

EDITORIAL

As Canadians go the polls this year, federally and in five provinces and at least one of the territories, we repeatedly tell pollsters that our number one priority is health. In all these jurisdictions we will hear the candidates conclude: first, that health already consumes too much of the budget; second, that they agree we should do more; and third, that their solutions are the best choices, given all the competing demands.

We all know it will not be enough. This edition of the Report Card is meant to help every political candidate in the country understand what it means to carry the physical, emotional and financial burdens of cancer. For the cancer patient, Winston Churchill said it best, “if you are going through hell, keep going.”

During the cancer patient’s challenging journey, the current health system can seem self-absorbed, tilted toward overhead and paper processes rather than direct patient services. The weight of administration comes as a direct result of governments’ belief that rigid guidelines, forms and applications will provide a speed bump for utilization and a veil for service denial. A clever strategy, until it is over-used. Today’s health system often appears locked up, with creativity aimed solely at finding new ways to say no.

Front-line health care professionals are not responsible for the design and funding of Canada’s multiple health systems. Our governments are. In fact, the health professionals in this country work against discouraging odds to adjust to increasing constraints, shifting priorities, growing caseloads and a lack of capital and human resources. They save our lives. What does your government do for you?

The people we elect this year will become responsible for negotiating a new federal/provincial/territorial health accord. The new health accord will establish priorities, targets, timelines and a new funding base for the delivery of health services in Canada. How will cancer fare?

Cancer prevention. The science for cancer prevention continues to improve, consistently linking cancer with lifestyle choices, harmful products or environments, as well as genetic markers. Funding for cancer prevention lags behind this knowledge, leaving 50 per cent of all avoidable cancer diagnoses looming in the future, for lack of action today. In many of these situations legislative protections are needed, in other cases, active medical intervention is best, including counselling to improve lifestyle choices, or drug therapy.

Waiting times. The last accord defined five priority areas, with targets and new funding to address the increasing problem of waiting times for health services. For cancer, that list included only radiation oncology. Indeed, as the illustration on the following page shows, the waits at every point of activity quickly accumulate to become a substantial delay, with overwhelming fear and anxiety for the patient.

Provinces agreed to address the five priorities over five years and report annually to their citizens on progress. For

this, the provinces received \$5.5 billion as part of the \$41 billion health accord deal. The definitions of a waiting time for cancer care, other than radiology, remain impossibly different across the country, other than a general preference to start counting at “ready to treat” (meaning post-surgery); not the first suspicious test result, not even the diagnosis, but somewhere farther down the path. Added to these manoeuvres is the unanswered practical question: if the waiting time for one type of surgery in your province has dropped significantly in the past few years, what happened to the waits for other surgical procedures?

Catastrophic drug coverage. Some perspective, please. Creating a new pharmacare plan, with expanded eligibility so more citizens have coverage for a limited list of drugs, is not the same as protection from financial ruin caused by extraordinary prescription drug costs. The provinces that claim to offer a catastrophic drug plan do no such thing. Federal and provincial officials duck responsibility, pointing at each other, invoking amnesia of past promises, while cancer patients are dealt another crushing blow. A Canadian who has to choose between the treatment recommended by the oncologist or the financial solvency of the family has no happy ending. True catastrophic drug coverage would mean Canadians are not confronted with that decision. One payer cannot handle such a plan. The health accord is an ideal instrument to formulate a multi-payer plan.

Accountability. As taxpayers, we object to the layers of government fighting over our wallets. We expect clear, honest answers for the “difficult funding decisions” that impede timely access to cancer care. How does one priority supersede another?

Provinces insist their constitutional authority for the delivery of healthcare relegates the federal government to the role of ATM. This ATM needs better rules: more flexibility to deliver our money back to us for services we want; and a higher degree of surveillance over the provincial spending of that money. More importantly, the federal role for establishing and ensuring national standards in healthcare is the only mechanism that will alleviate the persistent inter-provincial disparities in access to care. If a new health accord is to offer financial incentives to the provinces for meeting healthcare targets, an equivalent range of penalties are needed for failure.

By the end of 2011, our newly elected governments across the country will be deeply engaged in negotiations for a new health accord. In the last two years, approximately 345,000 Canadians were diagnosed with cancer—and this year will bring more. Eighty-two per cent of Canadians report cancer has touched their lives either through their own illness or that of a close friend or family member. It would appear to be a substantial group of voters. This is the year to be heard.

by Pierre Major, MD, Co-Chair of the Board of Directors, and Colleen Savage, President & CEO