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IN BRIEF

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Early Responses to Romanow: Whose Views on the Future of Health Care?

Like many preceding commissions of inquiry, the Royal Commission on the Future of Health Care in Canada (the Romanow Commission) was, in part, the result of pressure by various groups calling for changes to the existing system. And like other commissions, it involved many of those groups in its deliberations. After extensive participation in public consultations and regular access to readily available information provided by the Commission and the media, many groups were able to release initial responses within one day of the tabling of the Royal Commission's report.

These early responses were made possible through the Commission's function as a mechanism for public participation. Various analysts have noted the role of commissions of inquiry in facilitating public debate and refining broad-based concerns. Pross has argued that commissions have successfully "served as vehicles for analyzing policy, for evaluating outworn or failed policy, for identifying a consensus about policy and for building support for new policy directions."⁽¹⁾ Jane Jenson emphasized that royal commissions, as an arena for public policy analysis, incorporate public opinion, public input and public debate, and through this process become alternative routes for public representation.⁽²⁾ In turn, the commissions reflect back the sets of ideas that they want perpetuated and acted on by governments.

The following paper looks at some of the next-day commentary emanating from health care consumers, policy institutes, citizens' groups, health care providers, and provincial governments. It then reflects on the implications of continuing public participation in shaping the debate over the future of health care in Canada.

A. Health Care Consumers

Groups representing consumers of health care were generally in favour of the Romanow report and its recommendations. They called for governments to take action and to implement the report's recommendations. In particular, these groups supported the protection of a publicly funded health

care system, the emphasis on health promotion and the importance of rural and remote access services.

Concerns were expressed, however, by particular segments of the health care consumer community. Although many organizations backed the recommendations supporting home care, not all associations were satisfied with the Commission's work in this area. For example, the Ontario Society of Senior Citizens' Organizations was concerned that supportive care and long-term residential care were not given sufficient attention by the Commission.⁽³⁾

In addition, the Canadian Women's Health Network expressed concerns about gaps in the Commission's report. The organization asserted that the specific health needs of women, the most frequent users of health care services, were not addressed properly and comprehensively.⁽⁴⁾ For the Fédération des communautés francophones et acadienne, the Commission's suggestions for overcoming language barriers to permit greater access to health care services pointed in the right direction but were very timid.⁽⁵⁾

The Assembly of First Nations applauded the Romanow Commission for devoting a full chapter to Aboriginal health care and drawing attention to the health crisis facing many First Nations in Canada. Nonetheless, the National Chief expressed disappointment that there was no recommendation for immediate funding to address the current health conditions of Aboriginal peoples. The National Chief also noted that, while the report suggested Aboriginal health funding should be consolidated into one budget and Aboriginal health partnerships should be formed to develop policy and provide health services, it was not clear who would be responsible for providing that funding and how the funds would be allocated.⁽⁶⁾

B. Policy Institutes

Think-tanks and policy institutes in Canada were split in their opinions of the Romanow report. Social policy institutes such as the Canadian Council on Social Development congratulated Mr. Romanow on a job

well done. The Council supported the Commission's confirmation of the values of Canada's health care system and its strong stance against privatization.⁽⁷⁾

The Canadian Centre for Policy Alternatives (CCPA) felt that the Commission's report represented a clear rejection of the status quo. They pointed to holes in the Commission's analysis, such as the failure to address chronic care – a necessity, considering the prospects of an aging population – and to identify sources of funding for the health care system. Despite these criticisms, the CCPA appreciated the call for a renewed commitment to a strong federal role in health care and the rejection of the commercialization of diagnostic services.⁽⁸⁾

Other organizations, such as the Atlantic Institute for Market Studies (AIMS) and the Fraser Institute, argued that, contrary to Romanow's report, the current system is not sustainable and needs restructuring. More specifically, they argued for the introduction of private health care providers.⁽⁹⁾

C. Citizens' Groups

Groups representing a broad range of citizens, such as the Council of Canadians and the Canadian Health Coalition, generally agreed that the Romanow Commission made promising recommendations, such as the call for increased accountability; but they differed on the public versus private debate. The Council of Canadians and the Canadian Health Coalition defended the Commission's anti-privatization stance, arguing for health care as a human right that belongs in the public sector and insisting that the introduction of privatization would destroy Canada's current system of health care.⁽¹⁰⁾

Other groups more representative of citizens with economic interests were less satisfied. The Canadian Chamber of Commerce expressed its disappointment that the Commission had failed to consider other options such as increased private-sector involvement. The Chamber argued that greater private-sector involvement would ensure the financial sustainability of the system in the long term.⁽¹¹⁾

D. Health Care Providers

On the whole, health care providers were satisfied with the Commission's report. The Health Action Lobby (HEAL), a coalition of many national health providers as well as some consumer groups, strongly supported the recommendations for home care and primary health care development. HEAL welcomed the call for accountability for health care, but was concerned that the proposed Health Council of Canada would not possess the independence or authority necessary to recommend change.

Members of HEAL such as the Canadian Medical Association, the Canadian Health Care Association and the Canadian Nurses Association were generally supportive of the vision behind the Romanow report, and called for immediate action by both levels of government to implement the proposed framework.⁽¹²⁾ The Royal College of Physicians and Surgeons of Canada and the Association of Canadian Medical Colleges drew attention to the Commission's failure to address the shortage of specialists and the need to train more doctors.⁽¹³⁾ The Royal College of Physicians and Surgeons noted that the goal of reduced waiting times for services such as diagnostic testing would be useless if no provisions were put in place to make specialists more accessible.

The Quebec Medical Association (QMA) welcomed the recommendation to increase federal funding of the health care system, but cautioned that funding with strings attached could mean that patients might pay the price for deteriorating federal-provincial relations. The QMA also noted that an increase in health human resources was needed, and stated that the private sector has an important role to play in front-line health care services.⁽¹⁴⁾

E. Provincial Governments

Opinions among the provinces appeared to be divided between the "have" provinces, such as Alberta, British Columbia and Quebec, and the "have-not" provinces, including Newfoundland, New Brunswick, Nova Scotia, Prince Edward Island and Saskatchewan.

The provinces seen as the "haves" appreciated the Commission's recommendations, in particular the call for increased federal funding of the health care system. They were adamantly opposed, however, to the federal interference in provincial jurisdiction that they believed could occur if certain recommendations were put in place. In addition, Alberta and Quebec expressed discontent that the Commission's report seemed to dismiss actions already being taken by the provinces, such as those in the areas of drug approval and the reduction of waiting lists. Moreover, Alberta and British Columbia expressed displeasure at the Commission's dismissal of alternative service delivery.

Notably absent from the "haves" was Ontario, which shifted the focus from the Romanow report to the federal government, calling for an increase in health care spending and for action on this recommendation of the report. Ontario also noted that the funding calculations were based on outdated information.

Generally, the "have-nots" responded positively to the report's recommendations and were pleased that the Commission reinforced the values of a publicly funded system. Like Ontario, they called for the federal government to make a commitment to Canadians regarding increased spending on health care.

IMPLICATIONS

This examination of group responses illustrates that the Romanow Commission, in addition to bringing coherence to diverse policy ideas, did in many ways provide an alternative mechanism of representation. Through its extensive consultations and frequent communications, the Commission indicated to these diverse groups that they could influence change. In turn, they continued their participation by marshalling political action, and by indicating their positions in order to prevent changes unfavourable to their membership. The early response of various interests to the final report signalled their intention to reassert their positions before the report and the policy process were taken over by bureaucrats and politicians.

The Romanow Commission, like others, supported some ideas while ignoring others. In the end, some groups gained confidence that their participation in the Commission's work had shaped the final recommendations, while others saw proposed actions that excluded their particular visions. In both cases, groups reiterated their positions immediately after the release of the Commission's report. Using the media, they reaffirmed their particular stance to put pressure on the policy makers and legislators responsible for refining the recommendations, formulating workable programs, and implementing solutions.

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