

Canada Health Act and its Principles

The *Canada Health Act* was the subject of discussions at every venue in the Conversation on Health. Participants focused on the values underlying the legislation, as well as the principles it espouses. Participants also debated the proposed sixth principle of sustainability. Here is a selection of what British Columbians had to say about the *Canada Health Act*.

Canada Health Act Values and Foundation

Participants debated whether the *Canada Health Act* represents an expression of a human right, or is simply a piece of legislation which can be flexible and adapt to the changing requirements of society. For some, the principles dictate an approach to health care delivery deeply embedded in Canadian society. Other participants object to this view on the grounds that, to them, it prevents the health care system from adapting to new requirements and demands. For some participants, the *Canada Health Act* contravenes freedom of choice.

Though some participants believe that the *Canada Health Act* was created to address basic medical care, they also think that basic medical care has evolved to the point that the system can no longer accommodate the demands placed upon it. For others, the issue is not the original scope and the growing demands, but the lack of investment in the system by governments over time.

The debate represents a clash of values and principles on a number of fronts, particularly between those who advocate freedom of choice as the most important human right and those who see accessible universal health care as a fundamental human right. Regardless, for many participants, any discussion of the *Canada Health Act* and its principles needs to be national in scope.

Canada Health Act to be strengthened and enforced based on the five existing principles only, within a publicly funded, publicly administered, publicly delivered system with treatment and pharmaceuticals equally available across Canada.

– Regional Public Forum, Castlegar

If the Canada Health Act and provincial legislation are proving to be stumbling blocks in the way of efficiency and effectiveness, then there should be an amendment to [the] old rules that don't fit the needs of the twenty-first century.

– Letter, Richmond

The Canada Health Act is integral to our culture...

– Health Professionals Forum, Cranbrook

Public Administration

For many participants, the principle of public administration underscores their contention that health care in Canada should be publicly funded and delivered. Others argue that this principle may require public funding, but does not dictate the manner of delivery and should not be read in that way.

Some argue that the fundamental aspect of public administration is to preserve the universality of medical care and its accessibility regardless of a person's financial means. For these participants, *the Act* prohibits user fees precisely because they may restrict British Columbians who are less well off financially from accessing the system, even when there are checks and balances in place to prevent this situation from happening.

Some participants believe that the principle of public administration requires that health service delivery and funding be accountable to a public authority at all times, ensuring its responsiveness to public interests over private for-profit interests.

There is no escaping government's responsibility to seek 'health for all British Columbians'. Equally, in its stewardship role for health as a public good, this must be done equitably and with due regard for priority setting and resource allocation based on sound evidence and good management practices. It does not necessarily follow from this that government must be directly involved in all aspects of the delivery of health care, but if it is not so involved, it must take responsibility to see that its delivery meets the intent and requirements of the Canada Health Act...

– Pacific Health and Development Sciences Inc., Submission

[P]ublic administration means that the levels of government have various overall responsibilities with regards to a publicly funded program but the mechanics... can be separate from the government.

– Regional Public Forum, Cranbrook

Comprehensiveness, Universality and Portability

Participants see comprehensiveness, on the one hand, as raising expectations that the health care system cannot meet, and, on the other hand, as a guarantee that all essential medical services will be provided to Canadians. Many participants debated the challenges associated with comprehensiveness. Some believe that the principle of comprehensiveness means receiving the right care when it is needed. Others believe it is more restricted to insured core services; in other words, it is only applicable to insured services and is not determined by demand or need. Some believe that comprehensiveness should consider the addition of alternative medicine, preventive dental and eye care, and a range of other services. Participants have called for a definition, or re-definition, of this principle to accommodate new demands.

Universality, for many participants, is tied to the idea of socio-economic status. For some, universality means that all Canadians, regardless of their income, receive the same treatment for the same illness or injury. For many of these participants, this precludes the ability to pay for services since those without means could not pay. For other participants, universality means that all Canadians have access to the same services through the public health care system, but does not preclude a person's ability to pay for faster or different care through a separate system, as long as this does not have a negative impact on public health care.

Many participants argue that benefits are not really transportable across Canada. While the principle of portability is clear in the *Canada Health Act*, it does not provide, in practice, for the same or similar access to health services across the country. Some note that provinces have no incentive to ensure consistency of services, and without clarity on which services should be provided, there is unlikely to be portability in an absolute sense.

Accessibility and Medically Necessary

Participants often debated the meaning and intent of accessibility and medically necessary in the *Canada Health Act*. Like the other principles, there are a variety of interpretations, often founded on perspectives founded in values and rights. Many believe that medically necessary means any procedure required to sustain life. Some believe that a guarantee of access to such services should include timeliness, cleanliness and respect. For a number of participants, the medically necessary terminology in the *Canada Health Act* actually undermines freedom of choice when you really need it, that is, when a procedure is actually necessary.

I think the concept of "medically necessary" is probably one of the most corrosive parts of the Canada Health Act. Under this provision, the moment your need becomes critical, like a diagnostic for a serious condition, you are obligated to go into the public system. But if you wanted to get that MRI when you don't actually need it, you can pay for it.

– Online Dialogue, Victoria

Participants debated what the public expectations should be around reasonable access, and what, if any, impact geography and other variables should have on that access. Some participants believe that only health care practitioners can define medically necessary, and some think government should make this determination, while others believe that the courts should play a stronger role.

Come to a realisation that we must set some standards and define accessibility providing government follows through and implements.

– Regional Public Forum, Surrey

Reasonable access as it relates to "wait time" is subjective and can and has led to endless debate. Neither the courts or any other jurisdiction will provide a definitely "correct" answer, what is required is that Provincial Governments (individually, or collectively) establish wait time targets for individual medical and surgical interventions based on the best available health data.

– Online Dialogue, Victoria

Sustainability

Whether or not to consider an additional principle of sustainability was a topic for discussion. Those in favour suggested it would lend a more focused and measured approach by requiring that decisions on health services balance the other principles with the question of whether that service would contribute to a sustainable public health care system. Those arguing against this proposed sixth principle were afraid that this balancing would undermine the other principles and may in fact undermine the meaning and intent of the legislation as a whole and therefore destabilize the public health care system.

DO NOT add the sixth principle of sustainability to the [Canada Health Act]. Its addition implies that cost is more important than the first five principles, and thus could be used in the future as a justification to allow more privatization which is NOT needed to keep it sustainable anyway and which could justify the erosion of the first five principles of the Act.

-Individual, Submission

[T]he federal and provincial governments [should] recognize a sixth principle of sustainability in the Canada Health Act, that meets reasonable and defined standards of: a) health human resources b) infrastructure c) clinical outcomes d) fiscal capacity.

– British Columbia Medical Association, Submission

Conclusion

The *Canada Health Act* and its principles came up throughout the Conversation on Health, alternately as the positive foundation for our health care system, a fundamental right of all Canadians, and the sacred cow that stops us from making positive changes. Most participants support the *Canada Health Act*, but there is no real agreement on what it means or stands for. Discussions around each of the five principles of the *Canada Health Act*, and the sixth principle proposed by the Government of British Columbia, highlight some of the debate around this topic.

Canada Health Act and its Principles

This chapter includes the following topics:

- Canada Health Act – General**
- Public Administration**
- Comprehensiveness**
- Universality**
- Portability**
- Accessibility and Medically Necessary**
- Sustainability**

Related Electronic Written Submissions

[Health Human Resource Responses](#)

Submitted by the British Columbia College of Family Physicians

[HEU Submission to BC’s Conversation on Health](#)

Submitted by the Hospital Employees Union

[Submission to the Conversation on Health](#)

Submitted by the BC Nurses’ Union

[Submission to the British Columbia Conversation on Health](#)

Submitted by Life Sciences British Columbia

[Bring Services for Mental Illnesses “Out of the Shadows”](#)

Submitted by A. Donald Milliken

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: [Public Private Debate](#); [Health Care Models](#) and [Health Care Spending](#).

Canada Health Act - General

Comments and Concerns

- We hold on to the principles of Medicare very firmly. A wise thing. But sometimes we hold on to the particular forms that Medicare takes too firmly. And we get rigidity there. It is good to have the principles as an icon. It is not good to have particular ways of doing business as an icon. We need to decouple those to a certain extent.
- Health is not a choice: it needs to be accessible, universal, and affordable.
- Canada is a good place to be because of the *Canada Health Act*.
- Our flaw is that we hold onto the principles very firmly, which we should. But we also hold onto the structures and patterns and historical characteristics of the system that we should not.
- The health principles are good. We just need to adhere to them and be accountable.
- When originally passed, it was supposed to provide basic medical care through tax funded health care services, but it is so limited and restricted that it is totally unable to provide effective and timely treatment to Canadians.
- The *Chaoulli* decision is relevant across Canada
- How do we preserve the generally accepted principles of a public health system, and improve it with a lot more agility and creativity and success than we have now?
- The government is denying the public consensus that we want universal health care which respects the *Canada Health Act*.
- Amendments are required to the *Canada Health Act* in order to sustain a good, fair level of health services to all Canadians.
- How can you have a real conversation about delivery models and health care with the *Canada Health Act* in place?
- The *Canada Health Act (1982)* should have been added to over the years, not reduced.
- We don't realize how unique it is to be able to go to the doctor and not pay, to get treatment automatically if you have a medical problem without figuring out how the costs will be covered.
- In a civil and just society, everyone is taken care of regardless of race, disability, age, sex, and so on.

- The health care challenges today are different from those that were there when the *Canada Health Act* was designed.
- Why raise the question of changing the Act?
- The Act is outdated in its interpretation. It cannot possibly render all services in all places across the province, but it is essential to maintain a universal public system allowing for coverage of all conditions.
- The *Canada Health Act* is one of the biggest stumbling blocks and is restrictive.
- The *Canada Health Act* is integral to our culture and is being challenged.
- The *Canada Health Act* is a right that is being attacked.
- The *Canada Health Act* must be flexible enough to evolve with Canadians.
- The *Canada Health Act* prevents a non-public payer.
- We can change the Act.
- The real enemy of health care in Canada is the *Canada Health Act*.
- Health care costs, flexibility, efficiency and sustainability in British Columbia cannot be achieved without the proper amendments to the *Canada Health Act*.
- The *Canada Health Act* guarantees Canadians health care and is a wonderful asset for Canadians.
- Canadians are defined, in part, by our publicly-funded medical system.
- We are happy with the system overall: it is accessible and the principles in the *Canada Health Act* are serving the country well.
- The Canadian collective identity is strengthened by our continued commitment to a publicly funded system.
- The Act is open to interpretation. We want to change it or change our interpretation.
- The Act was meant to cover doctors and hospitals, not other practitioners that are integral to health care.
- A lot has evolved since Tommy Douglas. What we have today started with one man. He was like a dog with a bone on policy. He ran into resistance, but he did not let that resistance stop him.
- We have not modernized the legislative and policy framework for health care in twenty-five years. We have tinkered around the edges. There have been some big attempts, like Kirby and Romanow and even the Seaton Report in British Columbia.

- The *Canada Health Act* sets very minimal standards. What it says is with respect to physician services at hospitals. It does not even say you cannot shift cost onto patients. It just says if you do, there will be financial penalties that apply to the provincial government concerned. There is potential for a lot of other constraints but they have never been applied.
- Yes, we have a *Canada Health Act*, but people go around it all the time. So surely we could have a discussion about how we put some bits around that so that it protects the public system. At the end of the day the average provider and the average Canadian wants a strong, universally funded, universally managed health care system.
- The existing *Canada Health Act* is ineffective realistically and needs to be reviewed to provide universal health standards and options for private delivery.
- The principles of the *Canada Health Act* should guide the system.
- Existing principles work well, but need to be enforced and in particular private/for profit should not be allowed in system.
- The federal government is not ensuring the provinces follow this Act or are applying it evenly.
- When you are talking about the health care system, are there any sacred cows in the system that we are not willing to talk about, that we are not willing to bring to the table?
- The first observation is that it is pretty much impossible in entering into this conversation to avoid some of the ideological, sacred cows, or sacred ground and the visceral reactions that such conversations elicit.
- The *Canada Health Act* needs to be expanded to include community services and prevention.
- Tear up the Act.
- The Government refuses to spend surplus dollars on solutions to the *Canada Health Act*.
- The system cannot be all things to all people and we do not have a clear understanding of what is essential. Any shift in the expectations, therefore, will take time, perhaps a generation.
- The Act received Royal Assent on April 1, 1984. I refuse to say April Fool's Day in 1984, but it has assumed the status of Holy Scripture. It is really an Act that stipulates the terms on which federal funding will be granted to each province.

- The principles have existed since the 1970s and the principles were formulated over 50 years ago. It needs to be updated for the 21st century.
- The *Canada Health Act* has been enacted now for over 50 years and it is time now to see if we can revisit and find out new definitions or ensure in our own minds what is really meant, because in 50 years things have changed.
- My question really is to our colleagues from Ottawa who have the prerogative of enacting and revisiting this Act, to see if there is an appetite today in their minds of starting a conversation on health nationally with the purpose of revisiting the *Canada Health Act*.
- One of the things that is evident in the *Canada Health Act* is that there are no definitions around the five principles. There have been administrative practices that have been put in place but there are no definitions. One of the goals that we have in British Columbia is to work towards definitions of those five principles, including a sixth principle which is sustainability.
- Amending the *Canada Health Act* is a discussion that needs to take place, not just here in British Columbia but across Canada.
- There is a mathematical brick wall that we are slamming into and we must continue to remind ourselves of that mathematical fact: that there is not and will not be enough money in the public purse to pay for all that we ask for. We have to start dealing and grappling with the issue of modernizing the *Canada Health Act*.
- British Columbia is a provincial jurisdiction so we cannot change the *Canada Health Act*. We can work towards definitions of the principles of the *Canada Health Act*, and if the Federal Government disagrees with them, they can let us know.
- Nearness to a hospital and surgeons available 24 hours a day at hospitals are the most important principles.
- Opening up the *Canada Health Act* could result in weakening the principles.
- The purpose of the Act is to prevent catastrophic loss.
- The public health care model is a great idea, but now it has become a political tool to maintain the *status quo*.
- The onus is on government to manage its budget to meet the principles of the *Canada Health Act*. Add a sixth principle around efficiency.
- The *Canada Health Act* lacks teeth and does not work, but we would have more problems if the current legislation was not in place.
- Looking at your health care values and vision is significant. Your values, universality, portability, accessibility, comprehensiveness, and public administration, are

significant values. You might want to consider whether you would want to add equity as well. That is implicit but you may want to make it explicit.

- The *Canada Health Act* currently states that charging for any medically necessary procedure is illegal. The Provincial Government is looking for loopholes to privatize services.
- What is the *Canada Health Act* supposed to be? Quality medical care for everyone. Guidelines for delivery in Canada. Values and beliefs of Canadians. Getting the same health care access across provinces.
- The Provincial Government does not have the ability to independently alter the *Canada Health Act* principles. It is, therefore, understood that any recommended action most likely could not be accomplished by British Columbia in isolation, but would require dialogue and support from other provinces, in addition to the Federal Government.
- It is disappointing that provincial governments have not tried to move in the direction of a national health plan providing broadly similar services to all Canadians, but this issue seems to raise little public discussion.
- What does the Constitution say with respect to the right of Canadians to good general health and the commensurate commitment, duty or obligation of government toward that standard?
- The Provincial Government is in non-compliance with Article 12 of the International Covenant on Economic, Social and Cultural Rights, ratified by Canada in August 1976.
- If one has concluded that health care demands cannot be met from taxation alone, does the Conversation on Health permit a discussion of the ways in which patient co-payment can be integrated into the Canada health care plan, without jeopardizing basic objectives?
- The Romanow Commission's approach to elucidating the values that Canadians have in common regarding their health care system was sound, and we should be building from there.
- Politicians underestimate the public will for change and citizens are receptive to measures that contravene the *Canada Health Act* or involve private clinics paid by the public purse.
- It is rather disconcerting to characterize health care as a right. It is certainly not a right in the category as a right to free speech, expression, or association. Health care is a privilege.

- Premier Tommy Douglas had eight tenets for a sustainable health care system. The first five are largely embodied in what has evolved over the years into the Canada Health Act. The missing three tenets called for a plan which, according to Premier Douglas, had to embrace a form which will operate effectively, efficiently and responsibly. Sadly, if governments both provincially and federally had adopted those critical principles (effective, efficient and responsible) no following legislation would ever have been passed that allowed for or excluded the use of many different forms of health care delivery nor the adoption of health care policy that was neither properly funded nor sustainable. In addition, while Premier Tommy Douglas is the acknowledged father of public health care, he never promoted nor intended to have the delivery of health care controlled by the government.
- The 1984 *Canada Health Act* has exclusionary clauses, continuing to isolate patients with serious psychiatric illnesses from the mainstream of federal healthcare funding. Faced with this reality, and like many other provinces, British Columbia has never produced a consistent, coherent and effective policy to ensure that mentally ill patients receive services at a level equivalent to those offered to physically ill patients with an equivalent level of disability.

Ideas and Suggestions

- There should be the same coverage and fees throughout Canada.
- Promote a more constructive interpretation of the *Canada Health Act* which embraces the principle of sustainability and one that will adhere to the original forward-thinking vision of Tommy Douglas.
- We need to guarantee a fundamental level of care.
- If the health care system cannot provide care, every citizen must have the right to find solutions. No one should ever be legislated to live with health problems.
- Communicate changes in the health care system to the public.
- Adopt best practices from Europe that are consistent with Medicare.
- Government should set standards and enforce them.
- Ensure universal accessibility through the public system.
- Ensure a publicly funded system that is comprehensive, accountable, transparent, measured, universal, accessible, innovative and efficient, and that is focused on wellness rather than just acute care.
- Entertain change without eroding the acceptability of care.

- Add accountability as sixth principle.
- Set clear goals and objectives of what type of health care system we want in Canada, what are we willing to pay for and what do Canadians want to have. But it has to be a clear goal and a clear objective so that Canadians will understand it precisely.
- Begin exploring the reconfiguration of legislation and ways and means of addressing the health care challenges in all of our worlds.
- We need a legal framework to allow timely action to enforce accountability.
- The *Canada Health Act* should be strengthened and enforced based on the five existing principles only, within a publicly funded, publicly administered, publicly delivered system with treatment and pharmaceuticals equally available across Canada.
- Strengthen and enforce *Canada Health Act*. Stop eroding it.
- There should be consistent quality of care for all.
- We need a better definition of the existing principles.
- The *Canada Health Act* is fine the way it is.
- Stick to the five principles.
- We need a strong advocate(s) to maintain and enforce the five health care principles.
- The *Canada Health Act* should be amended to quicken end of life.
- Keep the politicians accountable and maintain the core values and principles enshrined in the *Canada Health Act* and enforce the standards provincially.
- Update the *Canada Health Act* with clearer, more modern definitions.
- The *Canada Health Act* is outdated. It needs to be updated and improved to include the accountability of government and the individual.
- Systems, mechanics of delivery, attitudes, expectations and medicine have all changed. The *Canada Health Act* needs to change as well to suit these shifts.
- Provide more resources and maintain the integrity of the *Canada Health Act*.
- If the Act is no longer working, it should be changed, for example to suit the changed times, conditions, and life-expectancies.
- Flexibility has to be one of the strongest factors in determining how health care is provided, so more flexibility should be included in the *Canada Health Act*.
- Tax payers through their provincial government should have the right to amend the *Canada Health Act*.

- Timeliness should be a principle.
- Revisit the *Canada Health Act* by expanding it to look at other facilities that could be funded.
- The *Canada Health Act* should focus on the standard of health not the standard of delivery.
- Strengthen and enforce the *Canada Health Act*. Ensure consistent application across the country. Fund health care adequately and do not put the Act at risk.
- Conduct a review of all principles and consider new ones, for example technology, innovation, health standards, and private delivery.
- Add principles of transparency and accountability for public funds.
- Quality of care should be included in the Act.
- Involve the public in rewriting the Act and redefining the five principles for today's society.
- The Act should be opened up from time to time to be updated.
- Revise the *Canada Health Act* to ensure there is a clear identification of how the principles will be upheld and who is accountable for components.
- Enshrine the Act in the *Charter of Rights and Freedoms*.
- Consider changing the *Constitution* to allow all health care to become the responsibility of the Federal Government.
- We may be willing to pay more to maintain a system that is evidence based, accountable and efficient.
- People do not trust the system. The health care system needs to work with the media to ensure proper messages are reported, and enhance the public's knowledge on the *Canada Health Act*. We want this report to be utilized and not put on the shelf like the Romanow Report. None of this will work without political will.
- Amend the *Canada Health Act* to allow for a non-government funded private two-tier system.
- Include responsibilities and consequences for actions such as bottlenecks at hospitals.
- *Canada Health Act* principles must be restructured to remain meaningful in today's health care environment. In particular, the first two principles of accessibility and comprehensiveness must be strengthened, while a sixth principle of sustainability must be added.

- The Provincial Government should continue to recognize health as a public good, recommit to the principles of universality and equity in the delivery of health services, and curtail private for-profit entities as an alternative in any area of core or essential services. While not all health services must necessarily always be delivered by government health agencies *per se*, clearly government must ensure that how it puts together services must be in compliance with the *Canada Health Act*.
- We need to have a federal, and possibly a provincial, person whose job it is to act as an advocate for public health care and ensure that it is kept intact, publicly run, and gets the funding it requires.
- Build on the strong foundation of the *Canada Health Act* by providing research funding for healing techniques that complement drugs and surgery; and by including reportedly effective techniques from world medicine and traditional practices.
- The Provincial Government should keep certain principles in mind when changing the health care system: extend universal access to services on the basis of need and not ability to pay; establish clear public purpose objectives and regulations; finance services out of public revenue; favor grants or subsidies over contracted services; and if services are contracted, adopt standard government procurement procedures.

Public Administration

Comments and Concerns

- It is not possible to set up a system that depends on each person taking on their own risk because you do not know what the risk is. You make decisions over short-term fantasies about what your risk is, and yet the actual risk to you is spread out across your lifetime in unpredictable ways. So the first criterion is, how well does whatever insurance plan you have spread the financial risk across the population? The keyword here is usually equity.
- The Supreme Court of Canada handed down a significant decision in a case from British Columbia. The Health Services and Support case. In that case, which involved legislation enacted by the legislature of British Columbia to restructure or to permit a various restructuring within the healthcare system including contracting out and changes to certain Collective Agreements, the Supreme Court of Canada ruled that certain provisions in that scheme of legislation were unconstitutional because they limited the right to collective bargaining. Now, what this does is it displays the frailty of litigation as a way of designing social policy. Because if you

had taken the *Chaoulli* lens and applied it to this Health Services and Support case, you might have said, well, the goal of this restructuring is to enhance accountability to patients, or to enhance service delivery to patients so that there is better service delivery, more efficient use of resources. But no, the litigants here were largely trade unions and other health care workers saying that their rights were being limited. So the court said, yes, your rights are being limited. And by an eight to one margin, ruled that the legislation was unconstitutional, which limits the ability, or will limit the ability of governments going forward, to restructure in this area, which again suggests that what you may force indirectly is the emergence of some kind of private, alternative or parallel system. Because if you cannot restructure within the public system, you are not going to be able to deliver care in a timely way.

- The litigants in the Health Services and Support case were not in favour of a parallel private system. They want to keep the rights that they have, the Collective Agreements and so on and so forth. However, there are unintended consequences of decisions from time to time. Looking at the justification that the government relied upon in 2002 when it enacted that legislation (Bill 29), they wanted to make the system more sustainable by being able to be more flexible and enhance the ultimate delivery of services to patients. Maybe they were wrong. The one unintended result is that governments have not as much flexibility or legislatures do not have as much flexibility as they did before. Now you might say it is a good thing that now there is a Constitutionally-recognized right to collective bargaining. But the effect of it is undeniable: it is going to make it more difficult for governments to act to implement forms of restructuring.
- The *Canada Health Act* prevents provinces from implementing any kind of mixed delivery system (such as a public and private mix).
- The *Canada Health Act* is not fully implemented, for example we have not implemented prevention and health promotion.
- The province decides what is in and out of the Act.
- Current restrictions imposed by the Act make it difficult to deliver health services.
- The Act does not allow for user fees.
- The Federal Government balances their budgets by absolving themselves of their commitment to funding health care. What they give now is so small the provinces should tell Ottawa to keep their insulting bribes that pin us to an inflexible *Canada Health Act*.
- Take a serious look at the *Canada Health Act* and what it means. There is nothing in there that says that the delivery of health care cannot be from the private sector.

- Public administration means that the levels of government have various overall responsibilities with regards to a publicly funded program, but the mechanics can be separate from the government.
- We need better standardization of services provided for under the Act in all the provinces and territories.
- The federal government can hold back money if the provinces are not honouring the Act.
- The Federal Government is exercising undue influence over provincial government health care policy.
- Wait times and equipment issues need to be addressed.
- What can we do under the framework of the *Canada Health Act*?
- The five principles do not agree with a system that rations health care.
- The *Canada Health Act* has become a huge financial burden on all provinces.
- Does the Act define the quality of the equipment and services provided?
- Public administration does not protect public interests, but protects the institution.
- What the Act does is prevent provincial governments from offloading costs onto patients, or at least makes it expensive for them to do so. It does not prevent them from doing it, but they will not gain from it fiscally.
- We should change the Act to allow the system to charge user fees.
- It may be nice to believe that just a little bit of a user charge would cause people to think more carefully about contacting a physician. It will not. What it will do, is it will just change the distribution of who bears the brunt. It is not going to improve efficiency or effectiveness. There is quite a bit of evidence on that. Therefore, do not to spend a lot of time trying to loosen up the *Canada Health Act* and increase the supply of private money because that is going to be inequitable.
- The principle of public administration is intended to ensure that the provincial health plan is overseen by, and directly accountable to, a public authority. In British Columbia this authority is the provincial government which is ultimately responsible for its performance. No legal changes to this definition are required. However, better information needs to be provided to the public on what this principle means. Many individuals equate public administration with public delivery of services. The principle of public administration is not a requirement for public delivery of services, but rather a requirement of accountability of the performance of those services to a public authority. In order to meet this principle, the *Canada Health Act* states that the health care insurance plan of a province must be administered and operated on

a non-profit basis by a public authority appointed or designated by the government of the province; the public authority must be responsible to the provincial government for that administration and operation; and the public authority must be subject to audit of its accounts and financial transactions by such authority as is charged by law with the audit of the accounts of the province.

- The weakness is that there is a lack of accountability both at the provincial level and the federal level. Each one blames the other for either not appropriately utilizing the funding or not providing sufficient funding. As a result, there is abuse of the *Canada Health Act*.
- The health field therefore entails a struggle among competing interests past, present and future. While the principles under the *Canada Health Act* resonate politically, not all health modalities are equally recognized. Nor are they equal in terms of need, quality of supporting evidence, nor necessarily affordable. Choices have always have been made. As health care has moved historically from being a private matter between patient and caregiver, to a public sector enterprise that values effectiveness and efficiency, so too has its design, standards and management moved from the grass-roots to more centralized systems, be the latter government ministries, regional authorities or university faculties of health professions. Whether these systems are now sufficiently in touch with local needs is a legitimate question.
- Government does not need to be directly involved in all aspects of the delivery of health care, but if it is not so involved, it must take responsibility to see that its delivery meets the intent and requirements of the *Canada Health Act*. Clearly we live in times when our health system is potentially under threat, especially from those who do not share in the vision of a common social contract to deliver on the principles and promise of the Act.
- The introduction of these private insurance choices has meant we are going back to the time before Medicare when many people did not seek care when needed because they did not have the money to do so. I remember what it was like before Medicare and my parents had to choose between food on the table and taking us to the hospital or doctor.

Ideas and Suggestions

- We should have free health care and better insurance.
- Standardize the interpretation of the Act.
- Create a mandatory medical savings plan, similar to the Canada Pension Plan.

- We need planning and public education around the *Canada Health Act*.
- No private insurance plans should be allowed whatsoever. When a person is ill they should be looked after. We initiated a universal Medicare so people did not have to worry about being covered when they needed help.
- A functional and humane health care system cannot be built on a split foundation.
- Health care decisions should not be made in courts.
- Close up loop holes in the *Canada Health Act*, that is, do not allow doctors to practice in both systems.
- Do not allow advertising of private health care and drugs.
- Government should not pass laws and policies that only benefit companies: we should have a patient protection law.
- Repeal the drug patent protection law.
- There should be a transparent process for defining publicly funded benefits under the *Canada Health Act*.
- We need a common understanding of what is covered under the *Canada Health Act*.
- We need national standards for treatment of outcomes, such as waiting times for surgery.
- Create a clear definition of what the purpose of the health care system is and place all that falls outside of that definition outside of what health care provides.
- Get home support included under the *Canada Health Act*.
- Focus on patient not the Act. Take the politics out of it.
- The Canadian Government should establish qualifications and standards for health care professionals and facilities.
- Fund basic health care services, such as visits to professionals, required procedures and a negotiated portion of facilities required for these procedures.
- Increase transfer payments to adequately fund health care.
- Separate the *Canada Health Act* from private health care and create an insurance market for private delivery.
- Put pressure on the federal government to enforce the *Canada Health Act* and increase transfer payments.
- There must be more accountability for how money is spent and ensure that it follows the Act.
- All doctors must be practising under the *Canada Health Act*.

- Restore 50/50 shared funding with the federal government.
- Push the federal government to counter the *Chaoulli* decision.
- We need the political will to penalize provinces who are in contravention of the *Canada Health Act*.
- The *Canada Health Act* inhibits provincial decisions. Provinces need more autonomy.
- The Federal Government should protect Canadians from inter-provincial differences.
- Identify what public health is: stop stretching the meaning of the Act. Decrease the influence of lobbyists.
- Educate the public they have a contribution plan and not a defined benefit plan.
- Remove provincial authority over health care policy. The federal role is to define standards and enforce consistency between provinces.
- The *Canada Health Act* must be modernized and administered by the Federal Government. A national plan is a national plan, not differentiated by provincial boundaries. The *Canada Health Act* must live up to its name.
- We have a tendency every once in a while to default to the *Canada Health Act* and say it is stopping us from doing things. The *Canada Health Act* does not stop us from doing a whole bunch of things that we can decide to do if we decide to do them. We all have to recognize that it is actually a pretty flexible document in terms of what we can do.
- Add alternative medicine to the *Canada Health Act*.
- Maintain the *Canada Health Act* through public and private health care. Staff and doctors in private clinics should be governed by the *Canada Health Act*.
- Areas mostly covered by public spending should be enshrined in the *Canada Health Act*, including ambulances, mental health and addictions.
- Include home care and long term care under *Canada Health Act*.
- The Federal Government must ensure that health care funding to the province is targeted to health care. The Province is accountable for proving it went to health care and not to other programs.
- People need private choice options that they can purchase and that are not restricted by the *Canada Health Act*.

- Government should re-examine now what services should be core or essential, and to consider expansion of the scope of publicly financed provisions, with emphasis on serving the more vulnerable populations. This would seem particularly timely in the context of record budget surpluses in the face of public needs.
- British Columbians, as well as other Canadians, must be prepared to review the concept of full government funding. Patient cost-sharing is an acceptable part of the provision of many important health-related products and services. Furthermore, the *Canada Health Act* makes an explicit provision for chronic care co-payments. However, physician and hospital services are currently considered off-limits. Such restrictions should be removed. There is a need for a more rational discussion of the role of patient cost-sharing throughout the entire breadth of the health care system.
- All core services must be subjected to cost-sharing arrangements that are applied in a fair and equitable manner, ensuring that no one is denied essential care because of their financial situation.
- The federal and provincial governments should jointly agree on a defined Canada-wide Basic Scope of Universal Health Care (BSUHC) which they consider to be affordable. The coverage would be 100% portable between all provinces. Beyond this coverage, each province should have the right to expand the scope of coverage, but should be required to provide the funding for excess costs to provide the services beyond the Basic Scope of Universal Health Care.

Comprehensiveness

Comments and Concerns

- We have to start acting in a more honest fashion and letting the people know that we are promising things that we cannot deliver.
- Comprehensiveness means everyone has the right to essential medical care when they need it across the life span.
- The most important priorities are preventive tests, drugs and timely surgery.
- Quebec and Newfoundland both have dental care for children and youth as part of their public health care systems.
- The principle of comprehensiveness addresses the range of services that are insured under Medicare. These services are usually referred to as core services. With respect to the *Canada Health Act*, core services are understood to be those medically necessary hospital services, physician services and surgical dental services provided

to insured persons. The Province must ensure that core services are provided on a fully government funded basis to receive cash transfers under the Act.

- As health care delivery has evolved, it has become evident that the existing interpretation of core services is inadequate. This is because more and more services have migrated out of the hospital setting and many services previously provided in hospitals are now delivered through a combination of community-based services and drug therapy. Also, services that continue to be provided in hospitals increasingly involve day surgery, or a much shorter stay, resulting in significant levels of community-based follow up care. This array of services, many of which fall outside the existing definition of core, is funded in a variety of ways. Core services are fully government-funded. Beyond the core, coverage involves a mix of government funding, patient cost-sharing and third party insurance. Some services are funded completely privately. There is no uniformity in the terms and conditions under which services may be partly covered under the public funding umbrella. This means an individual can receive certain types of necessary care for free, while other types of care that may be more clinically appropriate, or otherwise needed due to the realities and/or deficiencies of today's health care system, require substantial patient co-payment. This double-standard approach is both outdated and illogical. Comprehensiveness in today's world requires a different set of guidelines.
- This principle, that insured persons should receive all necessary medical and hospital (and even dental) services, was initially stated in a very general and even circular way to avoid interfering with either professional judgments on patients' needs or the specifics of provincial health service plans. The phenomenal changes in medical, pharmaceutical, hospital and other aspects of health care in the past forty-seven years confirm the prudence of being non-specific in the statement of the comprehensiveness principle.
- Comprehensiveness and portability mean to me that in a universal Medicare program no premiums are charged and it is funded totally through our taxes so it is equitable to all.
- Universal means coverage for all citizens, not coverage of all things. I agree that we do need to make hard decisions about what we include in our public system.

Ideas and Suggestions

- We need more consistency in service between provinces.
- We need accommodation in law for the right of adults to choose their health care on any grounds, whether spiritual, religious or moral, and the accommodation of those

who give that care, such as Christian Science practitioners and Christian Science nurses.

- Write new legislation (something like the *Canada Health Act*) to cover prescription drugs, vision, dental care, hearing, home support, and so on.
- All Canadians should have the same benefits.
- Review the interpretation of comprehensive to consider the addition of alternative medicine, massage, homeopathy, dental, and so on.
- The principle of comprehensiveness needs to be expanded to reflect the core services of today: medical, hospital, pharmaceutical, home care, long-term care and inpatient rehabilitative services.
- Canada's First Ministers should jointly seek a redefinition of the comprehensiveness principle of the *Canada Health Act*. The provincial and federal governments must define core services to include medical, hospital, pharmaceutical, home care, long-term care and inpatient rehabilitative services and ensure that British Columbians have reasonable access to these core services under uniform terms and conditions.

Universality

Comments and Concerns

- Problems of achieving the ideal of universality are intertwined with accessibility, as patients in remote areas are often faced with significant travel costs to receive medically necessary treatment services. As is the case for accessibility, a shift in emphasis to coverage of medically necessary services rather than providers would broaden the base of professionals available to patients in outlying areas and reduce the discrepancy in universality that currently exists.
- The right for each person to have their basic health needs met equally regardless of their socio-economic status and this is paramount to a health care system that is not privately operated. The government needs to ensure that this quality of care standard is met. If it is not and there is the option for a person to be able to purchase private insurance it would most likely mean that the wealthier would have quicker access to care and a different standard of care.
- Universality has proven to be cost effective.
- Universality is supposed to be equal treatment for all. Reality says that if you have a recognizable name, face, or affiliation, you will get better treatment.

- Universality is the opposite of the insurance company approach of denying coverage to people based on their health profile and history.
- We are afraid of the European system because we are stuck on the concept of universality. There is no reason why a mixed system cannot supply the historical universality that we have protected so strongly. In fact, we will see an improvement in universal access. Universal is a myth anyways. If some people can afford to seek health care outside of the *Canada Health Act*, they will always be able to find it. Universality has become a political football, nothing more.
- Canada is the only the country in which it is illegal to write a cheque to buy health care. This either makes us the smartest or the dumbest country in the world. Not only are those odds not in our favor of being the smartest, a system that does not work in any province indicates that we are the dumbest. Let us catch up to the rest of the world.
- Universality is like a universal level of coverage: basic health insurance for every Canadian covering the costs of regular check ups, small problems, emergencies, and a portion of drug costs.
- Government has failed to demonstrate sufficient commitment to universality and to protecting the essential public nature of health care over the long term.
- Universality does not mean you get what you want. Entitlement is a huge issue especially when it involves requests for unwarranted tests by those with the money to buy them.
- We all have access to a full range of services.
- Universality defines us as Canadians.
- There is basic universal health care with no accountability and no uniformity across the country.
- Universality must be maintained federally and provincially.
- Access is part of universality. The two-tier system is contrary to universality.
- Universality means the same coverage, and access and service for all.
- If we really want to provide universal access, the funding should follow the patient wherever he or she chooses to be treated in the province.
- Something needs to be done to improve equity across regions.
- Universality varies from province to province.
- Universality does not apply to PharmaCare. There are haves and have nots in relation to medication.

- The idea of universality is suspect.
- Health care must be two things: accessible and equitable. That has to be evident throughout Canada. It has to be accessible and it has to be equitable to all Canadians: to rural or urban, to all First Nations, Metis and Inuit, to rich, to poor, to young and to old.
- A mixed public and private system may affect the universality principle.
- There should be equal access and equality before the law.
- All citizens and landed immigrants should have access to publicly funded health care.
- Is it realistic to expect someone in the north will receive similar services as those in the south?
- The original intent of the five principles is good, but provincial governments have interpreted them differently to suit their needs. Universality is not happening. If you have money you can get better care and better service.
- Universal health care means zero cost to individuals. We should aspire to universal health care for everyone.
- Access by immigrants to the system is poor.
- A common misperception is that the *Canada Health Act* applies to every Canadian equally. However, the *Canada Health Act* clearly outlines groups or services not covered by its principles. Some of these groups access services differently (and often faster) than other Canadians, which is legal under the Act. For example, if a person covered under the Workers Compensation Act in British Columbia is injured on the job and requires knee surgery, they will have access to expedited diagnostic services as well as the actual surgical procedure. If that same worker is injured at home, they are on the same waitlist as the general public and may wait significantly longer.
- Universality in terms of the Canadian health care system is whatever the provinces and Federal Governments reach agreement on as the base line (minimum) standard of service that all provinces will meet. Because health care is a provincial responsibility and the economies of each province will vary there is bound to be differing levels of coverage between provinces above the national base line.
- The Federal Government tends to use this so called universality to justify its own stance on health care delivery and a diminishing federal commitment to it and especially as leverage to control provincial policy.

Ideas and Suggestions

- The system could be made more efficient as long as its universality is not compromised.
- Maintain universal health care.
- Equal access and service to everyone.
- Ensure the system is designed for equity.
- Make all aspects of the health care system universal: ensure that there is less autonomy to provinces and more penalties for non-observance.
- Public universal health care for all British Columbians.
- All Canadians should have equal access to quality health care.
- We require good quality care regardless of means and income levels.
- Do not compromise the principle of universality.
- Health care delivery should be equally available to every citizen paying either Medical Services Plan or funding hospital operations as part of their taxes.
- Any methods of delivery, including costs or fees, cannot unduly disadvantage any segment of society.
- We should not undermine the universality of the Act, meaning we should not be able to buy extra insurance or create a two-tiered system where people with money get the best and most expedient care.
- Maintain universality through public funding.
- Defining the principle of universality further in law is not necessary given the provisions that already exist in the *Canada Health Act*.

Portability

Comments and Concerns

- Benefits are not really transportable across Canada.
- Responsibility for delivery rests solely with the provinces.
- In general, the principle of portability does not require further legal clarification. However, the administration of this principle should be made as seamless as possible for the patient. Quebec, in particular, frequently does not completely pay for services provided to its residents in other provinces.

- True portability will not be reached until Canadians can get much the same health services when travelling within the country as when at home. It is not going to happen for a long time; provinces are not motivated to move on this front. It is worth considering, however, whether some of the fraudulent use of health cards occurs when residents of one province want to obtain service in another, whether because of waiting times or views about the relative quality of services. If services were more portable within Canada, would the administrative costs of the provincial health plans be thereby reduced?
- Portability means that there needs to be a list of commonly-agreed-upon basic conditions that would be covered everywhere in the country, but that each jurisdiction would have the ability to provide services beyond this basic list for its own citizens.
- Portability means if a Canadian requires essential medical care anywhere in Canada, health care should be provided without the individual incurring costs normally covered by the health plan.
- Portability means that the same services are available across the country and that anyone from one province can access the same services regardless of the province they are in when they require them.

Ideas and Suggestions

- We should be able to go anywhere to get treatment.
- Portability between provinces must be strengthened.
- PharmaCare and treatments should be equal in all provinces.
- There should be more federal and provincial coordination, including standardization of portability and accessibility.
- Portability means that anyone under Medicare is covered no matter where they live in Canada. It does not mean that we should be paying for travel insurance to get additional coverage when travelling.

Accessibility and Medically Necessary

Comments and Concerns

Chaoulli Case

- **Comments on the Chaoulli case:**
 - A parallel private system would not only expand supply (the quantity of care) but would offer competition to public sector hospitals in terms of the efficiency of production and the quality of care. Competition also applies to physicians: free to compete, they would enjoy improved incentives to attract patients with effective care and provide that care as efficiently as possible. The Chaoulli case in Quebec is a welcome step in the direction of sanity, quality, and sustainability. Should the two sectors be solitudes with a fence between them? Obviously, cross-over rules, say, relating to physicians working in both sectors, would be necessary, but there is no reason why Canada cannot emulate the example of Sweden, Australia, Austria, Belgium, France, Germany, Japan, Luxembourg and Switzerland by permitting private health care providers to compete directly with public sector hospitals for services paid for government under the universal system.
 - Many people have argued that Chaoulli somehow establishes a right to private health insurance or somehow mandates a two-tiered healthcare system, which is not the case. But it certainly does augur for change in the health care system. Basically what the judges indicated was that they were not willing to somehow rewrite the basic terms of the healthcare delivery system that we have in Canada, and somehow to mandate that there was a Constitutional right to a separate parallel private system. But, what Senator Kirby and his colleagues advanced to the judges (in their submission) was that it is perfectly acceptable to establish a monopoly publicly-funded system as long as patients can access services in a reasonably timely way. There does not seem to be an answer to it, because it would be really contrary to the entire purposes of the system to require people to suffer or die, and prohibit them from protecting their own health in the guise of preserving access to a quality healthcare system. The Supreme Court of Canada, by the narrowest of margins, four to three, did accept this argument.
 - The Supreme Court of Canada says in the Chaoulli case that if the government wishes to prohibit people from using their own resources to protect their health, then the government has to ensure that services are available in a reasonably timely way, in a manner or to a standard determined by medical experts, not by judges. Otherwise the system violates the right to life and security of the person.

- The Supreme Court of Canada in Chaoulli was quite clear in saying that there is no right for the government to pay for your health care, whether it is in a hospital or any other setting. What Chaoulli was concerned with were prohibitions on the individual citizen's right to utilize their own resources.
- The broader principle that is established in Chaoulli could be described as one of patient accountability, where patients now have the right to demand accountability and they must be seen as at the center of the health care system, and that their needs must be taken into account. There is a legal accountability. There is the opportunity for patients now to say that if you do not provide me that service in a timely way, either you are going to have to provide that through the public system, or you are going to have to allow the development of some other parallel or supplementary form of private health insurance.
- The Chaoulli decision, whilst presently relating only to Quebec, opens the doors of tens of thousands of similar law suits in the other nine provinces citing the same Charter violation in regards to unwarranted denial of access to private medical services and insurance.
- The Chaoulli case is just an excuse to bring in private Health. The Act is fine the way it is, funds just need to be used properly.
- Canada and British Columbia have highly dispersed populations. The challenge is to extend equality of access to health care across very far reaching populations. One of the things that we have to be cautious about is introducing models that are based on cities where millions of people live.
- A 100 per cent government-controlled system has a legal obligation to provide timely care.
- Reasonable access is not for the courts to decide. It is up to our elected representatives in parliament to debate and find out what the public thinks through referendums.
- Medically necessary should be any operation that is required to sustain life, maintain health, or restore body function where the chance of success is at least five per cent without throwing money at procedures that are unlikely to work.
- Guarantees should include: speedy access to necessary tests, services and procedures, a maximum limit on wait times in emergency, having basic hygiene needs met while in hospital, hospital equipment (in good working condition and enough supplies to go around), an expectation that regular mistakes are avoided, and guarantee that you will be made comfortable and be respected as a person.
- Medically necessary is simply anything that is demonstrably causing harm (emotional or physically) to a patient that can be cured or alleviated with access to

medical help. If we are unwilling to have courts tell us what these terms mean, why do we expect a private firm to be any more honest, or reasonable?

- Accessibility must be defined.
- The basic problem with the *Canada Health Act* and the medically necessary designation is that it imagines a mythical scenario where someone would never want to choose something outside the public system. Well, these days a lot of people would like to have a choice because the public system is not a viable option. To maintain such an antiquated approach in our healthcare system just seems ludicrous to me. When you are in pain, getting better is the only thing that matters. Why do we have to stand in the way of that?
- The concept of medically necessary is probably one of the most corrosive parts of the *Canada Health Act*. Under this provision, the moment your need becomes critical, like a diagnostic for a serious condition, you are obligated to go into the public system. But if you wanted to get that test when you do not actually need it, you can pay for it.
- Treatment should be deemed medically necessary if the evidence shows that it has had reasonable success.
- The word reasonable is subjective. The judicial system does not have a definition for it and so we cannot define it either. We should just model after the judicial system and elect or appoint a panel of our peers, with the assistance of experts and administrators to define the term.
- Medical necessity is determined by political necessity and who has the loudest voice gets the services.
- Defining medically necessary and reasonable access should be part of the continuing public process. The courts will inevitably be involved in hard cases, and this can help signal which issues require additional policy attention.
- Enshrine in the *Canada Health Act* a provision of the *Criminal Code*, namely gross negligence causing bodily harm. That speeds up the access to medical services and clearly defines what is necessary for the patient.
- Reasonable access is a highly changeable number given all the variables it is affected by across geographic, economic and demographic groupings. We need to identify and examine the variables that affect access and try to identify how these can be individually and collectively minimized.
- Medically necessary is an ambiguous term.
- The *Canada Health Act* stipulates that Canadians must have reasonable access to insured hospital and physician services. In the Act, reasonable access means:

patients not having to co-pay for core services, and government and physicians entering into a negotiated contract for remuneration. However, the Act makes no reference to how long reasonable is. This definition is inadequate and impractical; it is too often a crutch used for political purposes to mask the real deficiencies of the health care system. Reasonable access should be about a patient's ability to obtain a core service, and to obtain it in a timely fashion. The current accessibility definition must be strengthened to meaningfully address the term.

- Canada's First Ministers should jointly seek an enhancement of the accessibility principle of the *Canada Health Act* in relation to core services by: implementing clear maximum allowable wait time benchmarks for all scheduled surgical and diagnostic procedures from time of referral through provision of service; providing the necessary infrastructure to ensure that reasonable access can become a reality; and ensuring that safety valve provisions are in place, so that if the public system cannot provide services within specified wait time benchmarks patients are able to access services elsewhere. Including a safety valve provision in Canadian health care policy will hold governments accountable for meeting commitments to provide timely access to quality care and thus uphold the new definition of accessibility.
- Clearly, the most significant challenge facing our health care system is ensuring that people get timely access to care, whether it is on a wait list for surgery, in an emergency room, or in long-term care. British Columbians must have reasonable access to care when it is medically necessary. The problem is that this standard of care is not defined by government, either provincially or federally. That must change.
- The unequal distribution of medical personnel, particularly medical specialists, in rural and urban settings makes it difficult to achieve the ideal of equal accessibility. The problem has been exacerbated by the historical emphasis on physician- and hospital-based care in our publicly funded systems. A shift in emphasis from the provider to the service provided would make health care more accessible by allowing a broader range of choices for patients and decreasing the inappropriate burden placed on general practitioners and medical specialists. This is especially true for eye care in the remote and rural areas of the province that are chronically under-served, particularly by ophthalmologists.
- Reasonable access is subjective and can and has led to endless debate. Neither the courts nor any jurisdiction will provide a correct answer. What is required is that provincial governments (individually or collectively) establish wait time targets for individual medical and surgical interventions based on the best available health data.

- The topic of medically necessary is easier to define with the experts in our midst: the physicians. However, we are exposed to television shows where everyone is seen running to the doctor for everything, and the doctors treat everything. It is glamorous, it is Hollywood, and it sells.

Ideas and Suggestions

- The principle of accessibility needs to be strengthened through a commitment to maximum allowable waits for all surgical and diagnostic procedures as well as treatment in emergency departments.
- There should be equitable access with no preferences as a result of where you live or what you do for a living.
- We must set some standards and define accessibility providing government follows through and implements.
- We need access for everyone, ensuring health care is fair and affordable, and including alternative methods.
- A system anyone can access, with no barriers.
- Meet health service delivery needs with an appropriate level of service, not the highest level.
- Doctors and health professionals should be the ones to define the concepts of reasonable access and medically necessary.
- We need to define medically necessary.
- Define medically necessary in Canada.
- It needs to be made clear what basic services the public health care system will provide, and which it will not. What is considered medically necessary under the *Canada Health Act*?
- Let the courts interpret reasonable access and medically necessary when a dispute arises. Just get real courts. The current system we have where the one with the most money wins is a joke.

Sustainability

Comments and Concerns

- It is a good idea to debate what sustainability means.
- Sustainability is a cynical recommendation. It lacks clarity and meaning.
- The word sustainability is irrelevant and dangerous to the current principles and should not be there.
- What does government mean by sustainability?
- Adding term "sustainability" would give potential for first five principles to be trumped.
- Sustainability is an escape clause if we include as a sixth principle.

Ideas and Suggestions

- Add boundaries for the new sustainability principle. And, if the sustainability principle is not added, the boundary conditions could still be added under other principles, such as public administration.
- Sustainability is already included in the *Canada Health Act*, so there is no need to consider another tier of funding.
- Enforce the *Canada Health Act* principles and do not allow a sixth principle.
- The *Canada Health Act* must be refined to suit the need for an effective, economical, and sustainable health care system.
- The five principles of Act are critical, and add sustainability as sixth principle.
- Sustainability needs to be defined under some sort of quantifiable instrument (such as linking it to Gross Domestic Product, GDP, or percentage of the provincial budget).
- The principle of sustainability needs to be something that can be measured.
- The principle of sustainability must be added. Sustainability requires meeting clear and public standards for health human resources, infrastructure (including technology), clinical outcomes, and fiscal capacity.
- The federal and provincial governments should recognize a sixth principle of sustainability in the *Canada Health Act* that meets reasonable and defined standards of health human resources, infrastructure, clinical outcomes, and fiscal capacity.

- Do not add the sixth principle of sustainability to the *Canada Health Act*. Its addition implies that cost is more important than the first five principles, and thus could be used in the future as a justification to allow more privatization and erode the first five principles of the Act. Privatization is not needed to ensure the sustainability of health care.
- If you are going to add sustainability to the five principles of the *Canada Health Act* and include them in provincial legislation you should remove the principle of public administration.
- It is crucial to generate new strategies to control the complex mechanisms that affect expenditure and performance of health care schemes, while striving to achieve the core principles and objectives of the *Canada Health Act*, including universal access, high quality standards, efficiency and effectiveness of care, as well as balancing the demand for adequate funding and satisfaction of patients.
- Given the government's misleading characterization of the sustainability issue, we cannot support the stated intention to add the principle of sustainability to the *Canada Health Act*.