

# **AN ELCIC RESOLUTION ON HEALTH CARE**

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Approved at the Fifth Biennial Convention of the Evangelical Lutheran Church in Canada  
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**MS THAT THE EVANGELICAL LUTHERAN CHURCH IN CANADA REAFFIRM ITS STRONG SUPPORT FOR CANADA'S NATIONAL HEALTH CARE SYSTEM BASED UPON THE PRINCIPLES OF UNIVERSALITY, COMPREHENSIVENESS, ACCESSIBILITY, PORTABILITY, PUBLIC ADMINISTRATION AND UNIFORM TERMS AND CONDITIONS**

**AND FURTHERMORE**

**THAT THIS CHURCH CALLS UPON BOTH THE FEDERAL AND PROVINCIAL GOVERNMENTS TO GIVE HIGH PRIORITY TO POLICIES THAT WILL ENSURE THIS OBJECTIVE.**

## **BACKGROUND INFORMATION**

In Canada, health care has been one of the major social programs that has received widespread support. Most importantly as the recent election pointedly made clear once again, Canadians love their health care system. In a recent survey by Decima Research in 1990, Canadians were asked, *"Would you agree that one thing that makes Canada the best country in the world is our health care system?"* In 1987 90% agreed (7% disagreed) with this statement and it only dropped slightly in 1990 to 83% (12% disagreed). Health care is not merely a service to deliver medical treatment and care, but has become a national symbol.

Yet health care in Canada has been under attack in recent years. The argument, which is made regarding all social programs, is made that, Canada can no longer "afford" its "very generous" health care program. The financial problem in general has resulted due to the dramatic cuts in financial transfers from the federal level to the provinces. Since standards for health care are established federally and delivery is a provincial responsibility, this has resulted in the dramatic escalation of health care costs in provincial budgets. Exacerbating the problem is the fact that federal spending under the Federal-Provincial cost-sharing agreements for health care specifically, have dropped dramatically from 6.18% in 1986 to 4.24% in 1992. This has resulted in a loss of revenue to the provinces of \$7.3 billion in 1992-93 alone!

Many politicians and others recently have been openly saying we need dramatic changes to the health care system in Canada. However, one has to consider such suggestions with some suspicion. Many of the changes that have been made recently have moved the entire system in a direction that favours more private sector and profit oriented groups. For example, during the term of the previous government, Pharmaceutical Manufactures were able to gain a further extension from 15 to 20 years for "patent protection of brand name medicines. This will result in increased costs to the system of some \$500 million per year for seniors and welfare recipients alone. There has been a "de-listing" of some services covered by the health care plan and the federal government has been reluctant to at against the indirect reintroduction of "user fees" (direct fees to patients for some services) in some provinces, and in some cases "deinstitutionalizing" long term patients (i.e. psychiatric patients, etc.) has been a way to reduce expenditures.

The argument that the system is not longer affordable flies in the face of the reality of expenditures. The increase in medicare costs has been restrained. It is interesting to note that between 1971 and 1989, health care costs have increased from 7% to 9% of Gross National Product. This when compared to the current 12% of GNP for costs in the United States seems to contradict the "affordability" argument. The financial problem facing health care in Canada would appear to have more to do with other factors such as the North American Free Trade Agreement and the erosion of the tax system.

The Canadian churches are deeply committed to strengthening Canada's Health Care System. Such an approach needs to return to the basic principles that were articulated in developing the system. These principles are;

⊗ **Universality** - requires that 100% of the residents of the Province be entitled to insured services on uniform terms and conditions.

⊗ **Accessibility** - requires that provincial health care plans provide for insured health services on uniform terms and conditions and must not impede or prevent reasonable access to those services by any means.

⊗ **Comprehensiveness** - Requires all medically necessary health care services provided by physicians or in hospitals to be covered by provincial health care plans.

⊗ **Portability** - Applies host-province rates to health care services provided elsewhere in Canada and establishes standards for out-of country benefits.

⊗ **Public Administration** - Provides for a public authority appointed or designated by and responsible to the provincial government to administer the insurance plan without profit.

⊗ **Uniform Terms and conditions** - Requires that insured services are not restricted based upon age, health problem, sex, ethnic group, income status, or citizenship.

While Canada's Health Care System does need to be reformed, the direction should be toward community based approaches and to strengthen the role of not-for-profit organizations. Adherence to the fundamental principles can lead to recreating the system in sustainable and improved ways and preserving and ensuring Canadian's right to health care.

In adopting this resolution, this convention asks:

- the Bishop of the Evangelical Lutheran Church in Canada to convey this action to the Prime Minister of Canada and to the Federal Minister of Health.
- Synodical Bishops convey this action to Provincial Premier and Provincial Ministers of Health.
- Members from the Evangelical Lutheran Church in Canada to undertake actions through prayer, study and advocacy by expressions of this church (congregations, committees, offices, etc.), health care agencies of this church, and by individuals in their own vocation to work for the support and preservations of Canada's Health Care System.