CHAC advocacy

Advocacy Update: for the period from May to September 2007

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Standing Committee on Health: Study on the Common Drug Review

In the April 2007 issue of Advocacy Update I reported that the House of Commons Standing Committee on Health was considering a review of issues related to prescription drugs. At the time there was speculation that the Committee might address a wide range of issues such as: the drug review and approval process; high drug costs; patent protection; safety; greater transparency regarding the results of clinical trials; and inequities in terms of access in various parts of the country.

However, by April a decision had been made to undertake only a very narrow study of just one issue – the Common Drug Review (CDR) process. The CDR was established in 2003. The goal was to reduce duplication in the assessment of pharmaceuticals for listing on publicly funded drug plans in Canada – identifying the most therapeutically beneficial and cost-effective drugs for the benefit of patients.

The CDR is not to be confused with Health Canada's Drug Review Process – which is used to authorize all drugs sold in Canada. The CDR comes into play only after a new drug has been approved. The process recommends on whether or not a drug should be listed on federal / provincial / territorial formularies.

The Committee began its study on April 16, receiving its first witnesses that day. The last witnesses appeared before the Committee on May 16. Only 7 Committee meetings were held to address the issue (approx. 8.5 hrs of hearings). On May 30 the Committee began discussions on its draft report on the subject.

In March the CHAC contacted the Clerk of the Committee indicating that the Association would be interested in possibly appearing before the Committee – depending on the range of issues the Committee chose to study. In late-May I received an e-mail from the Clerk thanking the CHAC for its interest in the study but indicating that "... due to the large number of requests received from individuals and organizations asking to appear, and also because of time constraints facing the Committee, it was not possible to invite all to participate."

In her e-mail the Clerk also stated that the Committee planned to present its report on the CDR in the House of Commons before the summer adjournment. On June 13 the Committee approved its report and recommendations to the Minister of Health.

As regards prescription drug issues – during the Fall of 2007, the Canadian Health Coalition will be holding public hearings across Canada on prescription drug issues and a national pharmaceutical strategy. These hearings will provide an opportunity for the CHAC to put forward its concerns and recommendations.

Meeting with Steven Fletcher, MP

On June 4, I was a member of a 3-person delegation that met with Steven Fletcher, MP, Parliamentary Secretary to the Minister of Health in the Harper government. The other members of the delegation represented the Canadian Medical Association (CMA) and the Canadian Hospice Palliative Care Association (CHPCA).

We represented the Quality End-of-Life Care Coalition and were meeting with Mr. Fletcher to push for a national strategy to improve access to quality palliative care across Canada. Interestingly, after our presentation his one question was not about palliative / end-of-life care. Rather, he asked about euthanasia and assisted suicide, and he spoke very personally about the challenge the issue presents to him. He described a time immediately after his accident in 1996 when he was in acute care and wondered whether it would not have been better to have all life-support equipment removed. He went on to talk about how his attitude changed as he saw there was still the chance for him to have a meaningful life despite the accident that left him paraplegic. As we talked I explained to him that I have found that in discussing the issue there is much confusion about terms and definitions, and about what euthanasia is and what it is not. When I explained that in Catholic tradition there are times when forgoing treatment, or, withdrawing medically administered nutrition and hydration, are considered ethical and proper – he was quite surprised.

He seemed to be under the impression that as Catholics we would see any request to refuse or stop treatment as unethical, and that in a Catholic setting extreme measures would be taken to keep a person alive (and, therefore, that the wishes of the individual might not be respected.) This was something of an eye-opener for me – but it confirmed once again for me the lack of clarity that exists in people's minds when it comes to defining euthanasia.

Meeting with NDP Members of Parliament

On Tuesday, June 5, Sharon Baxter, Executive Director of the Canadian Hospice Palliative Care Association, and I met with Judy Wasylycia-Leis, NDP Finance Critic, and Penny Priddy, Health Critic for the NDP. Our goal in meeting with these MPs was to promote palliative and end-of-life care as an election issue.

During the meeting Penny Priddy indicated that the NDP will promote a national pharmacare program as its primary health issue in its platform. Learning that, we emphasized the list of palliative-specific pharmaceuticals that the coalition believes should be part of each provincial drug plan.

Senate Subcommittee on Population Health

Earlier this year the Senate created a subcommittee, chaired by Senator Wilbert Keon, with a mandate to “examine and report on the impact of multiple factors and conditions that contribute to the health of Canada’s population – collectively known as the social determinants of health.”

The project is scheduled to take 2 years with a number of reports being issued over that period.

In May I spoke to Jeff Lozon, CEO at St. Michael’s Hospital, about the Senate study, having remembered that the Centre for Research on Inner City Health (CRICH), which is part of St. Mike’s, has expertise in a range of social determinants of health, many of which map directly to the Senate Subcommittee’s priorities (e.g. income disparities, housing and homelessness, immigration, and social environments).

	In June I assisted CRICH staff in discussions with the Clerk of the Subcommittee about a possible appearance before the committee by representatives from the Centre – probably in October or November. In June I submitted material to the Clerk describing the work of CRICH, and presenting their request to appear. In late June I received confirmation that the request had been presented to the Senate Subcommittee.
	**Teleconference of Communications / Public Relations Directors: Branding Catholic Health Care** In March 2007 a decision was made that the new hospital being built in Humboldt, Saskatchewan, would not be a Catholic facility, but would rather be run by the region. This decision, related to St. Elizabeth's Hospital, had multiple dimensions. It had an ethics component (tubal ligations); legal component – human rights complaint; governance component; and a communications / public relations component. In the period leading up to the decision regarding St. Elizabeth's Hospital the CHAC received several inquiries from communications directors in other Catholic health care organizations who were contacted by media seeking information about the situation and practices of Catholic health care organizations in other provinces. In light of those inquiries it was determined that there might be value in engaging several of the Communications Directors from throughout Canada in a teleconference to discuss the positioning and branding of Catholic health care. The teleconference took place on June 7 and included the Communications Directors from St. Michael's Hospital, Toronto; St. Boniface Hospital, Winnipeg; Caritas, Edmonton; and Providence Health Care, Vancouver. Despite their having similar roles, it was the first time these individuals had come together in this way. The group was immediately engaged in a lively discussion. I found their observations on such subjects as – building relationships with the media; the vital role of staff as ambassadors for the organization; and current public perceptions of Catholic health care as revealed in focus groups and interviews across the country – all very interesting and helpful. Participants expressed support for the idea of establishing some form of link with each as a way to: • share learnings and good ideas; • alert each other about issues as they arise across the country (noting that issues generally start locally and quickly spread nationally). • support each other – especially around crisis management. At the end of the call the suggestion was made to send each other some of the public relations material / publications used by each organization. review the material and then perhaps consider another teleconference at a future date to discuss observations and suggestions.

Penetanguishene General Hospital (Ontario)

On June 15 the majority of Board members of the Huronia District Hospital (HDH) (public hospital) and the Penetanguishene General Hospital (PGH) approved a single board structure and then reached a further decision to do this as a Catholic organization. A separate HDH meeting reaffirmed the decisions.

On June 21, at the request of Don McDermott, President of the Catholic Health Corporation of Ontario (CHCO), I participated in a teleconference that included Don, the CEO and VP Communications from PGH, and other communications people from Catholic health care organizations in Ontario, to strategize on public relations strategies in relation to these developments.

Later in June the chairperson of the HDH resigned over the matter saying he believed the move would result in restrictions to reproductive services in the region. The decision was also harshly criticized by physicians and staff. On August 2 at a special meeting of the two boards the recommendation to become a single Catholic corporation was withdrawn by the HDH board of trustees.

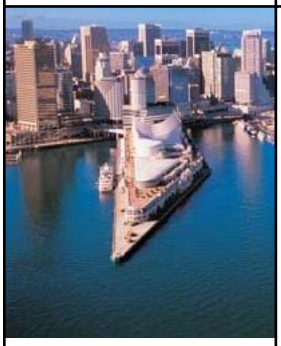
Quality End-of-Life Care Coalition letter to the Minister of Health

On August 24 the CHAC joined the other 25 national health organizations that make up the Quality End-of-Life Care Coalition of Canada (QELCCC) in calling on the federal Health Minister to take a leadership role in the continued development of a long-term, comprehensive pan-Canadian partnership for hospice palliative and end-of-life care. With the letter the Coalition presented a series of recommendations for federal government action that would lead to the development of such a pan-Canadian partnership.

Ecumenical Health Care Network

In 2000, representatives from the national offices of 7 Christian churches in Canada came together to form the Ecumenical Health Care Network (EHCN). The CHAC is also a member of the network. Through this network the Canadian churches are working together to contribute an ethical voice to the ongoing dialogue and debate about the future of health care in Canada.

In September, the EHCN published a booklet that presents the various resources produced by the network over the past 7 years: fact sheets, reflections, briefs and submissions. In addition, the booklet features an article that describes the involvement of the churches in health policy issues since the 1940s, with special attention given to the role of the churches in the struggle to develop and preserve Medicare. The foreword to the publication was written by Sr. Nuala Kenny. For more information about the publication please write to: jroche@chac.ca



Advocacy Presentation – CHABC Annual Convention, Vancouver

On September 20 I was invited to make a presentation in Vancouver at the 2007 convention of the Catholic Health Association of British Columbia (CHABC). The theme of the gathering was “Access and Advocacy: Health Care that Works For Everyone.” The opening keynote presentation was given by Sr. Carol Keehan, President of the Catholic Health Association of the United States (CHAUS). She described the current health care challenges in the US and outlined the efforts of CHAUS to promote health care reforms that will ensure health care coverage for all citizen. At this time, more than 45 million Americans do not have health care coverage. My presentation focused on the most significant emerging issues facing Catholic health care within the framework of the three goals toward which CHAC’s advocacy efforts are currently directed. The last part of the presentation highlighted how Medicare and the values on which it is based are under attack at this time, and how Catholic social teaching and the Church’s social justice tradition call for action on the part of Catholic health care in response to these threats.

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