

Questions for federal candidates 2006

1. Wait Times

Preamble: Canadians want wait time problems in the public health care system fixed. Meaningful reduction in wait times will only occur if we address the key barriers to access, such as the shortage of health care providers, and lack of effective wait time management. Since health care practitioners can't be in more than one place at the same time, creating a parallel private, for-profit system will simply take much-needed doctors, nurses and radiologists out of our public hospitals. Furthermore, since doctors earn more in the private sector, they will have what economists call a "perverse incentive" to keep public waiting lists long. Their incomes will be dependent upon the wait list and wait times "crises" (real or manufactured).

Q. 1 Part 1 - Do you believe that wait time problems should be solved in the public system, or by creating a parallel, for-profit system?

Part 2 - Do you think the same doctor should be able to work both in the public system, and in a for-profit clinic?

2. Privatization

Preamble: According to Dr. Arnold Relman, Professor Emeritus at Harvard University: "No one has ever shown in fair, accurate comparisons, that for-profit makes for greater efficiencies or better quality, and certainly have never shown that it serves the public interest any better. Never." The Romanow Commission came to the same conclusion. In fact, all available peer-reviewed studies clearly conclude that for-profit medicine has higher death rates, provides lower quality care and cost more than non-profit models.

Q. 2 Do you support a federal plan to stop public funds from being diverted to for-profit health care delivery?

3. Canada Health Act

Preamble: The Auditor General of Canada found that the Minister of Health "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. The Federal Minister of Health's Annual Report to Parliament on the Canada Health Act consistently fails to identify, let alone assess, significant privatization initiatives underway which threaten the integrity and sustainability of Medicare. Canadians own Medicare. We pay for it. We expect to know where and how our money is being spent.

Q. 3 Do you think the Minister of Health should perform his statutory duty to report, monitor, and enforce the Canada Health Act in all provinces and territories?

4. Home Care, Elder Care and Long-term care

Preamble: The health needs of the frail elderly and other vulnerable people are being neglected. Lack of attention to home care has led to preventable hospitalizations and an increased need for nursing home beds. Increasingly, the most vulnerable people in our society, our elders and those with disabilities, are being placed in the hands of profit-seeking, investor-owned nursing homes. According to peer-reviewed studies, for-profit nursing homes clearly provide worse care and less nursing than not-for-profit facilities.

Q. 4 Part 1 - Do you support national standards for home care, elder care, and long-term care as a stepping stone to a national continuing care program?

Part 2 - Do you support a federal plan to stop public funds from being used to subsidize investor-owned nursing home facilities?

5. Pharmacare

Preamble: Drug costs are out of control and are eating up more and more of scarce health care dollars every year. And there is no evidence that we are getting value for money. Some new drugs cost 100 times more than their traditional counterpart, yet provide no measurable improvement. Meanwhile many disadvantaged Canadians are denied access to life-saving medicine because they can't afford to pay. A public Pharmacare plan, with a national formulary and using bulk purchasing, would reduce costs, and improve equity and drug effectiveness.

Q. 5 Do you support the creation of a national public Pharmacare plan?

6. Health Care Infrastructure Financing

Preamble: Across the country, provinces and territories are grappling with the need to upgrade and build new health care infrastructure. Several provinces are turning to private sector loan financing through so-called "P3s"(public-private 'partnerships'). These P3s will not only cost taxpayers more in the long-term, they will entrench a powerful group of for-profit corporations with an interest in two-tier healthcare as a potential revenue stream. Historically, the federal government played a critical role in creating health care infrastructure through the National Health Grants program. This model was created by then Health Minister Paul Martin, Sr., in 1948 and continued until 1971.

Q. 6 Do you support re-establishing a federal role in health care infrastructure financing?

7. Keep People Healthy

Preamble: Tommy Douglas use to say "it's a lot cheaper to keep people healthy, rather than patching them up after they're sick", and that "Only through the practice of preventive medicine will we keep the costs from becoming so excessive that the public will decide that Medicare is not in the best interests of the people of the country" The greatest determinants of health in Canada are income and economic security.

Q. 7 Part 1 - Do you support a federal plan to strengthen the social determinants of health, including housing and poverty reduction strategies?

Part 2 - Do you support the dismantling of health and environmental protections in favour of economic growth as outlined in the Government of Canada's 'Smart Regulation' plan?

