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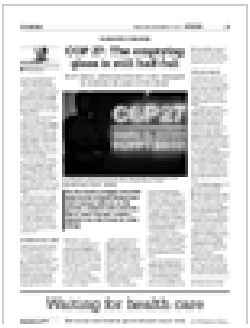

Waiting for health care

Provincial and federal governments must both take immediate action on medicare crisis

COLLEEN M. FLOOD

Across Canada, people are going without the health care they need. Emergency rooms waits are counted in days not hours. Far too many Canadians, even those with critical illnesses, have no primary care provider or the wait for an appointment is too long and so they must turn to walk-in clinics or wait in crowded emergency rooms.

Hospital staff and their families are falling sick from COVID-19 and unable to work or, burnt-out, retire early or change jobs. This is unsurprising, after nearly three years of battling wave after wave of COVID-19, and with the coming winter months threatening a further surge.

Provincial governments, instead of responding to the problem with the urgency required, have launched a media campaign for more federal funding. The federal government has been content to sit on its hands, avoiding responsibility for health care, spinning the same old yarn that responsibility rests with the provinces. Medical associations stick to the refrain of needing more investments largely in support of the status quo and/or calling for reforms that will have little or no immediate impact for patients.

FALSE PROMISES It is a dangerous time for public medicare and for Canadians. Pro-privatization doctors and associated businesses are pushing hard to take advantage of Canadians' fears and frustration that their loved ones will suffer with unmet health needs.

But the promises of reduced wait times through privatization ring false for most Canadians.

The pandemic has seriously impacted the supply of nurses and doctors. If the rich or well insured can pay more for care, then the current access problems will worsen for all those who have no choice but to rely on public medicare.

Privatization would also mean Canadians in remote and rural areas would face even greater hurdles to access care as physicians migrate to metropolitan areas to provide more lucrative services to urban dwellers. Higher prices paid to doctors and nurses in the private tier would also increase the prices that would have to be paid by public medicare to keep them in the system.

If privatization is a snakeoil solution, what is to be done? We need to apply pressure to both levels of government to attend to this crisis now.

STEPS FORWARD Provinces need to take bold steps, including:• Alleviate the administrative burden and cost of business on doctors by setting up publicly run clinics staffed by family practice teams paid on a salary basis.

• Immediate increase in nurses' pay and higher fee per patient for those family doctors who add high-need patients to their rosters.

• Permit additional billing for virtual care for primary care teams willing to enrol more patients and to enable both family doctors and specialists to provide additional services to patients in remote and rural areas.

• Establish urgent care centres to divert more noncritical patients from the emergency department.

• Establish a central triage system for specialists so that those in high need in

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a region or province are directed to the first available diagnostic spot or specialist.

Canadians should also demand the federal government take every step it can to improve public medicare immediately.

ENSURING ACCOUNTABILITY

Emergency federal funding is needed but must come with a fair request that provinces be transparent with their budgets and outline the difference any new investments from the federal government will make.

Why? Premier Ford in Ontario has sat on billions of dollars of federal funding for the COVID-19 response, for example. The citizens of Ontario deserve to know how every single new federal dollar will be invested to improve public medicare now.

The federal government should also flex all its other levers of constitutional powers to support public medicare at this time. This includes further investments to support fast-track accreditation of the thousands of immigrant health care workers across Canada who want to work but are not permitted to do so.

The federal government should also create a medicare ombudsman to hear and document the concerns of patients so we can have a clear sense of both distinct and common issues across the country.

There is a window of opportunity in this moment of crisis to radically improve public medicare. But this crisis also presents an unprecedented opening for those who seeking to profit from the erosion of public services and our collective faith in the public system.

Canadians need to stand up for public medicare now, for they will sorely miss it when it's gone.

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COMMENTARY

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