

# Canada Votes 2006



CHAC Members:

A recent message from the Canadian Conference of Catholic Bishops encourages Catholics to increase their awareness of issues during an electoral campaign, to raise their concerns with the political candidates and to encourage strong civic debates. Such political participation is an important responsibility for the common good of society.

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 blueprint for more effective, human-focused health care and social policy.

The Catholic Health Association of Canada (CHAC) has produced this resource to assist its members to take part in the current federal election campaign. It weighs a number of health care issues in light of the values of Catholic health care, and presents a series of questions that could be raised with local candidates.

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Vice-President, Advocacy & Public Policy



**Catholic Health Association of Canada**  
[www.chac.ca](http://www.chac.ca)

## ISSUE NO. 1

### The Drift Toward Two-Tier Health Care

In the wake of the Supreme Court's Chaoulli decision, the Quebec government is making plans to introduce a parallel private health insurance system for that province – a decision that opens the door to the establishment of a two-tier health care system in Canada: one tier for those who have the financial means to buy private insurance to avoid waiting times and wait lists; and a second tier for those who can't afford (or are judged ineligible for) such insurance. The *Globe and Mail* suggests such a move will mark "... the beginning of the end of the existing health care system."

The Commission on the Future of Health Care in Canada (2002) concluded that there is no evidence that radical solutions for reforming health care, such as a parallel private system and greater reliance on for-profit health care 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.*").

This reality was apparent with the opening of Canada's first private health care centre on November 22, in Vancouver. The centre's promotional material suggests people will get quicker access to *Canada Health Act* insured services for an enrollment fee of \$1,200 and an annual charge of \$2,300.

These developments represent a fundamental shift, moving us as a society away from a sense of interdependence and caring for one another toward a stance of self-concern and self-interest. They also move us away from the current system which says health care needs should be met equitably and efficiently, to one in which health care is distributed not on the basis of need, but on the ability to pay.

#### **Core Value: The right to comprehensive 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.

#### **Question for the Candidates**

In the view of your party, is it acceptable for some Canadians to have quicker access to medically necessary services than others?

## ISSUE NO. 2

### Accountability in Health Care Spending: Enforcing the *Canada Health Act*

The federal government has a critical role to play as a guardian of Medicare, and the values it embodies. Under the *Canada Health Act* (CHA), the Minister of Health has reporting obligations to Parliament, and must monitor and enforce the criteria and conditions of the Act.



Peer-reviewed evidence demonstrates that the proliferation of private for-profit clinics can threaten the integrity and viability of Medicare, undermining the objectives and purposes of the CHA. In particular, two-tier access to medical services (like MRI tests) violates the CHA requirement that universal access to publicly funded services be provided on uniform terms and conditions.

In her report of September 2002 Auditor General Sheila Fraser wrote: Health Canada “*is unable to tell*

*Parliament the extent to which health care delivery in each province and territory complies with the criteria and conditions*” of the *Canada Health Act*.

In light of the September 2004 “Ten-Year Plan to Strengthen Health Care,” which provides \$41.3 billion in new federal funding over ten years, it is critical that provinces and territories be required to provide information on the mode of delivery of health care services, in particular, for-profit and investor-owned versus not-for profit delivery.

#### Core Value: Accountability

The long-term sustainability of Canada’s health care system requires mechanisms that will assure accountability for the economy, effectiveness, efficiency and appropriateness of care within the health system.

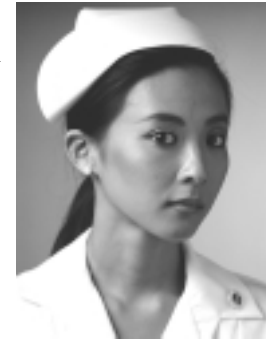
#### Question for the Candidates

Is your party prepared to fully enforce accountability mechanisms in the *Canada Health Act* before transferring health care funds?

## ISSUE NO. 3

### The Supply of Health Care Professionals

Changes made over the past decade in how health care services are delivered, combined with efforts to contain costs, have taken their toll on the health care work force and created shortages in the supply of professionals.



The challenge of training, recruiting and retaining health care providers must be tackled as a priority by all governments. The problems require:

- targeted actions to expand the supply and distribution of health providers and professionals;
- better use of the mix of skills of various health care providers, expanding the boundaries of traditional scopes of practice;
- addressing quality of work life issues;
- revising training programs to focus on integrated approaches for preparing health care teams;
- incentives to supply health care in rural settings; and
- planning for the long term.

In its inaugural January 2005 report, the Health Council of Canada emphasized the critical role of health human resources stating “this is an urgent priority. Without sufficient providers of care working together, all other efforts will flounder.”

#### Core Value: Stewardship of resources

Stewardship requires wise, prudent, creative, compassionate and just use of all our resources.

#### Questions for the Candidates

What will your party do to address gaps in the supply and distribution of health care professionals? What would your party do to further develop interprofessional practice within primary health care teams, in order to achieve better patient outcomes?

## ISSUE NO. 4

### The Need for Comprehensive Palliative Care

In palliative care a team of health professionals and volunteers provides physical, emotional and spiritual care for the dying person and their family. The goal of palliative care is not to cure illness but to provide quality of life, and enable people to live as fully as possible until they die a natural death.



The current system of palliative care in Canada is a patchwork of services that are not equitably available. It is estimated that only 15% of Canadians have access to palliative care services. Looking to the future, the number of deaths is expected to increase by 33% by the year 2020. This means that hundreds of thousands of Canadians will need access to coordinated, integrated, and comprehensive end-of-life care services for themselves and their families.

In September 2005 the Quality End-of-Life Care Coalition (of which CHAC is a member) released a framework for a national strategy on palliative and end-of-life care. The strategy encourages the federal government to take a leadership role in developing a sustainable, well-funded, long-term strategy that will address the ongoing and future challenges of Canadians accessing end-of-life care.

#### Core Value: The dignity of the person

At the end of life, dying persons should be surrounded by all appropriate medical, nursing and pastoral care.

#### Question for the Candidates

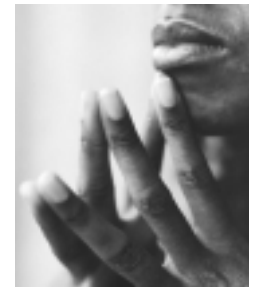
How will you and your party ensure that all Canadians have access to quality end-of-life care that allows them to die with dignity, free of pain, surrounded by their loved ones, in a setting of their choice?

## ISSUE NO. 5

### Euthanasia & Assisted Suicide

The recent debate in the House of Commons on a private member's bill that would legalize euthanasia and assisted suicide throughout Canada (Bill C-407), is regarded by some as a trial balloon for a more detailed and more carefully drafted, government-sponsored bill that could come up for debate in the not-too-distant future. In 2004, Justice Minister Irwin Cotler stated publicly that it might be time to reopen the assisted suicide debate.

In our society, which places such a strong emphasis on being autonomous and independent, those who are dying need assurances that their pain can be controlled, that they may approach death with the dignity they desire, and that they will not be treated as a burden.



The argument that personal freedom should include a right to euthanasia and assisted suicide ignores the fact that these very practices threaten human freedom.

Euthanasia and assisted suicide weaken respect for human life. They also threaten the security and trust that are essential for all persons living in community, but especially for the elderly and those who are weak or vulnerable. In a society that accepts euthanasia, those who are most vulnerable – the elderly, the mentally ill and those with physical or mental disabilities – will live with the fear that someone else might decide their lives are not important. Who can trust a caregiver who holds the power to kill?

#### Core Value: A consistent ethic of life

Catholic social teaching is based on two truths about the human person: human life is both sacred and social. As a result, we have a duty to protect and foster human life at all stages of development, both in its individual and communal dimensions, and in all situations.

#### Question for the Candidates

Will you and your party oppose the legalization of euthanasia and assisted suicide?

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