

## *Medicure*

Before Canada opts for further privatization of medicare, we should consider other possible remedies for our ailing health care system. Medicare is suffering from burnout and overload – treatable conditions if the causes are correctly diagnosed.

And ‘causes’ is, indeed, the operative word. Many pressures have contributed to the current malady. New technologies are expensive. The population is aging rapidly – although there are no black and white answers when it comes to the impact of gray. An outmoded fee-for-service system is another cost driver.

But an important causal factor typically gets overlooked in the discussion of health care burnout. Medicare is overloaded partly because the other essential services that would help prevent hospital care and enable earlier discharge have been weakened by cuts or, in some cases, are non-existent. Both preventive and long-term care services need a shot in the arm; they have been severely debilitated in recent years.

As part of the war on the deficit, the federal Liberals withdrew a crucial component of social infrastructure. On Budget night 1995,

Ottawa announced that it would be cutting the Canada Assistance Plan, known then as ‘CAP.’ CAP was the legislative base that allowed the federal government to share with provinces the cost of a wide range of social services. In fact, Ottawa used to contribute 50 cents of every dollar spent in respect of these supports. Many provinces responded to the announcement by slashing or not expanding the range of community services that had been cost-shared under the Act.

Why recall this surgical procedure that, by now, should be old news? Because the post-operative trauma is still being felt – perhaps more so than ever. And it is medicare that has largely had to deal with the fall-out of the federal knife.

The services funded under the Canada Assistance Plan provided essential supports to help the sick, the elderly and persons with disabilities live independently in the community. CAP shared the cost of homemaker services that allow the elderly to live at home by helping them with shopping, cooking, cleaning and other household tasks. CAP funded attendant services that assist with the activities of daily living – eating, bathing, dressing and grooming. It also contributed to the cost of wheelchairs, special

eyeglasses and prosthetic appliances for persons unable to afford these devices. CAP supported occasional relief or respite for caregivers looking after the sick or elderly at home.

A recent study on home care found that these low technology, people-oriented services are the very supports that help keep people out of institutions. It noted that basic housecleaning, for example, can prevent serious falls among the elderly – a prime cause of hospitalization.

Some studies argue that there would not be substantial savings from home-based care. They claim that there are economies of scale to group treatment. But ‘wardhousing’ is surely not the preferred option.

As most people age or become ill, they prefer to remain at home for as long as possible rather than live the rest of their lives in an institution or hospital. The so-called ‘bed blockers’ who create administrative headaches would be more than happy to leave if there were appropriate home-based alternatives. Reduced quality of life is a huge social cost not only to the individuals themselves but to their families as well. Yet it is rarely factored into the ‘more important’ efficiency decisions that are infusing the medicare ‘debate.’

The loss of the Canada Assistance Plan has shaken the foundation of community supports that help keep people out of hospital and has decimated the systems of community care that enable patients to return or remain at home. There is a false economy to pouring billions into expensive health care treatment services while neglecting the preventive and home-based supports that can help ease the overburdened medicare system.

The 1997 Liberal Red Book of Promises talked about the importance of home care. The subsequent ‘action’ has been the creation of a new caregiver credit that provides increased tax relief to individuals caring for infirm family members. The credit is worth an estimated federal tax savings of \$560 and \$280 in average provincial tax savings for a total estimated tax savings of \$840. But nothing has been done to bolster the supply of home care support.

Before we head down the slippery slope of privatization, other options would be far more healthy. One important cure (but by no means the cure-all) is to enable Canadians to stay out of expensive institutions. Ironically, the most effective remedy for medicare actually may lie outside of medicare. Home care, at the end of the day, may be the best medicare.

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