

# *Health Care for All: A Public Good, Not a Private Benefit*

*If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it.*

*1 Corinthians 12: 12-26*

## **Ecumenical Health Care Network**

The Ecumenical Health Care Network (EHCN) is a coalition that reflects the perspective of many Churches in Canada in relation to health care. We are part of the Canadian Council of Churches as representatives from the Roman Catholic, Anglican, Lutheran, Presbyterian, Salvation Army and United Church of Canada.

## **Medicare – A Reflection of Values**

We believe the system of health care that has evolved in Canada reflects the commitment of most Canadians to a health care system based on such values as caring, collective responsibility, compassion and equity. These are also values that lie at the heart of our Christian faith, and they motivate our commitment to promote Medicare.

The principles of the *Canada Health Act* call for a collective response to sickness and disease from all Canadians. These principles encompass a set of Canadian values including:

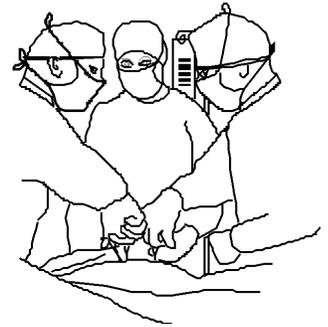
- public administration of a not-for-profit plan, recognizing the advantages of simplicity and efficiency within a single administration;
- public administration as a means of ensuring accountability and transparency;
- health care as a public good, rather than a for-profit market good; it is held in common and available to all;
- universality – health care needs should be met equitably and efficiently, and require a commitment to social solidarity as a fundamental value;
- portability – health care is a *national* program.

But above all, Medicare reflects a commitment that, together, we will share the responsibility for ensuring health care is available to all people in Canada.

In recent years the EHCN has challenged the federal and provincial governments to recommit to these values. It has worked to ensure that compassion for the weak and vulnerable, solidarity with our neighbours, and a commitment to social justice for all remain as the defining features of Medicare.

## **Medicare at a Crossroads**

The EHCN believes these key values are at stake in the recurrent debates about the provision of health care. Canada is at a crossroads in relation to health care and its role in defining the kind of society we want for the future.



Some of the options that have been put forward for reforming health care would move us as a society away from a sense of solidarity and compassion toward a stance of self-concern and self-interest. The harsh reality is that some want to buy and sell health care as a commodity, as something available to the highest bidder, giving priority to those with the ability and means to pay.

As Christians we enter into the public versus private-for-profit debate mindful of economic realities, while discerning what it means to be faithful to the Spirit of God who created us, and who came in Christ that all may have life and have it abundantly.

In assessing the current issues and options that are being promoted, we encourage all to reflect critically about whose interests are at stake. Who stands to benefit? Who stands to lose?

The following are some of the key issues of concern to the EHCN.

## **Putting Medicare on a Secure Footing**

We support the 2002 Romanow Commission report that called for far-reaching reform of the health care system. The federal, provincial and territorial governments have reduced reform to a simple formula: shorten the waiting lists for five high-demand treatments.

That might bring temporary relief from the complaints that arise at election time. It might alleviate the most visible symptom of an overstressed system. It might ease federal-and provincial/territorial tensions for a while. But it will not put Medicare on a secure footing, and it will not slow the growth of a parallel private-for-profit health care system for those willing to pay.



The provincial and territorial premiers continue to negotiate one-off deals with the federal government. As each of the premiers attempts to get more federal cash with fewer conditions, the bonds of nationhood weaken. Romanow is concerned "the federation is becoming more like an association."

We need leadership that is informed by a sense of national purpose, committed to communal values, and dedicated to renewing a health care system that will be secure for the long term.

### **Sustainability: Dispelling the Myths**

In the current debate about the future of public, not-for-profit Medicare in Canada there are a number of myths that need to be challenged.

#### **Myth #1: Long waiting lists are a sign Medicare is not working**

The major reason for current wait-times for some key medical procedures is a serious shortage of health care professionals. However, opening up health care to private providers would only lure scarce health care professionals out of the public system, and add to the wait times of those unable to pay for private care.

In response to the shortage, some provinces have begun to implement more effective and efficient alternatives, including greater reliance on multi-disciplinary approaches, lessening dependence on doctors alone, and the use of central wait-time registries to direct patients to available resources. In the September 2004 First Ministers' Accord, the federal government committed \$41.3 billion over ten years to restore the budget cut-backs of the early 1990s. These new monies will take time to improve the system, especially in the time it will take to train additional health care professionals.

#### **Myth #2: Medicare is inefficient**

The facts are clear. Canada's single-payer, not-for-profit public health care system is far more efficient and equitable than the private-for-profit approach proposed by some of its critics. It is far less costly than that of the U.S. (9.4% of our economy, compared to about 14% in the U.S. private-for-profit system). It is universal, unlike the American system where 45 million Americans have no health insurance because they cannot afford it. And, overall, Canada's health outcomes are better.

#### **Myth #3: Medicare is unsustainable due to an aging population**

While health care costs do rise as people age, the impact of today's aging population on the system is predictable and new approaches are proving more effective. Healthier lifestyles are both lengthening and improving the quality of life. There is less emphasis on institutionalization and greater use of home care and support interventions when crises do occur. Better knowledge of aging, and more effective medical and pharmaceutical interventions are combining to improve the overall situation of Canada's elderly without bankrupting our public health care system.

### **Accountability in Health Care Spending**

The federal government has an essential role to play as the guardian of Medicare. 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. In particular, private-for-profit access to medical services (like MRI tests), which enables people to "jump the queue" back into the public system for treatment, 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 new federal funding outlined in the 2004 First Ministers' Accord, it is vital 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. 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.

### **Conclusion**

Canada's public health care system, while facing many challenges its architects could not have predicted, is effectively and efficiently addressing those problems while maintaining the commitment of Canadians to provide equitable, timely, and efficient health care for all. Love for one's neighbour is at the heart of our Christian confession. Defending health care as a public good, and not a private benefit for those with financial means, must remain at the heart of our public witness.