

The highlight of the February stakeholder conference on the Canadian Strategy for Cancer Control was an impassioned presentation by Bob Rae.

WHY NOT THE BEST?

Former Premier of Ontario Bob Rae challenged the participants of a Health Canada conference on the future of cancer care in Canada to raise their sights, and call for the best system of cancer care in the world. “Every poll shows the issue of health care is the most important to Canadians, so why would we be satisfied with a bronze medal when it comes to dealing with this disease?” Rae demanded. Rae said that the fact that we are sending patients out of the country for treatment was a “national disgrace,” and should serve as a wake-up call for everyone that the system needs significant improvement.

Rae advised that the Draft Strategy for Cancer Control required several improvements before being presented to the deputy ministers in June [the presentation was subsequently delayed by six months]. First, he noted the need for a sense of focus and priority—“Twenty-five [priorities] will be an excuse to do nothing.” Second, he observed that “the biggest immediate problem is one of human resources, and that it would be necessary to set national objectives to train skilled professionals to make sure treatment is delivered within the time frame deemed clinically necessary.”

Noting that all Canadians had to take collective responsibility, he pointed out that the



early '90s had been a time in which all governments had been preoccupied with financial questions, and that we were now feeling the cumulative impact of that focus.

Rae placed the aspiration of the Strategy into the broader philosophical context of Quality, Accountability, and Democracy.

The word “quality,” he observed, doesn’t appear in the Canada Health Act, but he pondered whether that implied that all Canadians were “covered by mediocrity, and that everybody has the same, regardless of its quality?”

In terms of accountability, Rae supported a results-based approach of report cards—and that means we are “not afraid to compare ourselves with other people.” He also pointed out that “patients have rights too—and not only budgetary accountability,” meaning that patients have the right to ask about the relative success rate of one therapy, compared with others.

BOB RAE’S ADVOCACY RECOMMENDATIONS

- Identify limited and focused objectives
- Work with provincial agencies
- Create political momentum
- Support for prevention is a matter of public, not political, opinion
- Provide permanent allocations for health-care funding, including primary prevention
- The public has to be both convinced and informed

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Rae pointed out that our society was undergoing a collapse of deference, in which patients, like clients, no longer do what they are told. And with the increasing democratization of information available, for instance, on the Internet, combined with the movement towards an advocacy-based society, the nostalgia for the old dynamic and “right answers” is no longer useful, and that we “can’t put the genie back in the bottle.” Rae also noted governments must recognize that patients have rights, and that we need a cancer-care system “immune to the follies of the political pendulum,” with its varied and irregular funding.

“Canadians don’t recognize that we are treating a number of patients at less than world standards, and we should have the courage to say that,” remarked Rae, citing better survival outcomes in British Columbia cancer statistics as reported by the Cancer Advocacy Coalition of Canada as one example.

With the increased awareness of care available elsewhere, “people are voting with their feet—and that’s the beginning of the deterioration of the system that leads to genuine mediocrity, and that’s where we are right now. We have a very serious problem.”

He argued that like the Canada Pension Plan, health care, and specifically cancer care, was too important to “treat like some kind of political football,” and that the need for its financial independence must be guaranteed with sustained, long-term funding. ♦ —*Beth Kapusta*