Panel Discussion #2: Health Care Issues — Challenges Facing the Canadian Health Care System

Table ronde n° 2 : Les défis du système de santé canadien

Moderators/Animateurs: Leonard Pressey
Jean-Louis Massé

Panelist/Invité: The Honourable Senator Laurier LaPierre, O.C.

Moderator Leonard Pressey: Can I have your attention? Could I ask everyone to please sit down so we could start the session? Thanks very much.

It is my pleasure today to introduce Senator Laurier LaPierre as our guest speaker. Whether it is as a professor of history, an award-winning broadcaster, a best-selling author or a thought-provoking keynote speaker, Laurier is an outstanding gifted bilingual communicator, first appointed to the Senate in June 2001. The passion and drama in his speeches and interviews have earned Laurier a reputation as a skilled communicator with an enriched philosophy and understanding of Canada's people and their history. His combined charisma, academic background and dedication to teaching enable him to speak compellingly on many social issues with exceptional enthusiasm on the future of Canada and the education of our children.

As a journalist, Laurier has often discussed health care across the country. Though not professing to be an expert or a futurist on the health care industry, his research and knowledge-gathering have left him both well informed and conversant on the topic. Ladies and gentlemen, please welcome Senator Laurier LaPierre.

…(applause)…

The Honourable Laurier LaPierre: Monsieur le président, mesdames et messieurs, you have the most fantastic acronyms. I thought that PSC was a medical procedure. As for CSOP, now who would know what that was? But I will not go there with what it brings up to my mind. MSC, of course, must be a poison you feed to the birds or whatever.

However, I notice that there is something quite fascinating. In the program on this session, it says “level of expertise and, in the one I have after this, it says “none”. Then there is “moderator”, and I am not too sure whether that refers to the speakers or the participants on the panel or in the general audience. However, you do not need any expertise to be here, and I am very happy about that. The only expertise that is totally and completely not even inscribed is the one that deals with the cash bar.

I see that you are going to Pier 21. This is one of the great wonders of this country, Pier 21. You will see where, after the First World War, in the 1920s, particularly in the Second World War is when it all began, the marvellous outpouring of people from all across the world coming to our country. It is the most magnificent museum that we have in Canada and probably the most important one is at Pier 21. People come there and they find themselves, especially if they arrived in our country in the first 35-40 years of the 20th century. It is really, really magnificent. I am very happy.
C'est qui, qui a organisé ça ? C'est vous qui avez organisé ce congrès ? Alors, je crois que vous êtes très intelligentes. You are very intelligent in organizing the Congress so you have sent them to Pier 21. In fact, you should keep them there. There is no bar.

I was most frightened and stressed out of my mind with a series of letters that my staff received on what it was that I was supposed to say or allude to. You are a very scary bunch; therefore, I said to myself: “What the heck, I am going to do?” It also says somewhere in my notes that I am not to swear so what on earth am I going to do?

I prepared some 75 pages of notes and I must have 50 different reports. In fact, I doubt very much that there is anything else written anywhere about health care. I thought that the crisis in the Liberal Party between Mr. Martin and Mr. Chrétien had generated an enormous amount of words, but there was nothing that had generated more words, most of which were completely useless and incomprehensible, than health care in Canada.

I have consulted all these reports. If you want to read them, I can send you a bibliography. You will find that some of them have some value and some of them do not have any value. I would like, therefore, to discuss this.

Et vous parlez essentiellement de ce que ça peut être. Dans l'esprit des Canadiens, ce système de santé qu'on a commencé à se donner durant les années 1940 et qui, aujourd'hui, passe à travers une crise assez monumentale.

What I wanted to leave you with is perhaps the following: Since Tommy Douglas created the first step of Medicare in the 1940s, we have been engaged in a process across our country and our lives as a people, in order to give ourselves the realization of what a fundamental right is, the right to help, and how one, of course, achieves the living of that right.

In the process of that, we have developed institutions and instruments in order to meet that objective. We went from hospitalization to another Saskatchewan Tommy Douglas experience, that health care could be delivered outside of the hospital, namely, in doctors’ offices, which brought about the strike, if you remember, of roughly 90% of the doctors in Saskatchewan.

Then, in 1956, Mr. Diefenbaker introduced a Hospital and Diagnostic Act to the effect essentially that the federal government would pay half of the provincial costs involved in this, provided that there was universality, provided that it was publicly-funded, provided that it was universal and provided that it was possible.

These are the characteristics that have really remained with us ever since. Then, Madam Monique Bégin, in the Trudeau era in 1984, gave us the Canadian Health Act. If I can quickly find the five basic principles of this Act, I would like to deal with them so that, in essence, you will know what it is that we try to give ourselves and have not always succeeded in doing it.

The Canadian Health Act sets out nine requirements that provincial governments and territorial governments, which are the primary instrument that Canadians use for the delivery of the health services to Canada, with the exception of Aboriginals on reserves, with the exception at some point or other with the armed forces and things of that kind, but, by and large, the vast percentage of our health care is delivered by provincial and territorial governments. Therefore, they had nine requirements that included five criteria, two specific provisions and two conditions.

The five criteria, which are the essence of what we are now discussing and debating, and which have given us much grief over the years, are as follows:

First, universality, which means that all the residents in the provinces have access to public health care insurance and insured services on uniform terms and conditions.

Secondly, public administration. Each provincial health care insurance plan must be administered on a non-profit basis by a public authority.
Thirdly, comprehensiveness: The health care insurance plans of a province must insure all services that are medically necessary.

Fourth, portability means, essentially, that to carry that right from province to province, from territory to territory to province.

The fifth criterion of course is accessibility. Insured persons must have reasonable and uniform access to insured health services, free of financial or other barriers. No one may be discriminated against on the basis of income, age, health status, and so on.

So these five fundamental criteria have become five fundamental principles that must guide the essential delivery of the health care system.

Now, arising out of this, there are three fundamental questions that Michael Kirby asked in his Report to the Senate. Do Canadians have a right to health care and, if such a right exists, can it be found in the Charter of Rights and Freedoms? That question, of course, must be answered in the fact that health care is not explicitly mentioned in the Charter and that such a right, if it exists, would have to be found by the courts to be implied from the interpretation of one of the Charter rights. However, because the case can be made that the Charter guarantees Canadians an implicit right to health care, experts told his Committee that they expected cases on the right to health care to arise in the next few years.

Having looked at these five fundamental principles, he asked another question: To what extent, if any, are private health care provision and private health care insurance permissible under the Canada Health Act? And this is what, he said, exists. The Canada Health Act does not prohibit the provision of private health care. Rather, it discourages the provinces on the threat of losing federal funds from permitting health care providers to bill patients directly for amounts over and above what they receive for such services under provincial health care insurance. That is the process known as extra billing. Similarly, in order to obtain their full cash contribution from the federal government, provinces and territories must not allow hospitals to impose user fees on patients for insured hospital services.

Then, the third question of course that arose and which says, in essence, is: Is reasonable access under the Canada Health Act meant to ensure that Canadians have timely access to health services? And he answered that question with this answer: The Act is meant to ensure that Canadians have timely access to needed health services; however, how that goes into practice is unclear. What is clear, however, is that waiting times for tests and treatments are perceived to be a major problem by the Canadian public. The question then becomes: What can be done, if anything, to guarantee to Canadians that the amount of time, that they have to wait for a test or a procedure, has a fixed time that they will never have to wait more than a specific amount or period of time.

These five fundamental criteria are the foundations of this health care system. Health care is part of the safety net that Canadians brag about when they compare themselves to the Americans. The safety net, c’est cet ensemble of procedures, of instruments that the Canadian people have given to themselves in order to provide a basic standard for all Canadians, in the process of meeting the social objective in any national society, particularly ours, so that the primary part, therefore, of the safety net – because of the money it consumes, also because of the vast majority of Canadians who have need of it or will have need of it, which will be the totality of the population at some point or other in their lives – means essentially that it is the larger part of the Canadian social safety net. If, in any way or another, one minimizes these five fundamental principles, one affects seriously the safety net that Canadians have given to themselves.

The second thing that I would like you to remember is that Canadians cannot be defined in the usual way that other nations are defined. Most of the countries and nations of the world – in fact, all of them – have a kind of mythology that is embodied in their history and which essentially explains who they are as Frenchman, as Scotsmen, as Welsh persons, et cetera., et cetera. Canadians do not have that. When you speak about Canadian identity, people shake their heads in dismay and proceed to dismiss the question as being valid.
But Canadian identity exists. It does not exist in definition of particularities. It exists essentially in the condition of the Canadian soul that has explicit in it the experience of living in Canada as a human experience, and that is what the country is. As a human experience, that is part and parcel of this being Canadian, which is undefined.

We have devised the word “diversity” at one point and continue to do so. Inclusiveness is another point. Redistribution of wealth of the country in which…

…(defective cassette…goes from fast motion to slow motion)…(no overlap between sides 1 and 2)…

…that other services show that Canadians believe that they are fundamental, structural and organizational problems with the health care system which cannot be addressed through the injection of funds alone. Most Canadians do recognize that some reform of the health care system is necessary.

This data, therefore, shows that Canadians support the current health care system, but are looking for ways to reform it to improve its quality. This could mean some experimentation with privatization within the overall context of the Canadian model or it could involve reorganizing the way health care is managed and delivered. Support for privatization, however, is likely to grow unless governments address the deterioration within the system. This might require more funds, but would almost certainly entail structural reforms, such as the reorganization of primary health care delivery or more fee for service for certain kinds of treatments.

So, therefore, to us, the national, publicly-funded system is important. The quality and accessibility are important. Canadians are open to new options. The system has deteriorated, and the concerns of Canadians about the health care system are: waiting time, a lack of most sophisticated equipment, and a shortage of specialists and shrinking staff.

Canadians understand the fundamental responsibility of the federal, provincial and territorial governments. We know who is who and what it does. National standards, though, must be a must. More money is not the answer, even though 78% of Canadians say we are not spending enough on health care and only 4% said that we were spending too much; however, most Canadians would prefer to improve the quality of the health care system without raising taxes, privatizing key elements of the system and cutting spending in other spending priorities. For instance, they really do not want education to be cut and other social aspects of it, but they have to find a way.

As far as privatization is concerned, I have discussed it. They are not very keen on user fees. They are very keen, on the other hand, about accountability, transparency and of more engagement of the public into the process and into the delivery. So, 91% of Canadians believe that care should be based on need, 72% of us believe that Medicare embodies Canadian values, 8% believe that the American system is better than the Canadian, while 72, 92, 82 account – I am not an actuary so, therefore, I do not know how to add or subtract – 37% agree with the statement that Medicare is just fine the way it is, and 88% of Canadians believe that there is a funding crisis or there will be in the short term, a full 78% see that their experience with the system has been positive.

Now, this Mendelsohn Report, I think, is a must for you people to read because, in the final analysis, it will be based on this. Also, as you know, there was an article written, in the Ottawa Citizen and also in other newspapers, about a remark that Mr. Romanow, who was appointed in April 2001, on the one-person Royal Commission on the Future of Health Care in Canada, and delivered his report in November 2002, received from groups. They held, I think, 12 study sessions across the country, which they called “dialogue”, and they have also received 6,000 e-mails and an enormous amount of briefs and all of these things.

He spoke about this in Ottawa. He spoke about it on the 26th, and you can see that in the newspaper. If you do not have it, write to me and I will send it to you. Also, yesterday, he spoke to the nurses in Toronto. I may get the dates balled up, but it was written within two days of each other. He indicated, if you like, some of the views that he had in mind. These all arose from what I have just told you, that there could be private care, but then you would have to be strictly concerned because Canadians do not favour it. They do not favour user fees. They favour, in many instances,
a kind of an Auditor General to survey and report to the Canadian people if the various jurisdictions use the funds, which are attributed to them, for the delivery of health care.

Another aspect would be, essentially, that there would be more care delivered at home, rather than in the hospitals, and that there would be a reorganization of the matrix of the doctors and the process of meeting the needs of their patients, which has already begun in many instances. Canadians also favour that, in their communities, either appointed boards or elected boards be responsible for the health care delivered in their communities or regions, or things of that nature.

So, for all of these reasons, therefore, it is apparent that we are not prepared as a people to give it up, nor are we prepared that it be tempered and minimize the five fundamental characteristics, which are the cornerstone of the edifice of our health care system. Also, it seems that there exists within Canadians a dissatisfaction that they wish those in authority to repair and to do what is necessary.

Some are prepared to increase their taxes. In fact, a majority are prepared to increase their taxes provided that the taxes are earmarked for health so that, in a sense, there would be a surtax on the income tax, which, I think, is one of the instruments that the Ministers of Finance across the country use. If there were a surtax on health care, for health care purposes, the government would have to account in the yearly budget as to how much of that was received, how much of that was used, and how it was used. There would be the Auditor General or a Special Auditor on health care matters to inform Parliament and Legislatures about the running of our health care system. So this is where we are. Since the late 1940s-1950s, we have come a long way, ladies and gentlemen.

Mais ce n’est pas toujours sans arriver à une croisée de chemins. We have arrived now where the road goes into two directions. Canadians have indicated which road they want to take because, not only do they want, I think, to protect the health care system, but they also want to be able to, essentially, protect the value system that they have given to themselves and which makes them stand apart. On dit en français « une réalité distincte qui est la leur ». A distinctive identity in the process of living on the planet Earth. For them, this is very, very important. For me, it is very important.

I have spent a considerable part of my life attempting – and I can say that – en élargissant, in making the freedom of individual Canadians and of communities of Canadians within Canada larger. I have done that and I have the scars to show for it on my back and elsewhere about this progress that is never an easy one. But, in the final analysis, this is Canada. On this land, the people, who came before you 40,000 years ago, have built their homes. On this land, those who came after them, the First Peoples, have also built their homes. On this land, which has become the refuge of mankind, people have come from all over the world – over 150 different nationalities, language groups, and only God knows in how many different ways he is being worshipped – or she is being worshipped – or it is being worshipped.

Why? Why do Canadians know instinctively that this is a must of their existence when the newspapers never talk about that, when people who talk about the value of Canada to the planet become Captain Canada and are ridiculed? Why? Why not stand on the platforms erected all around the country and say what we do and what we believe in? We are a modest people, I suspect, but we have nothing to be modest about. What we have done is great.

Canadian history, the experience of living the large dream that Canada is and reinventing it every day, just like reinventing federalism every day, like reinventing diversity every day, reinventing the distribution of wealth among our people every day, reinventing those things that are basic to us.

We do it because we want to maintain the quality of that and our capacity, as individuals and as members of the nation, to be able to easily identify with these values so that it is not possible for us to say that this is practical and this is not practical, in most instances, when it comes to our values. The living of values, of course, demands some practical adjustments and demands a capacity to be able to reconcile the large imperatives in which we find ourselves. Sometimes I think that the Canadian people, in the presence of this mammoth creature to the south of us, with all of its power, its unilateralism, and all the pain – I cannot say that – in the neck that it tends to be for us in many instances.
In fact, one day, the angels could not find God. They all became very excited. Angels become very excited. They said: “Where on earth is God?” So Michael the Archangel, who is the one who trumpets his way around the world, proceeded to find God. He found God not too far away on an island outside of British Columbia, which he always claimed was his greatest accomplishment and his most beautiful accomplishment of the great accomplishments that he had made – there is no doubt about that, by the way – and he was sitting there. Michael said: “Where have you been? Everybody is looking for you. We were all worried.” And so on and so forth.

God said: “Well, I have been contemplating what I have created. I have created a world in which there is balance, beautiful spaces, not so beautiful spaces. I have created a world in which there are nations, which have a positive and a negative. Some are poor, some are rich, et cetera, et cetera, et cetera.” And he went on and on and on. He talked longer than the five books of the Bible.

Now, he said: “I am sitting here and I am contemplating my greatest creation, which is the country of Canada. The country of the Canadians will be a chosen people. They will come from all over the world in order to build their homes on this land. They will be the best hockey players in the world, but they will not play soccer very well.” He did not mention Medicare, but I am sure that he thought of it. He said: “That is my best creation.”

Michael said: “Well, where is the balance? You have the rich and the poor. You have the good and the bad, et cetera.” “Ah,” he said, “wait until you see the creatures that I have given to them and who will live in the south of them!”

He used another word, which I am not allowed to use, from one of the ten pages of directives that I received; therefore, I close the parenthesis in order to finish this lengthy address to you.

Il n’y a absolument aucun doute chez moi. I have no doubt whatsoever that this country of Canada is the most important country on the planet. This is not an insignificant little country. It may be insignificant perhaps in numbers, but the 31 million people who live on this land are now involved, as they have always been involved, sitting in a canoe and proceeding into the large seas that surround them in order to be able to maintain the safe harbour that they have devised for themselves.

We are a lesson to humanity. We are the only constitution on the planet that makes diversity, the acceptance of others, as a condition of human life. Do you mean to tell me that, if people did that, there would be little children in Kosovo walking with only one leg and many of them without arms? Do you mean to tell me that one-third of mankind would go hungry as they do now, et cetera., et cetera?

We are the only country in the world that accepts diversity as a condition of citizenship. We also accept, as a condition of citizenship, the redistribution of our wealth and, in some way unexplained, undictated, but just by being done, we give ourselves the great privilege of attempting to live as forcefully as possible the value system we have inherited and which has been utterly and completely undefined. We are prepared every day to get up and reinvent Canada to make it work in some other direction, if it is necessary, in order to meet the exigencies that we have to face.

This is our task. This is our role. We will not build economic empires. We will not determine the peace or the disaster of the world. We do not have an enormous amount of funds to be able to distribute to the countries of the world, like some other countries have; however, nous avons un vouloir-vivre collectif. We have a collective will to do good in the world, but, first of all, we must do good among ourselves.

So, approaching the end of my day, I want to give you the gift of my country. I want to give you the gift of Canada for you, for your children and for their children and others who will come after them. I want to give you this gift of this marvellous, magical land and the glory and the dedication of the people who live on it to make a place secure for themselves and a better place for all the children of the planet to live in harmony and in peace. This is the gift that has been given to us. Because I am an elder, I pass it on to you.

Merci bien et vive le Canada!
…(applause)…

**Moderator Jean-Louis Massé:** Senator LaPierre, first of all, you will be glad to hear, given that I am the one thanking you, that I am neither an American, nor a graduate of Queen’s University. When I heard that we had a professor of history speaking to us on the subject of health care, I have to admit that I was somewhat curious as to how it would come out, but I was certainly interested to hear you today. You brought a very interesting perspective, an historical perspective, a perspective of a Canadian perspective. We certainly appreciate that. It brought a whole new aspect to our debate so we appreciate you bringing those words to us.

It is interesting that you referred, during the course of your talk, to some useless and incomprehensible reports that had been produced on the subject. We feel that, as actuaries, we have a lot to bring to the subject that is both useful and comprehensible and comprehensive. In fact, we invite you and everybody in this session to join us in the session following this one, in the Highland 7 and 10 rooms, where Senator LaPierre, but also two of our members, will be speaking further on the subject of health care in Canada, and the contribution that we have to make as actuaries. So I invite all of you, as many as can fit in that room at least, to join us in that session.

The next sessions will be starting at 10:45 a.m., in about 13 minutes. Again, thank you very much, Senator LaPierre. We will see you all later.