

Submission of the Ecumenical Health Care Network to The Commission on the Future of Health Care in Canada

May 28, 2002

Introduction

The Ecumenical Health Care Network is a project of the Commission for Justice and Peace of the Canadian Council of Churches. The Network includes representatives from the Canadian Conference of Catholic Bishops, the Anglican Church of Canada, the Evangelical Lutheran Church in Canada, the Presbyterian Church in Canada, the United Church of Canada, and the Catholic Health Association of Canada.

In May of 2000, in a letter to then Health Minister Allan Rock we expressed our belief that our health care system is founded upon fundamental social values. We wrote:

“We believe that the system that has evolved reflects to a large degree the commitment of many Canadians to a health care system based on such fundamental social values as equity, collective responsibility, compassion and caring. The drive over the last few years to reduce deficits...has led to the erosion of a system based on these fundamental values, values that are at the heart of our Christian faith.”

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We thank the Commission for the opportunity to speak to you today to share the ethical perspective we believe is important and to express our concerns as well as some hopes for the future of the Canadian Health Care system. Since our submission to you last October, the Ecumenical Health Care Network has continued to elaborate some of its views.

A System based on Social Justice

The Commission is correct in its observation that this current discussion about health care is an ethical one. From our perspective, this discussion is fundamentally about what form of justice will prevail as we wrestle with who we are, what we owe each other as citizens and neighbours, and what legacy we will leave for future generations of people in Canada.

Working to promote health and well-being is not only about curing symptoms; it also is about confronting the causes of suffering and injustice in our society. A basic moral test of any society is how the weak and poor in its midst are treated.

Dr. Nuala Kenny, speaking at a Church's Forum on the Future of Health Care in Canada on February 28, 2002 on Parliament Hill in Ottawa, challenged us by saying "If we hold so few values in common, we are not any longer a community." She also reminded us that there is a prophetic role for policy: policy can support justice, fairness and compassion.

The Ecumenical Health Care Network, at our April 28 meeting, approved a Health Care Covenant for All People in Canada. Copies of this covenant are attached with our submission to you today. In that covenant, we pledged to "uphold a health care system through which all people in Canada share the benefits of health and the burdens of illness with particular compassion for the weak, caring for the vulnerable, solidarity with our neighbours, and a commitment to social justice for all"

We submit this Health Care Covenant as the churches' contribution to the debate about the future of health care in Canada.

Our History and Experience as Health Care Providers and Advocates

The history of Canada records many ways in which churches have contributed to the

development of Canada's health care system. We have been involved as service providers, as stakeholders, and as supportive advocates for new ideas and approaches. Examples of our involvement include hospitals, homes for the chronically ill and aged, programs for the poor, pastoral ministries and chaplaincy services to the ill and the dying, and community-based programs such as parish nursing. The distinctiveness of care found in faith-based health care organizations throughout Canada is a constant, deeply felt commitment to Gospel values of respect, dignity and compassion.

We have also been actively involved in supporting a public health care system, both in the formative years of the 1950s and 1960s and at key points in the life of the system since then. In February we hosted a national forum on the future of health care on Parliament Hill. We have just concluded sixteen community-based workshops across the country. We believe that we are significant stakeholders in this process. For if the health care reform process fails, this will further increase the burden of care for people in our communities, for many of our congregations and agencies, as well as for other voluntary groups in these communities.

Social Determinants of Health

Health depends on a range of social factors such as income, education, housing, food, a clean and safe environment, and a valued role to play in the family, work and community. While medical and other health services play a vital role in dealing with suffering and illness, real improvement in health depends on a population health approach which takes seriously such an expanded vision of health. Public policies need to more effectively integrate economic, environmental and social determinants of health.

Values

Increasingly, the values in our society (and indeed in the world) are shaped by the values of the market. Return on investment, commercialization, commodification and globalization are the primary factors that are shaping our social relations today. Dr. Nuala Kenny challenged us – and all Canadians – at the Church’s Forum on the Future of Health Care in Canada by saying that “We’ve got to put our money where our values are!!” We believe that the key values of solidarity, community, equity, compassion, and efficiency (which under gird Medicare today) are the values that should take priority over a market driven approach to health care.

Dr. Kenny writes in “Ethical Dilemmas in the Current Health Care Environment” (as part of Do We Care? Renewing Canada’s Commitment to Health) “Without an explicit reflection on the values Canadians hold in common there can be no good judgment as to which new values to incorporate and which to reject. And certainly, without attention to values there can be no good policy.” We believe that a commitment to social justice, as expressed in the key values above and which currently are at the heart of the five principles of Medicare, should continue to help direct our future vision for health care in Canada and should also be the primary basis by which this Commission chooses from among the competing alternatives currently being proposed for reshaping our Canadian health care system.

Recommendations for Reform

We do not believe that the Canadian Health Care system is in crisis. It can, of course, be improved. The current system is hampered by uncertainties in its financing, making long range planning difficult, if not impossible. It is also too closely tied to delivery systems that focus on acute care. This focus on acute care makes it extremely difficult to expand our attention to more preventative care, home care and pharmacare. We believe that Medicare should be extended into these areas.

On March 1 of this year, we said that patients are not simply consumers, and health care is not like purchasing socks. Health is one of the most basic human goods; without health, other goods will simply not be available to us. It is therefore not surprising that health care has become for Canadians one of the defining characteristics of our national identity, an expression of our commitment not only to ourselves, but to the communities to which we belong and of which we are a part. The Medicare system is an expression of our belief that medical needs are too fundamental to be responded to solely on the basis of market forces and for reasons of profit.

Dr. Michael Rachlis, who also spoke at the Church’s Forum on the future of Health Care in Canada on February 28, argued that care that is poorly organized in its delivery mechanisms and poorly focused in terms of health needs will be poor quality care, and, as a result, is expensive care. He also offered concrete, encouraging examples of clinics and health care regions that have made real breakthroughs in reforming health care delivery systems. Dr. Rachlis argued convincingly that change and innovation is possible and in fact is happening. These innovations need to be more effectively included in the reform recommendations of your Commission.

With these points in mind, we offer the following recommendations for you to consider:

- a. We are opposed to any further expansion of for-profit health care delivery. International trade agreements such as NAFTA could make it difficult to undo moves towards privatization when we discover that it actually boosts costs and leads to greater inequality.
- b. We urge that you hold the key values of solidarity, community, equity, compassion and efficiency at the centre of your policy deliberations. These values should enable

you to see clearly that (1) health care is a public good, not a market good, and that (2) health should be seen as holistic, including physical, emotional, spiritual and social well-being.

- c. We urge you to recommend legislation for a national home and community care program that will assure health care remains universal, comprehensive, accessible, publicly administered and portable beyond the walls of hospitals and doctors' offices. We also urge you to recommend substantial federal funding as well as operational regulations to accompany the new legislation.
- d. We urge you to recommend that the federal government develop a national drug program to guarantee equal access for all Canadians, improved prescribing appropriateness and cost containment. This would enable the federal-provincial health insurance system to integrate prescription drugs as a full funded component of Medicare.
- e. We urge you to take seriously the many concrete, encouraging examples of clinics and health care regions that have made real breakthroughs in reforming health care delivery systems. We urge that, in your final report, you draw attention to innovations across the system in order to demonstrate that positive change is possible without having to privatize. Better still if these innovations can demonstrate cost savings, better care and a more humane environment for those who provide the care.
- f. We urge you to recommend a solution to the federal-provincial-territorial impasse that ensures strong, stable funding for health care. Federal funding must enable all parts of the country to provide quality

health services that meet national standards. We are particularly concerned that there is little coverage for drugs and home care in the Atlantic provinces. In addition, an increased federal role in funding would help to ensure ability of the federal government to enforce national standards.

- g. We have attached a copy of the Health Care Covenant for All People in Canada. We urge you to recommend that the Federal government adopt this covenant as the set of principles that set the direction for health care reform in this country.