

Medicare: Facts, Myths, Problems, Promise

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**Edited by Bruce Campbell
and Greg Marchildon**

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P R E F A C E

Medicare can be a confusing word. Historically, it meant public coverage for physician services in Canada. Because medicare followed on the heels of public hospital insurance — or hospitalization as it was popularly known — it quickly became identified with universal public coverage for both. Then with the expansion of public health services — particularly primary health care — in the 1970s, and the passage of the Canada Health Act in 1984, medicare came to mean all health services provided on a universal basis without user fees to all Canadians.

Medicare has also become shorthand for the terms and conditions under which Canadians receive a defined basket of health services. These are best summarized in the five principles — public administration, universality, accessibility, portability, and comprehensiveness — which underpin the Canada Health Act. At the same time, the word medicare is used to describe the thirteen tax-funded, single-payer systems administered by the provincial and territorial governments.

Occasionally, medicare in Canada is confused with the identically named social security program in the United States, but both the principles and the administrative systems which typify Canadian medicare differentiate it from the American program. Finally, medicare in Canada is not an insurance program where payments (premiums) are received in return for a range of benefits. It is a defined set of services administered and delivered provincially under a national framework and paid for through taxes paid to both provincial and federal governments.

The first phase of Canadian medicare was built on the pio-

neering efforts of the province of Saskatchewan, first in introducing universal hospitalization in 1947, then in implementing universal “medical care insurance” in 1962. For it to become national in scope, however, medicare depended heavily on the leadership role of the federal government. Ottawa not only shared costs but defined the critical principles and conditions under which the provincial systems would operate so that Canadians, irrespective of where they lived, would enjoy the principled consistency of a national framework.

When the Canada Health Act was passed in order to clarify and strengthen the national dimensions of medicare it was a rearguard action to protect what had been achieved in the 1950s and 1960s. The small but powerful anti-medicare coalition that had lost the struggle to prevent medicare began its campaign to discredit and undermine medicare soon after its implementation. Over time, this coalition succeeded in defining the terms of the debate as defending the status quo versus fixing medicare by introducing market mechanisms including “patient participation” through the introduction of user fees. We feel that the time is overdue for the broad pro-medicare coalition in this country to change the terms of this corrosive and misleading debate. It is time for those who believe in the principles of medicare and who understand the benefits of single-payer administration to take the offensive.

The individuals who have been brought together for this book are proponents of public medicare. At various times, they have vigorously defended the principles behind the Canadian model of medicare. But some have also been outspoken about some of the deficiencies in the administration and delivery of medicare, particularly since the onset of government cutbacks to health care in the early to mid-1990s. While they see the first phase of medicare as an important step in our self-definition as a country, they want to look beyond history and build the future. They want to expand medicare well beyond doctors and hospitals. They also want to re-

orient public health care around primary health care, community care and what we now know about the social determinants of health. Based on their knowledge and experience, they describe the elements of what they think should constitute the second phase of medicare. They offer strategic advice on how to construct this second phase in terms of programs and politics. They also deflate the myths that have grown up around medicare. These myths have been created in part to undermine confidence in medicare's foundation: in particular, the single-payer mechanism, and the principles of public administration, universality and accessibility.

The origins of this book lie in a remarkable conference that took place in Regina on May 3–4, 2007. *SOS Medicare 2: Looking Forward, Building on Tommy Douglas's Vision of Medicare* was an event like no other. Beyond bringing together some of the leading thinkers and activists in Canada and the world, the conference and the interactive dialogue it generated created a sense of hope about the future that has been all too rare in recent years. After years of being on the defensive, the almost seven hundred participants returned home ready to take the offensive — ready to begin building the second phase of medicare.

The conference had its genesis in a grant by the Douglas-Coldwell Foundation to celebrate Tommy Douglas being voted “the greatest Canadian” in a CBC TV poll. The founding vision of Tommy Douglas — rightly seen by Canadians as the Father of Medicare — is an assertion of the fundamental value of equality. It has come to represent our crowning national achievement, an essential element of our identity as a just and caring society.

The Canadian Health Coalition and the Canadian Centre for Policy Alternatives were awarded the Douglas-Coldwell grant for their proposal to hold a conference that would honour Tommy's legacy by addressing his vision of medicare. The first phase of his vision was the removal of financial barriers between those giving

the service and those receiving it. The second phase would restructure our health care delivery system and focus on prevention and the social determinants of health. This second phase remains largely undone. Thus, the challenge is how to complete Tommy's vision for medicare.

We decided to frame the conference as the sequel to the 1979 SOS Medicare One conference, which had brought together a broad coalition of medicare advocates to defend against forces that were attempting at that time to erode medicare, and to build on existing accomplishments. So too in 2007, the forces of for-profit, two-tier medicine are again gathering strength. Once again — as it was in the 1980s with user fees and in the 1960s with the doctors' strike — the right to health care as a fundamental right of citizenship is being challenged.

The Johnson-Shoyama Graduate School of Public Policy at the University of Regina joined the project shortly after as the third member of the organizing triumvirate. Later, the Faculty of Law at the University of Toronto agreed to be the conference co-host.

The conference brought together an unprecedented cast of luminaries: from Shirley Douglas, Monique Bégin, and Tom Kent, to Allan Blakeney, Roy Romanow, and Stephen Lewis. It included leading health policy experts, legal authorities and economists; union and other social justice activists; the whole spectrum of health care providers and support workers from nurses, home care and mental health workers, to medical technologists, rehab counsellors and physicians; government bureaucrats; provincial and federal politicians; and experts from the US, Europe, and Asia, all bound together by a passion for preserving and improving medicare.

We are indebted to many people and organizations for their role in the making of this book, which is an essential part of the legacy of the conference. The two are indivisible.

We would first and foremost like to thank Michael McBane,

coordinator of the Canadian Health Coalition and a formidable advocate for public health care. Mike was the initiator and a driving force behind the conference every step of the way. It was his vision that produced and then sustained the conference and this book.

We are also much indebted to Colleen Flood of the Faculty of Law at the University of Toronto — Canada's leading expert on the impact of the *Chaoulli* decision of the Supreme Court — who worked extensively with us in developing the intellectual content of the conference program and this book.

An undertaking of this magnitude would not have been possible without the more than forty organizations that stepped forward as sponsors: unions and other non-government organizations, provincial governments, and foundations. We thank you.

We would also like to extend our thanks to the following people: at the Douglas-Coldwell Foundation, Pat Kerwin; at the Canadian Health Coalition, Brad Duplessis; at the CCPA National Office, Diane Touchette, Kerri Finn, Ed Finn, and Trish Hennessey; at the CCPA Saskatchewan office, Lynn Gidluck and the many volunteers in Regina; at the University of Regina, Devon Anderson and the student volunteers from the university; and at James Lorimer & Company, Catherine MacIntosh, Chris Keen, Mary Newberry, and of course, Jim Lorimer for recognizing the value of this project in educating Canadians about their most treasured social program.

And finally we would like to thank all the contributors to this book for their belief in the importance of this project, and for their discipline in getting back to us revised versions of their papers under very tight deadlines.

Roy Romanow, head of the 2002 Royal Commission on the Future of Health Care, told the conference that the struggle for reforms to medicare would be centrally determined by values.

There are two competing visions and guiding values about health care. Each would take our nation down a fundamentally different path. One view, high on rhetoric but low on evidence and masquerading as something new, is based on the premise that health care is a commodity — that medical needs ebb and flow with markets, and they determine who gets care, when, and how.

The other vision, rooted in our narrative as a nation, backed by evidence and public opinion, strongly believes that health care is a “public good.” It believes that democratically elected governments, as representatives of the public, not corporate bottom lines, should define common needs, provide equitable services, and a reasonable allocation of resources. Fairness, equity, compassion, and solidarity: these are the values that were adopted and nurtured throughout Canada’s history of shared destiny.

These values gain their expression in our core belief that everyone should have access to our health care system on the same terms and conditions, and that this access is ultimately a right of Canadian citizenship. These values are manifested through our view that Medicare is a truly national program — a nation-defining and nation-building enterprise.

Tommy Douglas wrote after the 1979 SOS Medicare conference that its lasting value would be in the concerted organized effort to apply pressure to provincial and federal governments.

Shirley Douglas warned our conference that unless those of us who believe in medicare raise our voices, and mobilize our friends and neighbours and communities in an all-out campaign to save medicare, we risk seeing it dismantled.

We hope that this book will be a useful resource for Canadians working together in the broadest possible coalition, to move Tommy Douglas's vision for medicare closer to reality.

*Bruce Campbell (Ottawa) and
Greg Marchildon (Regina) August 2007*