



in the middle of the pack among OECD members on many of the key measures of healthcare expenditures. The one exception to the rule on managed spending is pharmaceuticals.

- Drug expenditures in Canada rose from \$3.8B in 1985 to \$26.9B in 2007.
- Drugs now rank second after hospitals in total healthcare expenditures.
- Most industrialized countries have some form of national pharmacare program, and Canadians stand to save an estimated \$2B annually through a national pharmacare program.
- A single-payer system would result in greater bargaining power with pharmaceutical companies, and administrative costs would drop under public administration.
- A national pharmacare program has long been under discussion by governments, and it is time, now, to take collective action that will ensure sustainability of a comprehensive public healthcare system.

P3s are not a solution...

Reinvestment in the capital infrastructure of health care is badly needed to maintain existing infrastructure, such as aging buildings and equipment, and to expand to accommodate growing needs. Premiers should not hesitate to call on the federal government to support capital funding as has been done in the past. But, like other prudent investments of public dollars, investments in capital must be based on evidence. While public-private partnerships, or

P3s, have become increasingly common vehicles for funding and even operating the healthcare institutions, there is a growing evidence that they are not better than publicly funded capital and management ventures. In fact, the current body of evidence shows that P3s cost the system much more over the long run.

- It is more expensive for the private sector to borrow money,
- P3 arrangements are extremely complex and difficult to manage, and
- The risk transfer that they promise rarely materializes because governments hold ultimate responsibility for quality and viability.

It is critical that information on the true costs of P3s be made available to the public – by legislation to require compulsory disclosure if necessary – so that true assessments of their purported advantages may be made.



Who we are:

The Canadian Federation of Nurses Unions (CFNU) represents over 158,000 nurses. The Fédération interprofessionnelle de la santé du Québec (FIQ) represents over 57,000 nurses and cardiorespiratory care professionals.

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KEY CONSIDERATIONS:

Achieving Our Healthcare Vision



Canadian Federation of Nurses Unions



In July 2008, the CFNU gathered seventy-five health care experts from across the country, concerned about Canada's public health care system, to identify Key Considerations for Canada's Premiers. Here is our vision.

Key Considerations:

- Privatization, including P3s, are not the way to go.
- The need for the retention and renewal of Canada's healthcare workforce has reached crisis levels in many parts of the country and must be addressed through a concerted, pan-Canadian approach that involves all governments and includes:
 - Creating funding – with a return in service component – to cover the education costs of badly needed health professionals;
 - Revamping the apprenticeship program under Employment Insurance to include healthcare professionals and enable them to maintain and upgrade their skills;
 - Creating a culture of safety through Healthy Workplace initiatives.
- A national pharmacare program is key to keeping healthcare costs manageable. Provinces need to work together and with the federal government to realize this end; and
- Canadians expect wise, prudent and cautious spending of public funds. Greater transparency and informed public debate are needed about how our healthcare dollars are spent.

Public funds must be invested wisely...

While Canadians have continued to express a willingness to pay for improvements to the healthcare system through taxes, they are also concerned that public funds are used as wisely as possible. At least three messages seem clear:

- If we are to achieve needed investments in health care, we cannot afford more tax cuts,
- If we are to invest as wisely as possible we must not pay a premium to accommodate profit margins of the private, for-profit sector, and
- Full reporting, process transparency, and open public debate on how public money is spent are critical to ensuring accountability of governments to their citizens regarding the healthcare system.

The healthcare workforce is in need of attention and care...

Canada's healthcare system is built by and for people. The health of patients – the people receiving care – is directly linked to the health of providers – the people delivering care. The realities of the healthcare workplace include that:

- Healthcare workers are more stressed, dissatisfied and more at risk of becoming ill than other Canadian workers.
- 46% of physicians are in advanced stages of burnout, and 66% of new nurses employed for less than two years show symptoms of burnout.
- Nurses working full time had a rate of absence due to illness or injury 58% higher than the overall full-time employed labour force.

As workplaces become increasingly unhealthy, we can see the effect on quality of care and patient safety. The odds of patient mortality increase by 7% for every additional patient added to an average nursing workload. Strong cultures of safety in healthcare workplaces are desperately needed. There is a need to fund, develop and ensure access to healthy workplace initiatives, comprehensive pandemic planning, and appropriate personal protective equipment for all healthcare workers. Attention is urgently needed to improve working conditions in healthcare settings in order to maintain Canadians' trust in the quality and credibility of the system they depend on.

Focus on retention and renewal of the healthcare workforce...

Like countries around the world, Canada is suffering from an acute health human resource shortage. This is a complex problem with long-term effects that no single government can tackle on its own. Piecemeal and short-sighted solutions to what has now become a crisis have not worked. We need a pan-Canadian approach to retention and renewal of the health human

resource workforce that engages all governments to play their part. We must educate providers to help them meet the workforce's growing needs and enable the existing workforce to more easily maintain or upgrade their skills so that they will continue to feel confident and able to meet new demands. These initiatives must be appropriately funded.



Healthcare workers, like plumbers and others in the trades, should have access to Employment Insurance support to upgrade their skills, and special funds should be established, with expectations of return in service, to cover the costs of education for critically needed healthcare professions.

Canadians value public funding and public delivery of health care...

Canadians have repeatedly demonstrated their support for the public healthcare system, underpinned by the five principles of the *Canada Health Act*. The spirit of the *Canada Health Act* is well understood by Canadians. Provincial and territorial policies and legislation must remain true to and extend the application of these principles that reflect the defining values of Canadians.

The care system valued by Canadians includes everything within the continuum of care: prevention and health promotion, public health, primary health care, acute care, mental health, home and community care, long-term care, rehabilitation, palliative care, pharmacare, and access to care for Aboriginal people and other underserved populations.

The ultimate responsibility for the performance of a comprehensive, integrated healthcare system resides with the governments elected to represent their citizens.

The system is as sustainable as we want it to be...

Finance Canada forecasts indicate that spending on health care is as sustainable as we want it to be. Trendlines for spending on health care are about the same in all developed countries. Canada remains