

## Enough “unhelpful, over-the-top” rhetoric, Aglukkaq says

It is difficult to imagine a more constricted federal role in health care, or a more stark confirmation of the government’s intent to take an entirely hands-off approach to health care in Canada.

But as sketched by federal Health Minister Leona Aglukkaq in an address to the Canadian Medical Association’s 145th annual general meeting, being held in Yellowknife, Northwest Territories, the government has done its bit to ensure health equity and fairness in Canada by fixing the formula for federal cash transfers for health care to the provinces through 2024, by providing funding for health research and data-gathering, and by funding health services for those population groups for which it has jurisdictional responsibility, such as Aboriginal peoples and veterans.

The rest, simply put, is the domain of the provinces and any federal involvement would be an intrusion, while reducing provincial “flexibility” to invest in areas they believe to be priorities or to deliver health care in a fashion they believe to be optimal, Aglukkaq argued. And critics who’ve accused the federal government of dodging its responsibilities to ensure national standards and equity, such as the CMA, are indulging in “unhelpful, over-the-top” rhetoric, she asserted.

“Our government has been absolutely clear that we will respect provincial and territorial jurisdiction when it comes to delivery of health care. As a former Territorial Health Minister, I know very well that decision-making about health care is best left to individual provinces, territories and local levels. As federal Minister of Health, I will not dictate to the provinces and territories how they will deliver services, or set their priorities,” Aglukkaq told delegates.

Later asked by reporters whether the federal government believes cash transfers are any manner of guarantor of equity and fairness in health services,



Roger Collier/CMAJ

**Decision-making about health care is best left to individual provinces, territories and local levels, according to federal Health Minister Leona Aglukkaq.**

Aglukkaq responded that “you talk about fairness and equity but you also have to recognize the difference in jurisdictions and that’s the gap.”

“We are putting in place long-term stable funding across the country to allow the provinces and territories to focus in areas of health, as opposed to the financial piece. The long-term stable funding will allow them to also focus in areas of their priorities,” she said. For example, there are different demographic needs across the country, she added. The aging population is a priority in Ontario, but not in the territories, which have much younger population bases.

Opposition critics cast Aglukkaq’s stance as confirmation of the federal government’s intent to vacate the field and any sense of responsibility it has to ensure equity in health services available to Canadians or any notion of national standards implicit in the principles of the Canada Health Act.

The federal government’s use of “the word ‘flexibility’ is a code for lack

of action,” Libby Davies, New Democrat health critic, told reporters.

The government is saying that they “will let there be 13 balkanized little health care delivery systems in this country,” added Dr. Hedy Fry, health critic for the Liberal Party.

Dr. Robert Woollard, a board member of Canadian Doctors for Medicare, said the government is saying, de facto, that it does not have a role in either ensuring equity or reforming the health care system. At best, the health care system is doomed to becoming a “nation of pilot projects.”

In her address, Aglukkaq also argued that reform of the health care system is as much a responsibility of individual Canadians as it is the role of the provinces. “Good public health involves all levels of government and sectors of society — but Canadians also need to do their part by making health choices that support their own health.”

Outside of transfer payments, Aglukkaq cast the federal government’s

role as falling within the parameters of research, data-gathering, training or special initiatives. To that end, she noted that the government spends over \$1 billion per year on the Canadian Institutes for Health Research; allocated \$239 million for ongoing data-gathering by the Canadian Institute for Health Information; provided financial support for a

program to train more than 100 family physicians to serve rural and remote communities; and is "playing a leadership role nationally when it comes to national issues, like cancer, diabetes, as well as food safety."

The federal government announced in December 2011 that it would increase cash transfers to the provinces

for health care by 6% through fiscal 2016 and then peg them to a "three-year moving average of nominal gross domestic product [GDP]," with a minimum 3% increase through 2024 ([www.fin.gc.ca/n11/data/11-141\\_1-eng.asp](http://www.fin.gc.ca/n11/data/11-141_1-eng.asp)).  
— Wayne Kondro, *CMAJ*

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