Quebec's public health cuts

Dear Editor:

On behalf of the Public Health Physicians of Canada, I would like to express our concern about the Quebec government's decision to significantly reduce funding to the province's public health programs and services.

Public health is about prevention of diseases and injuries. It is well recognized that most of the burden of illness in Quebec and the rest of Canada is preventable or delayable. This can be achieved largely by improving the distribution of the social and economic determinants of health (e.g., education, income) and by eliminating the discrimination of disadvantaged populations (e.g., Aboriginal, the poor, new immigrants and refugees, GLBT). Disease and injury prevention also require strong and sustained public health, primary health care and social services, which are the responsibility of governments, their funded agencies and health authorities.

Quebec has been a leader and model for the strength and integration of public health with other health and social programs and services. Significant cuts to funding in Quebec – and the precedent that these may set across the country – pose a threat to Québécois and to all Canadians, especially those who are disadvantaged and most in need.

The Public Health Physicians of Canada urges the Quebec government and all federal, provincial and territorial governments

to reverse and/or prevent cuts to public health. Quite the opposite, there is a need to increase public health and primary health care resources significantly at this time. There have been many reports and calls over the years by Canadian and international experts and organizations to immediately double or triple the resources for public health programs and services, which are currently estimated at only two or three percent of health care budgets.

Without adequate investment in prevention, governments are leaving Canadians at risk for further increases of acute and chronic infections (e.g., hepatitis, HIV/AIDS), non-communicable diseases (e.g., cancer, heart and lung diseases), mental disorders (e.g., mood, addictions, substance use), and injuries (non-intentional and intentional). In addition to this burden on individuals, families and communities, the subsequent costs of care and other services associated with these preventable conditions and events will continue to drain the resources of governments – resources that could be used to address underlying social causes and improve the health and lives of Canadians in a more fair and equitable manner.

Joel Kettner, MD

President, Public Health Physicians of Canada
E-mail: jdkettner@me.com

doi: 10.17269/CJPH.106.5128