

Trudeau government meddling in provincial mandates

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Like it or not, health care is a provincial responsibility. The health care machine that runs well or doesn't quite run, depending on your region, is a machine designed for and based on local concerns. Patient demographics and needs differ among provinces in some ways, and it is the legal right of the province to determine priorities, especially in these days of cost-containment measures. The federal government should have very little to do with the day-to-day running of medical care. The federal ministers currently are waging a slow war with provinces over the amount of health care transfer payments. Federal Finance Minister Bill Morneau and Health Minister Jane Philpott have offered the provinces a 3.5% annual increase in health transfer — less than the increase in gross domestic product. The provinces were demanding the previously standard 6% increase that more closely reflects the actual increase in cost. Ontario estimates 5.2% as the absolute minimum needed to prevent the loss of essential services. The federal government has also offered another \$11 billion over 10 years to be put into home care and mental health — basically more money with stipulations on its usage.¹ Targeted money to fulfill federal electoral promises has been previously struck down in past offerings by other governments. The new offer was rejected by the provincial group at large, but many provinces are now cutting bilateral deals, which only weakens the bargaining power of the remaining provinces.

It appears we are heading to a messy debate, and a bad precedent is being created. If the federal bureaucrats want to influence health care, then there are better places to direct their energy. Holding provinces and patients hostage over transfer payments just threatens the well-being of the provinces. Partners like the Canadian Medical Association or provincial medical associations are great places to start initiatives that can be picked up by provincial health ministries as these projects mature. The Canadian Association of General Surgeons' Canadian surgery initiatives,² support for the World Health Organization trauma care policies,³ or a partnership with the Canadian Orthopaedic Association to decrease opiate usage are all be fine examples of places for the federal government to start investing if it wanted a highly visible, partner-rich, politically responsible system in which to invest time and effort. If the Trudeau government wants evidence-based change, it should fund medical research to the level of other developed countries. Targeted funding goals could ful-

fill their need for political gains. Money for research on mental health care, trauma and other underfunded areas that affect Canadian society is needed at a level well above the current support these issues currently garner. These efforts would indeed bring about meaningful societal change.

What the federal government is doing now is not a proper or moral way to handle health care. Whatever the Trudeau government efforts are, such as trying to block private health care (an imprudent idea when coupled with cuts in transfer payments) or funding mental health care over all other concerns, these efforts should have nothing directly to do with the provincial mandate of health. In fact, the obscene amount of tax money that is turned back to the provinces in transfer payments begs another question: why are we being overtaxed? The reason might be fiscal responsibility — unlikely in the light of other ongoing federal policy — or an appeal for popularity by being perceived as champions of the people in health care. Trudeau would be a lot more popular if his government stopped overtaxing the population for the \$37 billion they currently return on transfer payments in health.⁴

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