

Federal Election Statement 2011

Needs, Values and Priorities

A Nanos poll conducted in mid-March 2011 found the majority of Canadians believe health care should be the top national priority. The current federal election campaign, therefore, provides a significant opportunity to focus public attention on important health care issues.



Canadians vote Monday, May 2

Catholic social teaching, with its emphasis on the dignity of every person, the common good, a commitment to justice and compassion, and responsible stewardship of resources can provide a valuable framework for reflecting on issues and options for developing more compassionate and effective health care and social policy.

The Catholic Health Alliance of Canada has produced this federal election statement to weigh a number of health care issues in light of the values of Catholic health care, and to assist those in the health care ministry to engage in the federal election campaign in a way that will help to define the needs, values and priorities that will shape public policy into the future.

The Alliance reminds all Canadians that public policy is a moral and ethical endeavour. We frame in our policies, especially for a service such as health care, the ground in which individual ethical and moral dilemmas and conflicts occur. Providing one service to one population benefits that group but necessarily involves “trade-offs” with others who are denied services. So, public policy raises serious issues for a people who say that justice and compassionate care are important.



Catholic Health Alliance of Canada
Alliance catholique canadienne de la santé

www.chac.ca

Maintaining and Strengthening our Universal, Publicly-Funded Health System

Core Values:

The right to health care

Everyone has a right to health care. Maintaining both universality and the accessibility of comprehensive health care, without discrimination and without financial or other barriers, must remain a prime objective of government and a shared commitment of Canadians.

Health care as a service

Health care is an essential social good, a service to persons in need. It is not, and cannot be treated as, a mere commodity exchanged for profit, to which access depends on ability to pay.

Recently, some have called for a five-year suspension of the enforcement of the *Canada Health Act* (CHA), suggesting this would allow for more “experimentation” with cost sharing and privatization, which are regarded by proponents of such an approach as a solution to access issues and sustainability of the health care system.



However, the Commission on the Future of Health care in Canada, after years of research, concluded there is no evidence that radical solutions for reforming health care, such as a parallel private system or greater reliance on private, for-profit providers, will deliver better or cheaper care, or improve access “... *except perhaps, for those who can afford to pay for care out of their own pockets.*”

Recent reviews of European experimentation with market mechanisms demonstrate the truth of these concerns. Such proposals stand in direct opposition to the principle of equity that has defined Medicare in Canada. Medicare was created in part to eliminate distinctions between the wealthy and poor when it comes to access to medically necessary care. Moreover, such changes would represent a fundamental shift, moving us as a society away from a sense of interdependence and commitment to the common good and toward a stance of self-concern and self-interest.

ISSUE NO. 2

Transformation of Health Care to Meet the Full Continuum of Health Needs

Core Values:

Good health for all

Good health, understood as meaning physical, emotional, spiritual and social well-being is an essential core value. Good health represents the harmonious balance between these various resources. The fostering of good health for all citizens entails both individual and collective responsibilities.

Social justice

Working to promote health and well-being is not only about curing symptoms, it also means confronting the causes of suffering and injustice which can be found in personal attitudes and lifestyles, and in the way our social structures are organized.

Building on the five principles of Medicare – universality, comprehensiveness, portability, public administration and accessibility – our not for profit health system must be adapted to meet the full continuum of health need from prevention and health promotion, through acute health care need to chronic and long term, rehabilitative and palliative care.

The fact is that accessibility and sustainability problems in the health system are caused primarily by the lack of access to services not covered under the *Canada Health Act*, specifically home care and long-term care, and by ever-increasing prescription drug costs.

The 2004 First Ministers Accord acknowledged the essential role of the federal government in establishing a fair and effective drug insurance plan for all Canadians. However, since that time, little has been done to establish a national pharmaceutical strategy. In September 2010 a groundbreaking report concluded that creating a national pharmacare program could slash more than \$10.7 billion off Canada's 25-billion-a-year drug bill¹, dismissing the notion that a public drug plan is unaffordable.



1. Canadian Centre for Policy Alternatives (CCPA) and Institut de recherche et d'information socio-économiques (IRS), *The Economic Case for Universal Pharmacare: Costs and benefits of publicly funded drug coverage for all Canadians*, 2010.

ISSUE NO. 3

The Need for Federal Leadership

Core Values:

Collective responsibility and community

As Canadians we have valued a deep sense of caring for persons in need. That sense of collective responsibility has motivated us to empower governments to play a direct role in alleviating economic disparity and in addressing threats to well-being posed by illness or disability. A basic moral test of any society is how the weak and poor in its midst are treated, and how it protects the most vulnerable.

Accountability and good stewardship

The long-term sustainability of Canada's health care system requires mechanisms that will assure accountability for the effectiveness, efficiency and appropriateness of care within the health care system. Our traditional health care system has developed without a sense of limits. Today, we need to recognize that resources are not unlimited and learn how to manage resources wisely.

The federal government has an essential leadership role in addressing the pan-Canadian needs of the population. It is the guardian of Medicare and of the values embodied within the *Canada Health Act*. Most commentators on health policy in Canada acknowledge that in recent years there has been a withdrawal from such a leadership role at the federal level. This raises the prospect of an increasingly fragmented health system in Canada.



The current 10-year federal-provincial-territorial Health Accord is scheduled to expire in 3 years. That accord commits the federal government to transfer payments to the provinces and territories. Those transfers are crucial because about 20 cents of every dollar the provinces spend on health care comes from the federal government through those transfers. Without a strong federal commitment to health care the future of universal health care is very much put into question. Proposals for further decreases in federal transfers or, indeed, for eliminating federal transfers completely must be critically examined in light of the principles of equity and solidarity that have characterized Medicare, and Canada itself.

At the same time, in making such transfers the federal government has reporting obligations to Parliament, and must monitor and enforce the criteria and conditions of the *Canada Health Act* by the provinces and territories.

A Commitment to Comprehensive Palliative Care

Core Values:

Dignity of the Person

All persons possess an intrinsic dignity and worth. Respect for the dignity of the human person remains the basic principle of health care delivery

Compassion and caring

The offerings of modern science and technology cannot replace the healing impact of an atmosphere of compassion and sensitivity. It is always important to help people find peace, healing, pain relief and comfort in the midst of suffering

Over the past 10 years the Quality End-of-Life Care Coalition of Canada, of which the Catholic Health Alliance is a member, has witnessed some remarkable successes in improving access to quality end-of-life care for Canadians:

- In the last six years, the Canadian Institutes of Health Research have invested \$16.5 million in research which aims to improve end-of-life care.
- The number of professionals and volunteers with the skills to provide hospice palliative end-of-life care has increased significantly.
- The federal Employment Insurance Compassionate Care Benefit has been introduced to give family caregivers six weeks of paid leave to care for a loved one at end of life

We have also seen that accessible, high-quality hospice and palliative care offer a compelling alternative to euthanasia and assisted death. While progress has been made, there is more to be done. With the aging of our population, by 2026, the number of Canadians dying each year will increase by 40% to 330,000. Despite the fact that most Canadians would prefer to die at home, surrounded by their loved ones, most are still dying in hospitals or long-term care homes. The availability of high quality care at end of life varies widely in different parts of the country and in different settings.

If all Canadians are to have access to high quality end-of-life care, it must be an integral part of health care, and available in all settings of care. Family caregivers often provide care for a family member who is dying at great cost to themselves personally, financially and in terms of their health and well-being. The health and social system and our communities must provide more support for family caregivers. National standards and consistency across different regions have yet to be achieved. There is a growing need to educate Canadians and raise awareness about the importance of advance care planning.



What you can do



- Send a letter to candidates
- Participate in town halls
- Be prepared to talk with a candidate at your door

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