

OPENING REMARKS TO THE PARLIAMENTARY COMMITTEE ON PALLIATIVE AND COMPASSIONATE CARE

Presented by the Canadian Health Coalition

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The Canadian Health Coalition (CHC) is a public advocacy organization dedicated to the preservation and improvement of Medicare. Our membership comprises national organizations representing nurses, health care workers, seniors, churches, anti-poverty groups, women and trade unions, as well as affiliated health coalitions in nine provinces and one territory.

We extend our thanks to the *Committee* for your leadership in undertaking a national discussion on the challenges posed by the current fragmented and under-resourced approach to health care needs that lie beyond the scope of our primary and acute health care systems - home care, palliative care, and long-term residential care. This initiative will be well-received by Canadians who are desperate for national leadership in these areas which so dramatically affect their lives – socially, economically and emotionally.

It will be welcomed by women, given that the majority of caregivers, both paid and unpaid, are women, as are the majority of those requiring home and long-term care. Women are bearing the brunt of the stress that flows from inadequate access to care, a decline in the quality of care, and working conditions that promote both intensification of work and exploitation of the caregiver ethos, leading to burn-out and leaving these fields of care.

Many Canadians will find themselves relying on these services at some point in their lives. They likely will provide care for family members, close friends or neighbours. They expect to have equal access to the health services they need. They expect the provision of these services to preserve their dignity, independence, and control over their care. They expect high quality care.

They are prepared to provide informal care but expect to be supported when doing so. They do not expect to be forced to provide care beyond their level of capability or comfort. They do not expect paid caregivers to be exploited or have their own health threatened by onerous working conditions. They do not expect that illness – either short or long-term - will result in financial hardship.

The current state home care, palliative care and long-term care falls far short of what Canadians expect and need. Due to a fractured system of services, and the absence of a national strategy and standards, many Canadian seniors, those with disabilities and chronic disease, and those in need of post-acute care are falling through the cracks. These gaps leave them trying to navigate the system to get the care they need at a time when they are ill and at their most vulnerable.

All Canadians deserve the health care they need to live with dignity and respect. Despite efforts to shift the values of Canadians from collective responsibility and equality to individual responsibility, Canadians hold true to long-standing values of equity, fairness and solidarity. With respect to health care, this means universal access to appropriate and necessary health care based solely on need, not on ability to pay.

The time has come to bring in Phase Two of Medicare as envisioned by Tommy Douglas, the founder of Medicare and by Justice Emmett Hall as expressed in his Royal Commission report.

The Canadian Health Coalition recommends the implementation of a health care system that is structured as a comprehensive, integrated and seamless continuum of care. This requires that home care, palliative care, long-term residential care, and pharmacare be subject to the principles, terms and conditions of the Canada Health Act.

We would like to make seven key points with respect to this recommendation.

1. There is a strong case to be made that home care, long-term residential care and palliative care are medically necessary services. Research tells us that in the absence of such services, poorer health outcomes are the norm. This leads to the consumption of more costly acute care and to more costly residential care being accessed earlier and for longer periods of time.
2. Currently, access to these services is highly unequal. There are differences in costs for individuals and disparities in what is and is not covered. Regulations governing care vary as does the quality of care.

Developing a continuum of care with national principles and standards for these services is the basis for reducing the degree of inequality across the country. The federal government has an important role to play with respect to funding and facilitating the development of a continuum of care framework for Medicare.

3. Several research studies show that there are financial savings associated with providing comprehensive but appropriate home care services, as long as these services are part of an integrated continuum of care framework. The inclusion of home care services focused on maintenance and prevention is a critical factor to cost effectiveness.
4. It will take time to develop a continuum of care. Age-related demographic change tells us that the need for these services will grow over the next two decades. We need to develop this approach now to ensure equitable access, and to ensure that the potential for cost-savings and efficiencies are in place ahead of the need.
5. Aging with dignity and respect is a core value which speaks to our sense of humanity. We have an obligation to see that home and long-term residential care is of the highest quality, and that Canadians have access to the palliative care they need at end of life. Legislated regulations regarding staffing levels, education and training, and working conditions are key determinants of high quality care.
6. Canadians need a national pharmacare program – one that provides first dollar coverage and one that is able to contain the soaring costs of prescription drugs. We urge the Committee to review the recent research report, *The Economic Case for Universal Pharmacare*, authored by Professor Marc-Andre Gagnon. We will leave a copy of the report with the Clerk of the Committee.
7. A final word on the issue of funding and the financial sustainability of Medicare. To echo Roy Romanow, in speaking to the conclusions of his *Commission on the Future of Health Care in Canada*, Medicare is as sustainable as we want it to be. That is a powerful statement, implying not only that Medicare is financially sustainable if we choose to make it so, but also that Canadians are prepared to financially support Medicare to ensure that it remains sustainable with one caveat. The fundamental principles and standards on which it is based must remain intact.

There is solid research showing that spending on doctors and hospitals, the current core of Medicare, grew from 4% of GDP to 5% of GDP between 1975 and 2010. That is a model of sustainability. Health services not covered by Medicare rose at faster rates and now consume about 12% of GDP.

- The reason health spending is taking an increasingly larger share of health care budgets is not uncontrolled health care spending. Rather, it is a result of large tax cuts over the years, cuts to other areas of spending and cuts in federal transfers to the provinces. (Some, but not all of the federal cuts were restored). Between 1997 and 2004, cuts in personal income taxes removed a whopping \$170.8 billion from public sector revenues at both the federal and provincial levels of government.

There is a large body of evidence demonstrating that providing health care on a not-for-profit basis through a single-payer, public insurance system is the most cost-effective way to provide the best quality of care.

In conclusion, Canadians view universal access to health care as both a public good and a right of citizenship which necessarily entails access to care on the basis of need, not on the ability to pay.

The 2010 Nanos Research poll commissioned for the Canadian Health Coalition that 87.3 percent of Canadians support public solutions to health care while an insignificant 9 percent oppose public solutions. Support extends across gender, regions, and all age groups, including those between 18 and 29 years of age.

This represents an extraordinary consensus upon which to build health policy and make decisions. The values held by Canadians, their unswerving support for Medicare, and available factual evidence must guide decision-makers in making choices as to how the unmet health needs of Canadians are to be met.

We conclude by thanking the Committee for their willingness to address this important issue which reflects the social responsibility of governments towards its citizens.