

Post mortem on Romanow

by Tom Walkom

Toronto Star, 7 July 2008

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Five-and-a-half years ago, Roy Romanow's far-reaching recommendations for medicare were heralded as a blueprint for the 21st century.

"The Romanow report will not gather dust on a shelf," then-prime minister Jean Chretien vowed in late 2002, after the royal commissioner released his final report on the future of health care. "We will move quickly."

Indeed, the timing seemed right for quick, decisive action. The Canadian Medical Association, the country's main lobby group for physicians, was on side with most of Romanow's 47 recommendations. So were nurses, health-care unions and most premiers.

True, there were important dissenters. The governments of Alberta, Ontario and Quebec were hostile. Stephen Harper, then head of the opposition Canadian Alliance, dismissed Romanow's report as "pie-in-the-sky."

But polls showed that among the general public, the health-care commission report — with its description of medicare as an expression of Canadian values — struck a chord. For a while, the former Saskatchewan premier was treated as a kind of folk hero.

By 2004, Ottawa had pledged an additional \$68 billion for health care over 10 years. The aim, the then-Liberal government said, was to finance the kinds of reforms Romanow was calling for.

Today, however, most of those bold reforms remain unfulfilled. Even Romanow is not sure how much his 18-month, \$15 million commission accomplished. At times he seems darkly pessimistic.

On the one hand, he says, by resonating with the vast majority of Canadians who want medicare to continue, his 356-page report slowed down those who want to privatize the country's national health-insurance system.

But he is also clearly frustrated — at times almost bitter — about the failure of federal and provincial governments to capitalize on that popular sentiment.

During an hour-long interview with the *Toronto Star*, these warring sentiments keep bubbling to the surface. When he speaks of the "heartbreak and hopeful stories" he heard during months of public hearings, his eyes light up.

But when he turns to governments, his mood shifts. Searching for the right words, Romanow talks of how Ottawa and the provinces demonstrated “areas of inconsistency,” how they cherry-picked some of his recommendations while ignoring others and how, in the end, the politicians emphasized “form over substance.”

Even the most concrete reform to come from his report — the decision of governments to focus on reducing wait times in five specific medical areas — has been a mixed blessing, he says. Those who need help in those five areas, which range from cancer care to cataract surgery, may be better off. But the downside, Romanow says, is that wait-time reduction has become a surrogate for real reform.

“This five-guarantees concept was a kind of snazzy way of saying we’re really moving on wait time, but it ignores the more substantive issues where heavy lifting is required,” he says.

During months of hearings, Romanow heard countless pleas to protect the *Canada Health Act*, the federal statute that lets Ottawa financially penalize provinces that don’t follow medicare standards.

Yet Ottawa still refuses to enforce the rules. In British Columbia, for instance, private clinics that allow wealthier patients to jump the queue operate with impunity.

“The *Canada Health Act*,” says Romanow, “is almost becoming a dead letter of the law.” His mood darkening, Romanow ticks off the reforms that have not occurred. He recommended that Ottawa amend the *Canada Health Act* to specifically include limited home care and diagnostic tests as so-called medically necessary services. It didn’t.

He recommended a limited national pharmacare program, as well as reforms to curb the accelerating cost of drugs. Nothing. He called on governments to tell voters how they spend health dollars. They still don’t. He recommended that Ottawa give the provinces significantly more money for health care (which it did), but also that it insist this money be used for essential structural reforms (which it did not).

He is particularly irked by the failure of governments to deal with the massive health problems of aboriginal communities. “This is a blight on the nation,” he says angrily.

“We are one of the richest nations in the world. Heartbreaking! There has been nothing.” It would be easy to dismiss his critique as the angry words of a commissioner peeved by governments’ failure to heed his every word. Romanow is aware of this danger and keeps checking himself, qualifying his criticisms and offering rationales for what he clearly suggests was — and is — a fundamental political failure.

But his grim judgment is supported by the very body Ottawa set up to measure its progress on health reforms, the Health Council of Canada. It looked, for instance, at

Primary care — Romanow had recommended that provincial governments reorganize family medicine into teams so that doctors, aided by nurse practitioners and others, could provide seamless care for all, 24 hours of every day.

In 2003, Ottawa and the provinces watered that down, promising instead that, within eight years, half of Canadians would have access to an “appropriate health-care provider.” Yet in 2005, the Health Council reported Canada is unlikely to meet even this “modest” goal.

Record-keeping — Romanow had recommended that governments computerize health records to make medicare more efficient and limit faulty prescribing. In 2004, governments promised to ensure that half the population had electronic health records within six years. Yet by 2007, only 5 per cent of such records were computerized.

Home care — Currently, medicare covers only payments to physicians and hospitals. But increasingly, patients are being released early from hospital to recover at home. Romanow recommended that home care for the mentally ill, those recently released from hospital and those near death be covered by medicare, arguing this would be both fairer and — ultimately — cheaper.

Governments took this relatively modest proposal and whittled it down even further. “Home care is not the integral part of health care that Canadians deserve and expect,” concluded the Health Council, in a report released this week.

Drugs — Romanow recommended that Ottawa cover half the cost for those who have to spend more than \$1,500 a year on pharmaceuticals. Equally important, he made a series of recommendations aimed at curbing escalating drug costs — including changes to the *Patent Act* and the establishment of a national agency to negotiate prices with the big pharmaceutical firms.

Governments responded by promising to “take action” by 2006 and “develop a national pharmaceutical strategy.” Yet, as the Health Council points out, even these limited goals haven’t been achieved.

“We have not yet seen the nation-wide action to establish catastrophic drug protection that the accord promised,” it says in this week’s report. “The current patchwork of government drug plans leaves millions of Canadians with little or no protection.”

To the Health Council, the major success story of the past five years involves government attempts to reduce wait times for heart and cancer patients, as well as those needing hip and joint surgery, cataract operations or diagnostic tests. Here, it says, there has been “real progress in some cases.”

It also points out that Ottawa did keep its promise to give employment insurance benefits to those caring for sick relatives.

But in other areas, the council echoes Romanow's frustrations. It notes that while Ottawa announced a \$200 million aboriginal health fund in 2004, three years later it had not spent any of this money.

And it says that, in spite of government pledges, there has been no progress made on another key Romanow recommendation, one that would have required provincial governments to explain to voters what exactly they get for their health-care dollars.

Even so, some analysts argue that the health-care commission was more successful than Romanow thinks. Most of his specific recommendations may not have been implemented. But, by badgering Ottawa to pay its historical share of health-care funding, he forced the national government back into the medicare game as a real player.

Moreover, at a crucial point in the political battle over health care, his report set the terms of debate.

"He helped to clarify the issues," says University of Toronto health policy analyst Raisa Deber.

Before Romanow, it was fashionable to decry medicare as both unfair and unaffordable. His commission reminded the country that national public health insurance exists in Canada because Canadians want it and because it works.

He quite properly dismissed those who fret about the so-called sustainability of government-financed health care by pointing out the obvious: We have to pay for our health care one way or another; if, as all the evidence indicates, we can get better results at a lower cost by pooling our money through government, then medicare is not a problem but a bargain.

There are few who think the Romanow exercise was an unalloyed success. Michael Rachlis, a Toronto physician and health-policy consultant who did some work for the royal commission, argues Romanow missed an opportunity to promote a comprehensive vision of medicare embracing both quality and prevention. "I don't think it accomplished a lot," says Rachlis.

But at the same time, Romanow's report and others effectively derailed those who would have completely dismantled Canada's public health-insurance system.

As University of Toronto law professor and health policy analyst Colleen Flood noted in an email, Romanow can take credit for "the fact that we have medicare as we know it (mostly)."

Now the debate has moved to a different level. The critics no longer take direct aim at what some used to call socialized medicine. Instead, they raise different questions: Should Canada's medicare system be more like that of, say, Germany? What is the role of the private sector in delivering medicare?

Even Harper, now the country's prime minister, says that medicare is here to stay. Still, it is understandable that Romanow is weary of it all. A successful politician (he was premier of Saskatchewan for 10 years and one of the key architects of Canada's 1982 constitutional patriation), he has been ground down. After spending 18 months on the report and an additional three years proselytizing, he says he is deeply frustrated by the half-hearted response of his fellow politicians.

"I can't do any more," he says. "I'm tired. I'm beat."

Now, he focuses on the Canadian Index of Wellbeing, an effort to measure broad-based social progress. He's also a director of two Canadian corporations, including Torstar Corp., the company that owns this newspaper.

Five years ago, Canada was ready to reform medicare, he says. All that was missing was political drive at the top, the kind of drive exhibited by former prime minister Lester Pearson when he introduced national medicare 42 years ago.

"If you have a combination of political leadership and proper timing and a proper report, you have made a huge step in Pearson-like nation building," says Romanow. "A reformed health-care system would be a nation-building exercise for the 21st century."

That combination did not happen. During the Liberal years, the feud between Chretien and his successor, Paul Martin, drained the government's energy. Today, Harper favours a strict-constructionist theory of federalism that gives his government little incentive to involve itself in social policies like health.

To Romanow this is all grim news. He is asked if the country missed its chance to fix medicare.

"Our chances have been drastically reduced, not missed entirely," he answers carefully. "But the window is closing... I hope the inability of governments to do it doesn't stand as an example of Canada's diminishing will."