CANADIAN HEALTHCARE & THE RIGHT TO HEALTH:
REGULATION OF HEALTH PROFESSIONALS

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DIVISION OF "HEALTH" POWERS

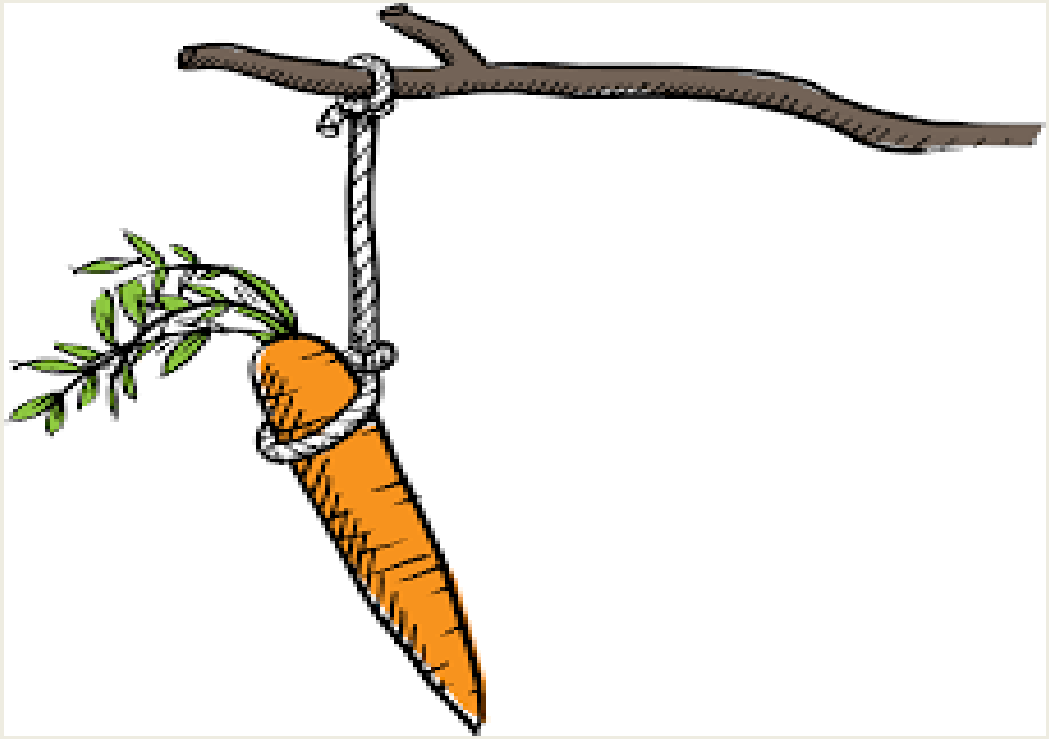
Provincial

- Jurisdiction over property and civil rights (interpreted to include professional regulation and of health insurance)
- Regulation over "generally all matters of a local or private nature"
- Explicit jurisdiction over hospitals

Federal

- Criminal law (e.g., controlled substances; cloning; medically assisted dying)
- Patents
- Spending power
- Indigenous Peoples
- Taxing & Spending Powers**

FEDERAL *CANADA HEALTH ACT*, 1982



- Offers provinces federal funding, on the condition that their public health insurance schemes meet criteria of universality, accessibility, etc.
- Limited to hospital and physician services and restricts 2-tier care
- Does not cover pharmaceuticals, long-term care, psychotherapy, autism therapies

TO OUR PATIENTS

THIS OFFICE WILL BE CLOSED AFTER JULY 1st, 1962

WE DO NOT INTEND TO CARRY ON PRACTICE UNDER THE SASKATCHEWAN MEDICAL CARE INSURANCE ACT

PRINCE ALBERT CLINIC

PRINCE ALBERT CLINIC

PRINCE ALBERT CLINIC

A RIGHT TO HEALTH IN CANADA?

Charter of Rights and Freedoms

- s.7 "...right to life, liberty and security of the person"
- s.15 "...right to the equal protection and equal benefit of the law..."

A RIGHT TO HEALTH IN CANADA
S. 7 AS A NEGATIVE RIGHT

S. 7

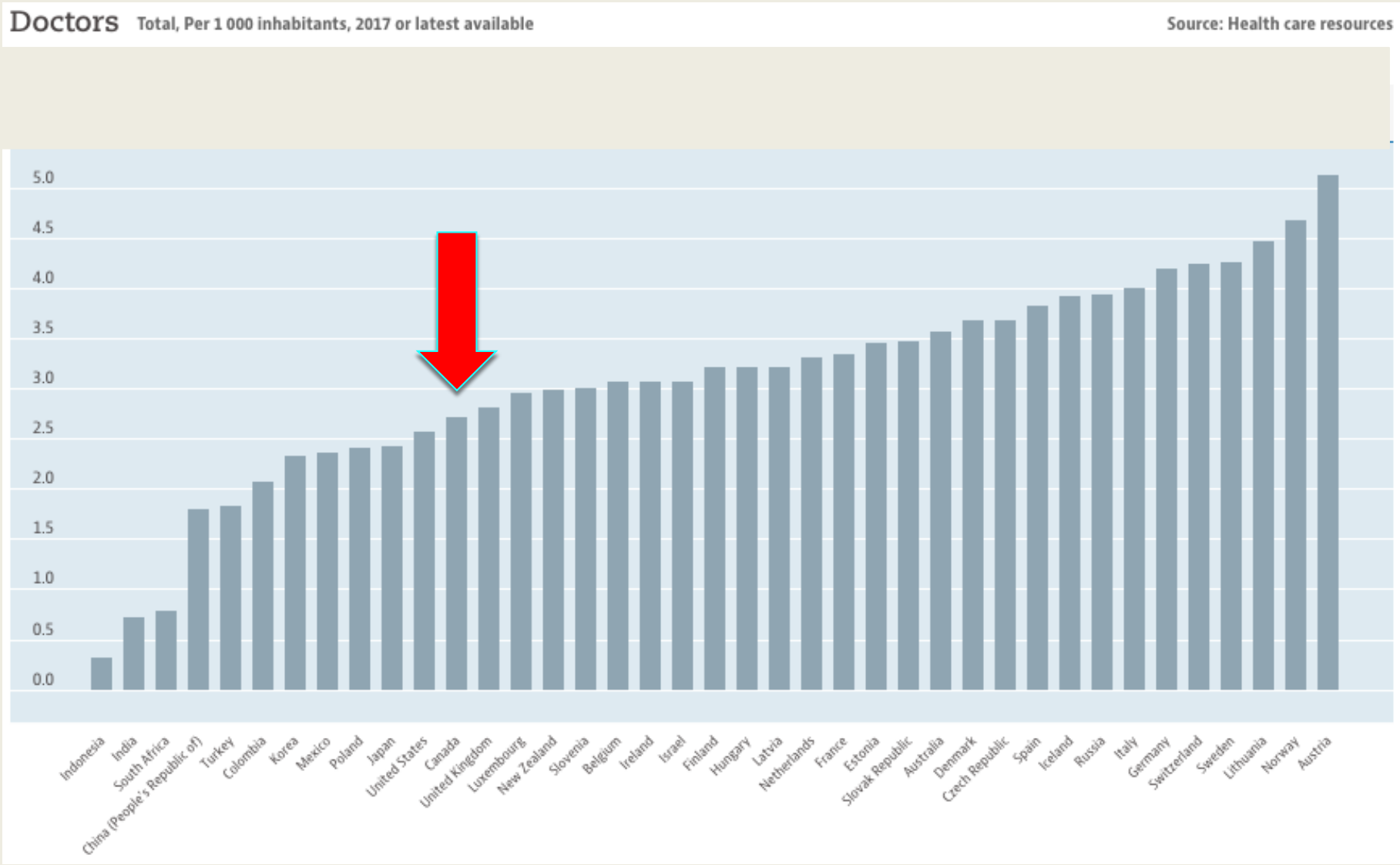
- Access to abortion
- Medical marijuana
- Safe Injection Sites
- Medical-aid-in-dying


artizans.com
The system is broken
DAY

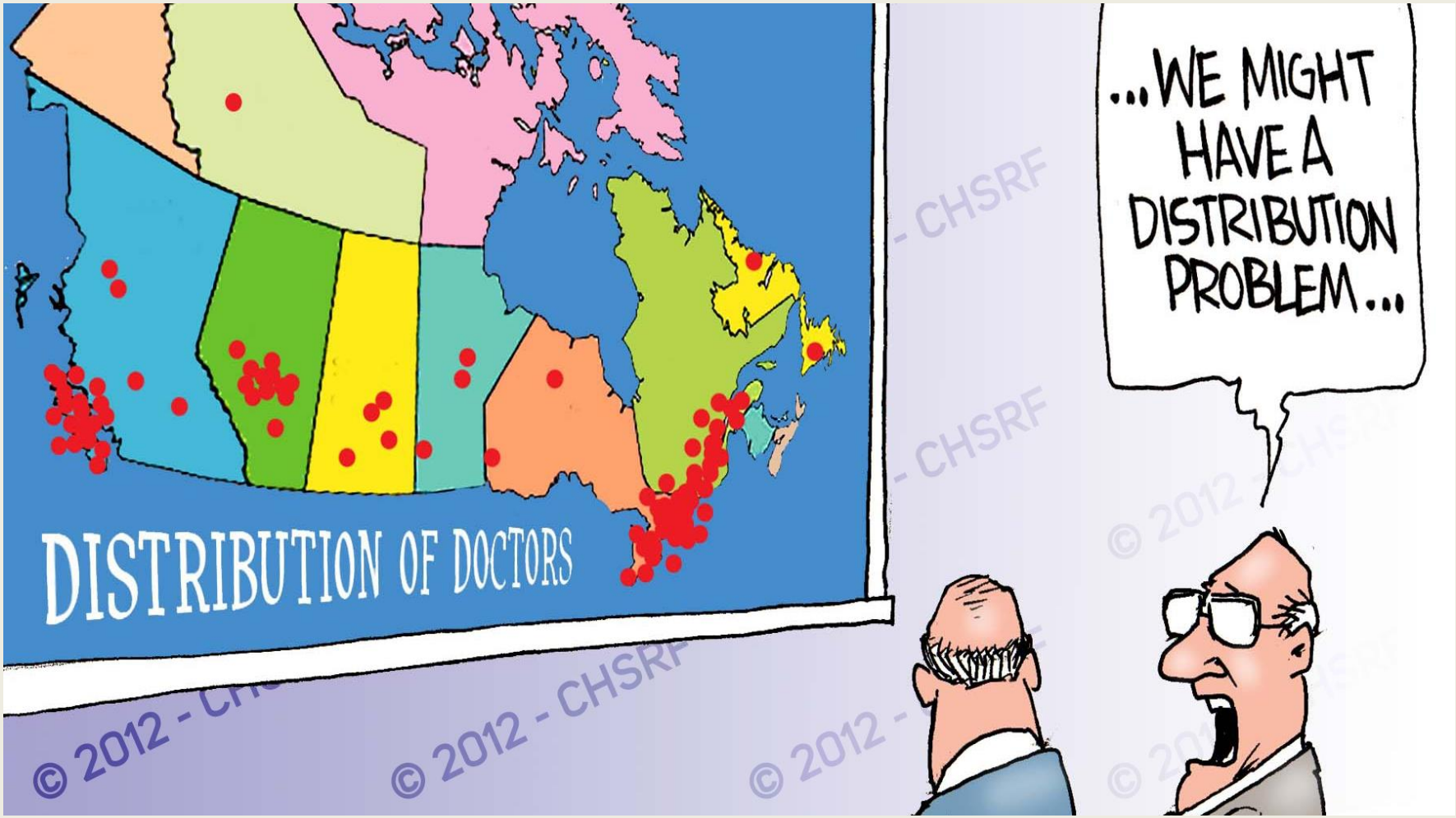

Take a Stand for Public Medicare
It's got us all covered

REGULATION OF HEALTH PROFESSIONALS

ADDITIONAL OVERSIGHT?


Doctors
Total, Per 1 000 inhabitants, 2017 or latest available
Source: Health care resources
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
Indonesia
India
South Africa
China (People's Republic of)
Turkey
Colombia
Korea
Mexico
Poland
Japan
United States
Canada
United Kingdom
Luxembourg
New Zealand
Slovenia
Belgium
Ireland
Israel
Finland
Hungary
Latvia
Netherlands
France
Estonia
Slovak Republic
Australia
Denmark
Czech Republic
Spain
Iceland
Russia
Italy
Germany
Switzerland
Sweden
Lithuania
Norway
Austria


HELP
WANTED


DISTRIBUTION OF DOCTORS
...WE MIGHT HAVE A DISTRIBUTION PROBLEM...
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CRITICAL FEATURE

- History of negotiations with physicians has resulted in significant levels of power for the medical profession
- Doctors “call the shot” and resist fiercely changes that may undermine either their autonomy or income flows: they are paid on a fee-for-service basis and are “independent” contractors
- This historical accommodation cast a long shadow on modern attempts to regulate quality and safety and to ensure an adequate supply of physicians and an adequate distribution of specialties to align with need.

CRITICAL FEATURE

- The “right to health” as currently conceptualized in Canada is not helping to improve safety, quality, access or equity in the health care system

- Right to health is used to overturn existing governmental laws and policies but not to insist upon progressive expansion of access or to force governments to improve on issues like safety, quality or timeliness.

CRITICAL FEATURE

- The history of funding and the role of physicians spills over into how regulation of quality and safety
- There is a strong reliance on self-regulation by the profession to respect their professional autonomy
- Self-regulation primarily relies on complaint-driven processes although some real-time monitoring (auditing of patient charts from time-to-time)
- There is much more regulatory attention paid to the publicly-funded sector (e.g. hospitals and publicly-funded diagnostic clinics) than to the private sector clinics or to family practices.

CONCLUSION

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