

THE FACTS

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Inside the Chaoulli ruling: Taking action

The Chaoulli Supreme Court decision is not a licence to privatize Canada's health care system. But pro-privatization interests are trying to stretch the ruling's narrow meaning for their own political purposes. Canadians must press provincial and federal politicians to address the real problems behind waiting lists.

What should provincial governments do in the wake of the Chaoulli decision?

Quebec must use the 12-month suspension granted by the Court to reinforce public insurance and delivery and to shorten waiting lists.

All provinces and territories must:

- halt the spread of private insurance and private for-profit delivery, including private clinics;
- strengthen the regulatory measures that protect public health care, including prohibiting providers from working in both the public and private systems and prohibiting opted-out physicians from charging more privately than they could get from the public sector;
- invest in public continuing care and pharmacare programs to expand and strengthen Medicare;
- speed up progress on primary care reform, including multidisciplinary practice, alternatives to fee-for-service, health promotion, and chronic care programs;
- enable health care providers to use their full range of knowledge and skills and to work collaboratively;
- reinvest in public health care and stop delisting services;
- fix wait list problems with targeted resources and better management;
- report all information pertaining to private clinics and other for-profit health providers to the federal Minister of Health. This includes the number of such facilities, the amount of money spent at them as well as the number of services performed at them.
- adhere to the principles of the Canada Health Act, and direct all federal funds to non-profit health care providers.

What should the federal government do in the wake of Chaoulli?

Health Minister Ujjal Dosanjh must be pressured to address the real problems behind waiting lists. He must properly monitor and enforce the Canada Health Act. This includes taking action against private, for-profit clinics that are undermining the public system and banning public private partnerships (P3s) in health care.

The Minister himself says private clinics hurt the system. He recently told a Vancouver radio station that "when you have a lot of [private clinics] you will have all of the energy and all of the assets and all of the personnel drained from the public system, and the public system would be far worse than it is today."

Dosanjh stated for-profit, private clinics are "absolutely not a panacea" for long wait times, and he admitted they are "not any more efficient or less expensive" than public health services.

It's good to see that Dosanjh is aware that private clinics hurt the public system. That awareness must translate into action:

- Dramatically improved monitoring, enforcement and reporting on the Canada Health Act are further accountability measures that will benefit public health care. The federal government's current track record on these fronts is one of inaction.
- As part of stringent CHA enforcement, the federal government must withhold funding to provinces that are violating CHA principles by letting for-profit clinics and other private operators expand.
- The federal government must also look to the future and expand public health care. A key improvement would be the establishment and funding of a national home care program, with funding tied to public delivery and Canada Health Act principles.
- Another much-needed innovation, one that would address the fastest-growing costs in health care, is a national pharmacare program with a national, evidence-based formulary, reference-based pricing, bulk purchasing, and accelerated access to non-patented drugs.
- Finally, the federal government must act in future rounds of trade negotiations to remove health care services, including insurance, administration, cleaning and other support services, from international trade deals.
- The federal government must attach strings to its health care cash. Federal funds transferred to the provinces must be earmarked exclusively for public delivery of health care services. This will improve public health care while reducing waiting lists and limiting exposure to trade challenges.

One in a series of six fact sheets on the Chaoulli Supreme Court ruling. Other titles in the series are: What the court did (and did not) say, Assessing the international evidence, Real solutions for shorter wait lists, Trade dangers of privatization and The role of drugs in rising health costs.

All can be found at cupe.ca.

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