



CHAC advocacy



Advocacy Update: April 2007

Highlights of CHAC Advocacy Activities November 2006 to April 2007



Meetings with PMO staff and Federal Health Critics

On December 6 James Roche, CHAC Vice-President, Advocacy & Public Policy, was a member of a delegation representing the Quality End-of-Life Coalition that met with Dannielle Shaw, Senior Social Policy Adviser to the Prime Minister. The focus of the meeting was the need for equitable access to quality palliative care for all Canadians.

On Feb. 14-15 meetings were held with the NDP Health Critic, Penny Priddy, and the Liberal Health Critic, Bonnie Brown. Three issues were raised: 1) the need for federal leadership and commitment to the principles of Medicare; 2) accountability / enforcement of the *Canada Health Act*; and 3) the need for a national pharmaceuticals policy to counter disparities in drug coverage from province to province.



St. Elizabeth's Hospital, Humboldt

CHAC staff worked with the Saskatchewan Catholic Health Corporation on issues related to St. Elizabeth's Hospital, Humboldt (tubal ligation policy). Staff responded to requests for media interviews and participated in discussions with the sponsor organization. A teleconference involving individuals working in public relations / communications positions within Catholic health care is being organized for April to discuss some of the issues that arose in relation to the St. Elizabeth's Hospital situation, e.g. public perceptions of Catholic health care, branding, etc. (Note: On March 7 the St. Elizabeth's Hospital Board and the Saskatchewan Regional Health Authority jointly recommended to the provincial Health Minister that the new hospital being built in Humboldt would not be a Catholic hospital but would be governed by the regional authority.)



Cancer Care Initiatives

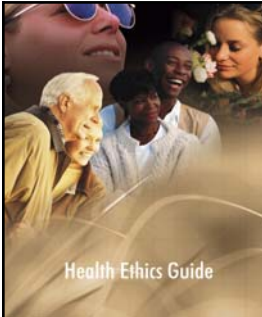
On November 24 the federal government announced the creation of the Canadian Partnership Against Cancer, a pan-Canadian centre for information on prevention, diagnosis and treatment of cancer. The agency will receive \$260 million in federal funding for the next five years. Jeff Lozon, President and CEO of St. Michael's Hospital, Toronto, was named the agency's first Chairman.

In February, Jo Ann Nettleton, Director of Education and Research with Caritas Health Group, Edmonton, agreed to be the CHAC representative on a national Joint Committee for Cancer Workforce. The Committee held its first meeting in Ottawa on Feb. 19-20.



Quality End-of-Life Care Coalition of Canada (QELCCC)

The annual 2-day planning session of the Quality End-of-Life Coalition was held at the CHAC offices on January 24-25. During this meeting the coalition's five working committees develop work plans for the coming year. James Roche serves as a member of the Coalition's advocacy committee. Following the meeting the Coalition wrote to the Minister of Health requesting a meeting to discuss a pan-Canadian strategy for palliative and end-of-life care.



Ethics Activities

Through the ethics component of its advocacy efforts the CHAC seeks to provide assistance to its members in navigating the many complex ethical realities in health care today. On January 18, James Roche gave a presentation to the Ethics Committee and senior leaders of St. Patrick’s Home, Ottawa, re. the *Health Ethics Guide* and CHAC advocacy role. Staff also responded to member requests for information and resources on such issues as conscience legislation and withdrawal of treatment. The review of the *Health Ethics Guide* that is currently underway is also coordinated within CHAC’s overall advocacy plan.



CHAC – A supporter of a national conference on Medicare

As a member of the Ecumenical Health Care Network (EHCN), and supporter of the Canadian Health Coalition, the CHAC is promoting a 2-day national conference to explore the vision and future of Canada’s health care system. The Tommy Douglas Vision of Medicare Conference takes place May 3-4, 2007 in Regina. The list of speakers includes: Stephen Lewis, former U.N. Secretary General Special Envoy for HIV/AIDS; Monique Bégin; Roy Romanow; Hon. Allan Blakeney; Robert Evans; Maude Barlow; and Dr. Michael Rachlis. More information can be found at the following web-site: www.healthcoalition.ca

EMERGING ISSUES

One of the steps to effective advocacy involves anticipating issues and preparing accordingly. This includes research and the analysis of trends and developments. The following is a “snapshot” of emerging issues that could impact Catholic health care and influence the direction of CHAC’s advocacy activities.



1. Canadian Perceptions of the Health Care System

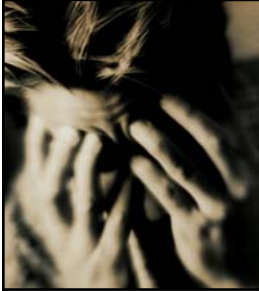
Long term trends in the attitudes of Canadians about the health care system show “mildly positive developments” since 2002. Four long-term public opinion polls by Pollara and Ekos indicate Canadians’ opinions of the health care system have improved slightly in recent years. When asked over the past two years if health care has improved or deteriorated: the proportion citing “deteriorated” has dropped from 63% to 39% since early 2003. However one of the “puzzles” of Canadian health care continues. Even though their own experiences with the system are mostly positive, Canadians increasingly fear the health care system is unsustainable. Antonia Maioni of McGill University suggests the role of the media may provide provide part of the answer to the puzzle. The increasing volume of crisis-oriented media coverage of health issues may lead citizens to judge the system as failing.

Also of note – concerns about long-term sustainability are prompting Canadians to increasingly give serious thought to private, for-profit health care services. Ekos asked if respondents agreed that “individuals should be allowed to pay extra to get quicker access to health care services.” The percentage agreeing has risen from 23% to 40% over the last eight years. Analysis of the responses indicates that attitudes about individuals being able to make their own decisions about what they do with their money is a primary motivating factor. Source: Health Council of Canada, 2007



2. Federal Election

Since the beginning of December the federal Conservative government has issued spending announcements totalling more than \$9.8 billion. Nearly half of the three-month total – \$4.5 billion – has been announced in the first 3 weeks of February alone. “*Tory funding spree ‘smells like pre-election spending’*” (*Toronto Star*, Feb. 19, 2007). Angus Reid poll of March 2, 2007 indicates 40 per cent of decided voters would support the Tories in the next election to the House of Commons.



3. Euthanasia and Physician-Assisted Suicide

This issue continues to be the focus of considerable activity. On March 23-24 a conference was held in Ottawa on the theme of *Ethical, Legal, and Social Perspectives on Physician-Assisted Suicide*. The agenda for one segment of the event calls for a discussion of the “morality of restrictions on the liberty to choose physician-hastened death.” At its annual August 2007 membership meeting, the Canadian Medical Association (CMA) will debate whether to maintain their opposition to physician-assisted suicide.



4. Challenge to the Current Ban on Direct-to-Consumer Drug Advertising in Canada

In December CanWest Global Communications, which includes Global TV, the *Financial Post*, the *Ottawa Sun*, etc launched a charter challenge to the federal law outlawing American-style prescription drug advertising, claiming that the regulation discriminates against its business interests. It is estimated the annual Canadian drug advertising market could be worth half a billion dollars. Witnesses opposing any lifting of the ban will argue that such a move would drive up drug consumption and spending on drugs. Even with the ban in place, drugs are the fastest growing category of health care spending in Canada. Total drug expenditures in Canada in 2005 increased 11% over the previous year (CIHI).



5. Rich-Poor Gap Widens in Canada

Several reports issued over the past 3 months all indicate the gap between the richest and the poorest families in Canada widened between 1999 and 2005. The net worth of families in the top fifth of the wealth distribution increased by 19% between 1999 and 2005, while the bottom fifth saw their financial situation remain stagnant. Seventy-five per cent of Canadians worry the growing gap will lead to more crime and other negative social impacts (Cdn. Centre for Policy Alternatives).



6. Catholic Health Care Ethics

A number of moral challenges are on the horizon for Catholic health care providers:

- genetic counselling in Catholic health care;
- conscientious objection for health care professionals;
- issues in disaster planning and pandemic preparedness;
- serving diverse populations of patients (spiritually and culturally appropriate care).



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