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Not even the Canada Health Act is sacred, vows Romanow

The first public meetings for Canada's Commission on the Future of Health Care yielded a fair dose of hand-wringing and the predictable mix of prescriptions, ranging from pumping more money into the system to overhauling health care delivery models. Of course, Commissioner Roy Romanow scrupulously insisted that he couldn't possibly prejudge the ultimate outcome of his 18-month fact-finding mission, which will issue its report in November 2002.

But the meetings did yield a measure of consensus that the system needs long-term solutions, including possible revisions involving medicare's holy of holies, the Canada Health Act (CHA).

"It needs to be re-examined," says the former Saskatchewan premier, who is to report back to the federal government in November 2002. Following his 3-hour public meeting with 5 health experts in late June, Romanow told reporters that the CHA was originally intended to cover only physician and hospital costs, and that private health spending now accounts for about 30% of the total. He now senses a "convergence" of opinion on the need to revise the legislation. "There's a danger signal — don't open it up because it may lead to privatization. But if you can — specifically, in a targeted way, look at ways of strengthening it in order to improve the policy administrative system — [then] carefully do that."

Martha Jackman, a professor of constitutional law at the University of Ottawa, argued that the CHA's greatest weakness is its failure to provide universal coverage of drug, home-care, dental and eye-care costs. "A single-payer system is more economically efficient and it's a better model for ensuring access for people who don't have money," Jackman later told *CMAJ*.

But Michael Mendelson, a senior scholar at the Caledon Institute of Social Policy, says the federal role "should be only at the level of establishing gen-

eral principles. The rest is really up to the provinces in delivery and I think that we would be best to allow provinces to experiment with the diversity of delivery models."

Earlier, Mendelson argued that the system needs an independent third party to resolve intergovernmental disputes. "It's important that it not be a quasi-judi-

cial legalistic board but an advisory board focused on health policy and goals."

Romanow, who has contacted the Swedish government to discuss how user fees have affected its health care system, also stressed that he hasn't ruled out the possibility of recommending changes such as user fees in his final report. — *Wayne Kondro, Ottawa*

You bet your life: e-gambling threat worries addiction experts

Nevada has become the first US state to legalize online gambling, and public health and addiction medicine advocates are warning that any large-scale move to Internet gambling will exact a heavy toll.

However, the lure of a cut from the approximately \$4.56 billion a year that online gaming already earns — a figure that will likely double in the next 2 years — is proving too strong for some governments. Nevada Governor Kenny Guinn signed legislation on online gaming in June, even though the US Justice Department has deemed this type of gambling illegal. New Jersey has a similar e-gaming bill in the works, and several Canadian First Nation band councils have set up online casinos. Great Britain recently shook the gaming world with a tax change designed to bring home online gaming operations that had moved offshore.

The potential revenue for governments is huge — in Nevada a 2-year online gambling licence will cost \$745 000 — but the social costs worry addiction specialists.

"The real threat comes from the isolation and secrecy of the betting activity itself," Kevin O'Neill, deputy director of New Jersey's Council on Compulsive Gambling, told *CMAJ*. "I call this threat the cave syndrome due to the gambler's isolated behaviour and hidden activity."

Online gambling remains on the periphery in Canada, but attempts to legalize it — Liberal MP Dennis Mills tried to do this with a private member's bill in 1997 — will likely continue because of the vast amounts of money to be made.

O'Neill says Canada's determination to treat pathological gambling as a public health issue means the country is further ahead than the US in dealing with the problem. However, he warns that gambling will likely always claim victims. A recent one was self-acknowledged problem gambler Daniel Naudi, 47, who shot himself in the parking lot of the Montreal Casino because of heavy losses. — *Steven Wharry, CMAJ*

