Health care in Canada and the role of the federal government: What's your take?

JEFF MORRISON,
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OVER THE PAST 2 YEARS, WE HAVE HEARD A LOT about the role that provinces are taking to reform the Canadian health care system through the Council of the Federation (CoF). The notion of “pan-Canadianism” in health care, or provinces coordinating efforts in a standardized fashion, has become the new lexicon in health reform debates. Canadians have appeared to just accept that the federal government has removed itself from any health reform effort, and with good reason—through its actions and policies, the Harper government has demonstrated repeatedly that it has little interest in establishing national programs, standards or strategies in the field of health care. But is this right? Should the federal government reestablish itself as a player, even a leader, in health care reform? As CPhA and its partners in the Health Action Lobby (HEAL) begin contemplating the 2015 federal election, this debate is starting to heat up.

There is no question that given historical comparisons, the current federal government has backed away from direct involvement in health care reform and agenda setting. A few recent examples of particular interest to pharmacy illustrate this trend:

- The announcement in December 2011 that the 10-Year Health Care Accord would not be renewed upon its expiry in 2014. (Pharmacists had been identified as a priority profession in the 2004 Accord.)
- The 2004 Accord called for a National Pharmaceuticals Strategy, which has never been implemented. The concept of a national pharmacare program has been ruled out.
- The elimination of the Health Council of Canada in 2014.
- A decision to not support a private members’ bill that would have regulated sodium levels in food despite support from groups such as Hypertension Canada and CPhA; the federal government prefers a voluntary approach.
- A less interventionist approach to drug shortages compared with the Food and

Drug Administration’s approach in the United States.

- The decision to approve generic OxyContin in Canada despite objections from many pharmacists and many provincial governments, preferring to leave opioid management to provinces and practitioners.
- A lack of a health human resources strategy for Canada.
- Elimination of supplemental health care benefits for refugees and transfer of health care delivery for RCMP members to the provinces.
- Lack of participation of the federal government at CoF’s Health Care Innovation Working Group, including a lack of involvement in pharmacy and pharmaceutical-related discussions or announcements.

Some would argue these are welcome developments; that because health care is primarily a provincial responsibility, it is the provinces that should provide leadership on health policy and reform. Others, however, would argue the lack of leadership in the health policy field by the federal government is leading to greater fragmentation of our health care system, and for some issues, only a national government can provide the required leadership and oversight.

Poll after poll proves that Canadians rank health care as their top public policy priority, yet there is virtually no debate currently under way over the key question of what role we as Canadians want to see the federal government play in our health system.

As CPhA and our partners in the health care field deliberate on this question, we want to hear from you. What are your views on the role of the federal government in health care? Should they be doing more? If so, what specific roles do you think the federal government should be playing? Share your thoughts with me at jmorrison@pharmacists.ca. Your views will better inform CPhA’s efforts as we move ever closer to a 2015 federal election. ■

Jeff Morrison is Director of Government Relations and Public Affairs with the Canadian Pharmacists Association.