

Press Release

****For Immediate Release****

From the Atlantic Centre of Excellence for Women's Health and the Canadian Women's Health Network:

New Publication Claims Canadian Health Care Crisis Is About Values, Not Money

As recent reports from the Kirby Senate Committee and the Romanow Commission highlight, our Canadian Health Care System is in crisis. But this is not just a Canadian problem. All health care systems in the world are in crisis. The same forces and issues creating the crisis in Canada are operating elsewhere. In Europe, there is fear health costs could spiral out of control, even in countries that have not experienced much of an increase in health's share of the GDP. Most European countries with two-tier health care, along with Australia and New Zealand, are experiencing erosion in the public portions of their systems along with escalating costs of private health insurance. That bastion of the free market – the United States – is in more turmoil than most. There the blame is on managed care but the crises are the same. While there are global social and economic forces at work here, each country will respond in its own way. The question for Canadians is what path will we choose?

The immediate crisis in our health care system is not just about money or inefficiencies. It is symptomatic of poorly articulated values regarding the meaning of health and health care, the place of health in society and the role of government in health and health care. The issues at stake in goal setting are not simply about creating new options for obtaining more money for health care. There are fundamental issues at stake regarding our core values – how we envision the relationship between health and human happiness, what we mean by health and what we imagine to be fair. In a sense, the pressing issues in health care are the issues about a just and caring society, not only in the here and now but for future generations as well.

The issues creating crises in modern health care cannot be addressed by simply throwing money at them. Our policy decisions are moral decisions. They are issues of justice, care and responsible citizenship. In a particular way, they relate to the troubling phenomena of the medicalization of life, the commercialization of care and of the power of the market to dominate the health care agenda.

How we frame the issues determines in large part our response. If health care is in crisis, what kind of crisis is it? We have defined the health care crisis as a resource allocation issue. Once the problem is cast in these terms the main questions revolve around funding. It's an all too familiar litany: the cost of health care is more than the provinces can afford, there are unacceptable waits for access to technology, costly new drugs are

not being provided for all who might benefit, and there aren't enough hospital beds to meet demand. This way of thinking directs policy toward winners and losers in a grand allocation game. Because of the pervasiveness of technology and the almost unlimited potential benefit from medical science, framing the issue this way leads naturally to options that will increase the money available for these resources through private arrangements.

We need to reflect on deeper questions: What are the goals of health care and are the goals unlimited health benefits to all citizens? What kind of a *good* is health care? Is health care a private commodity to be purchased by those who can afford it or is it, in some way, symbolic of community itself? Is the sustainability of any health care system in a very real sense a test of the commitment to community? And if so, how do we test this commitment? What language do we use? What public spaces do we develop and nurture? How do we deal with the profound and often irreconcilable value differences such as a foray into public discourse will generate? What concepts of justice or citizenship do we embrace? Or has the commercialization of health and health care been so complete in this global world that the hoped-for public debate on these matters is only some idealistic – perhaps romantic – and nostalgic dream? Have the values of the market overrun those of justice and care?

The Canadian health care crisis is not primarily about resource allocation but rather about the future of health care as a good held in common and the possibility of just and compassionate decision making by citizens in a global world. The challenge is to develop new ways and debate in which citizens can act together to clarify the values at stake in the choices for our community.

These issues, and more, are addressed in the newly published book:

What Good Is Health Care? Reflections on the Canadian Experience

By Dr. Nuala P. Kenny

CHA Press, 2002

<http://www.cha.ca/publishing.htm>

Dr. Nuala Patricia Kenny, OC, BA, MD, FRCP(C), received her BA, magna cum laude, from Mount Saint Vincent University in 1967, an MD from Dalhousie in 1972 and completed postgraduate work and training in pediatrics at Dalhousie University and Tufts-New England Medical Center. In 1975, she became a Fellow of the Royal College of Physicians and Surgeons of Canada, and in 1976 was certified by the American Board of Pediatrics. In 1995, she became the founding chair of the Department of Bioethics at Dalhousie University in the Faculty of Medicine. From February to November 1999, Dr. Kenny was seconded as Deputy Minister of Health for the province of Nova Scotia. Dr. Kenny has been the chair of the Values Committee for the Prime Minister's National Forum on Health and is past president of both the Canadian Pediatric Society and the

Canadian Bioethics Society. She was a founding member of the Governing Council of the Canadian Institutes of Health Research (CIHR). Dr. Kenny has been appointed an Officer of the Order of Canada.

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