38th National Assembly. It is the first time since 1878 that there has been a minority government in Quebec, and 56 novice members from all three parties. The significance of this was not lost on Mr. Charest who acknowledged Quebecers want a different style of government. Nonetheless, he reiterated his government's achievements including "colossal" work to rebuild the health system. He said his government would keep its promise to set up care guarantees for all surgeries but that these will be introduced "gradually." He also said the government will "open the door wider to the participation of the private sector in our public system of health care." The government will buy services from the private sector to improve access to care and health services. However, he stressed that all of this will be done on the context of the private sector working within a broader public system. "There will be no commercialization of care, no trade on suffering. For us, it is a question of values; it is

a question of social justice."

In his response to the speech Thursday, Opposition Leader Mario Dumont ridiculed the government for its lack of progress in dealing with problems in health care. He also noted the "gigantic gulf" between the priority health care received in speeches the premier gave in the first election and the one he gave Wednesday — "a small bit on health care as if all was fine."

In the **Ontario** legislature Tuesday, Children and Youth Services Minister Anne Chambers acknowledged Children's Mental Health Week and talked about investments the government has made in this area amounting to almost \$80 million since 2003-04. In her response, NDP Health Critic Shelley Martel said one-in-five Ontario children suffer from mental illness, and Children's Mental Health Ontario had asked for \$40 million in new funding in the 2007-08 budget. She said the five per cent increase it received merely "kept the wolves from the doors of those agencies where people were literally getting layoff notices."

### Chaoulli starts business to get members timely health care

Dr. Jacques Chaoulli has launched a service promising to help people get quicker access to publicly insured health services in Quebec.

Dr. Chaoulli is best known as the person who led the now-famous Supreme Court case to force Quebec to allow private insurance for medically necessary services. This led to Quebec allowing private insurance for hip/knee replacements and cataract surgeries.

For \$40 a year, people can become members of Dr. Chaoulli's new business which

promises to "use all possible legal ways to facilitate access to services covered under medicare" as well as those that are not.

A news release put out by the newly-formed Chaoulli Group this week says the business will not accept any form of commission from physicians to whom members are referred. Furthermore, physicians must promise, in writing, not to decrease their service volumes in the public system as a result of these referrals.

The Chaoulli Group expects to start operations this summer. **HE**

## NB task force recommends e-health investment

A blue-ribbon task force in New Brunswick says the province cannot hope to become self-sufficient without a sustainable, affordable health care system.

The task force, comprised of business executives Gilles Lepage and Francis McGuire, was appointed by the Liberal government three months ago to chart a course for the province to be self-sufficient by 2026 and take its place among the “have” provinces in Canada.

The final report of the task force was tabled this week containing 91 recommendations with a timetable to complete all but 11 within a year.

This includes a major initiative to establish a not-for-profit corporation to raise the necessary funds to develop a single, integrated electronic health record.

“More efficient and affordable delivery is essential to sustain high quality health care, and to provide room for the province to make other priority investments within the self-sufficiency agenda,” the report said.

An electronic health record system is expected to require an upfront investment of \$300-400 million, and the task force suggests the government follow the Nav Canada model that was put in place by the federal government to upgrade air traffic control in Canada. This non-profit corporation borrowed money from the bond market to invest in new technology. The report said this model could also be used to rationalize the delivery of other non-clinical services such as laundry, accounting and human resources.

The report said an electronic health record system could generate annual savings of \$80 million through efficiency gains, and create the basis for a “world-class e-health industry.” **HE**



# Miscellany

## Court challenge

The *Ottawa Citizen* (May 4) says an Ontario man, Lindsay McCreith, is right to launch a constitutional challenge against Ontario's prohibition on private insurance for medically necessary services (See *HE11:18*). Mr. McCreith elected to go the U.S. for a MRI and surgery to deal with a suspected malignant tumour rather than endure a lengthy wait for treatment in Ontario. The *Citizen* says the principles in the case “are the same as those in the Chaoulli case that saw the Supreme Court tell the Quebec government it couldn't claim a monopoly on health care and then not provide it. The 2005 ruling hinged on provisions in Quebec's provincial charter of rights, so patients in the rest of Canada need a new case to extend the decision's reach.”

## Dr. Day and medicare

In an interview with the *Globe and Mail* (May 10), president-elect of the Canadian Medical Association Dr. Brian Day says inefficiencies in the health system need to be urgently addressed. Dr. Day's one-year term as president, which

begins in August, is viewed with trepidation in some quarters because he is the owner of a private clinic in Vancouver and has made no secret of his support for Canadians having the option of seeking private care for their medical needs. However, in the interview, Dr. Day stressed he is not out to wreck medicare only to improve it. He has previously advocated an overhaul of the *Canada Health Act*, and he told the *Globe* reporter that only one of the five principles of the Act is being enforced — the health system is government-run. “The other principles were abandoned long ago.” Dr. Day does have solutions for health care in mind. “We need to build more efficiencies into the system, find more revenue streams, get rid of wait lists, (and) introduce activity-based funding.”

*Health Edition* is published by Krysgar Communications Inc. **Merck Frosst Canada Ltd. has made this copy of *Health Edition* available as part of its commitment to foster constructive dialogue about health reform in Canada.** You can contact *Health Edition* at [info@healthedition.com](mailto:info@healthedition.com) ISSN 1492-627X

(“CCPA” from page 2)

ability for wait lists from surgeons to health authorities.

These health authorities would manage a single, common wait list which would be more efficient than individual surgeons each having their own.

Actually, such a surgical patient registry is in the works in B.C. which the government says will give patients more control over their treatment options.

But the CCPA paper said the government has made the mistake of leaving most wait-list management and coordination to phy-

sicians, and has restricted the ability of health authorities to redirect patients to hospitals where they can get quicker care.

It said there is a “huge cultural change” required from the medical community for efficient wait-list management practices to be brought into effect, and given probable opposition from physicians the “provincial government needs to take charge.”

The CCPA paper, “*Why Wait? Public Solutions to Cure Surgical Waitlists*” can be found on the association's website at [www.policyalternatives.ca](http://www.policyalternatives.ca). **HE**