

Chaoulli ruling challenges us to remember how to keep Canada strong and free



As Canada begins its 139th year, let us reflect on the nature of our nation, on what distinguishes us as a country, as a people, as a community. Are we, as our anthem pro-

claims, “strong and free?” If so, is that strength and freedom shared fairly among everyone who resides in and on this land – and beyond? Are we able each in our own way to contribute to public policy debates that help shape our country?

We contemplate these questions today within a new context, created by the June 9th Supreme Court ruling that the Quebec government could not ban private health insurance for medically necessary services available in the public health system. The Chaoulli ruling could ultimately lead to the slow starvation of the health-care system that nurses helped to build, a system based on severity of need, not on ability to pay – and to a redefinition of who we are. It has led already to laudatory comments from some provincial premiers, business people, and the Canadian Medical Association, all eager to try once again to increase private sector delivery of health care – and, more alarmingly, to have people pay out of pocket for it. We hope the Supreme Court will stop this in its tracks by granting the Quebec government’s July 4th request for an 18-month stay of the landmark judgment.

All Canadians want better and quicker access to health-care services. But the answer is not to allow a select few to buy their way to the front of the queue while boosting private health-care profits and siphoning resources from the public system. The answer is to strengthen public, not-for-profit health care and to improve access to health services for all Canadians. We must focus on healthy

reforms such as improved primary health care, expanded home care, and strategic investments to reduce wait times and increase the number of health-care providers.

I believe that Canadians, with nurses once again leading the way, will stand by their belief in universal access to medicare as a public good, and will reject the notion that individual rights override the collective good. RNAO has never stopped fighting for that. Within a week of the ruling, board members met for a policy summit, during which the board passed a resolution to take to the CNA annual general meeting. The resolution, strengthened by other jurisdictions and unanimously passed, called on the prime minister, the minister of health, and other political leaders “to take all available measures and make all necessary investments to prevent a two-tier health-care system, strengthen publicly funded, not-for-profit delivery, and the five principles, two conditions and the spirit of the Canada Health Act.”

Over the summer, RNAO will turn to its members to help ensure two-tier health care does not take root in Ontario or spread across the country. We’ll give members the analysis and information they need to show that two-tier health care and for-profit delivery is exclusionary, expensive, inefficient, and leads to poorer health outcomes. We’ll ask you to initiate and guide discussions — at work and play, in the media, classrooms, community centres, on sports fields, over fences, around the barbeque, or outside mosques, temples, synagogues and churches across the province. Explain why health care should not be for sale. Listen to questions and concerns, and address them with evidence, research, your

own experience – and with passion.

We need to shake off the collective amnesia that has struck politicians and others who have forgotten (or buried) all we have discovered and done about health-care reform this decade. It is as if the Romanow Commission and its unprecedented consultation, research, and report never happened. Recall the 2003 Health Accord that established the Health Council of Canada? Remember the historic 2004 health agreement committing \$41 billion to the provinces and territories?

We know we have much still to do. RNAO is no apologist for the status quo. In fact, there is no status quo in health care today. Investments and reforms are progressing. Change takes time; data collection takes even longer. But one thing is clear: if, in the meantime, two-tier health care takes hold, improvements to the public system will dissipate as the private system drains the public system of resources, while the private system caters to the privileged few.

My Canada Day questions are answered: medicare gives all Canadians, regardless of income, a fundamental freedom that does indeed distinguish us from other countries. It’s a freedom from fear: fear that we won’t be able to pay for the health care we and our families need, or fear that we’ll go broke doing it. The answer lies neither in smug self-congratulation about being Canadian, nor in cynical, self-interested condemnations of medicare; it lies in acting on RNAO’s mandate to speak out for health, and speak out for nursing.

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