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## NEWS RELEASE

### ***New IRPP study says Canadians must abandon “comprehensiveness” in public health care***

***“To retain the pretense of comprehensiveness is to irresponsibly refuse  
to adjust citizens’ expectations to the reality of government  
commitments,” says author Claude E. Forget.***

**Montreal** – Former Quebec minister of health Claude E. Forget argues that the concept of “comprehensiveness” in the *Canada Health Act* is misleading; it fails to recognize the reality that the Canadian health care system is not, has never been and should not attempt to be all-encompassing. “Comprehensiveness in Public Health Care: An Impediment To Effective Restructuring,” published by the Institute for Research on Public Policy (IRPP), will be released today, on the eve of the much-anticipated Kirby Senate Committee and Romanow Commission reports.

Forget says the concept of comprehensiveness emerged for historical reasons that are no longer relevant. In his view, to continue to uphold the principle sets an irresponsible agenda and, given the ever-expanding and innovation-driven nature of modern health care, is equivalent to having “a system with a powerful engine and no brakes.”

According to Forget, we need to move away from the current “silo” approach to public health care. Public coverage has so far evolved by including one class of input after another (first hospitals, then physicians and now prescription drugs and home care) without regard for what should have priority from the perspective of the overall public good.

Forget argues that for the public health care system to endure it must be able to control its own evolution. For this to occur, three things must be done:

- (1) The principle of comprehensiveness must be renounced.
- (2) Governments must establish the size of the financial envelope for publicly financed health care as a proportion of national wealth and not as a by-product of the system’s operations, as is currently the case.
- (3) The financial envelope must then be used to satisfy a needs-based list of priority functions.

Forget identifies and assigns priority to four categories of health-care functions: managing health risks; coping with severe, irreversible disabilities; solving acute health problems; providing routine maintenance. Rather than focusing on primary care and emphasizing the “first line of services” as is often done, Forget assigns routine maintenance functions the lowest priority, as they do not have the characteristics of a public good. While Forget sees

a continued role for government in making health maintenance services accessible, his proposals imply that resources for routine maintenance would depend on what is left after higher priority functions are funded.

Drawing the line between insured and uninsured services will always be a delicate and difficult task, Forget says, and he acknowledges many may not agree with his list of priorities. But regardless of how one sets these priorities, he says it is essential that they be defined on the basis of a clear rationale rather than historical precedent.

"Comprehensiveness in Public Health Care: An Impediment To Effective Restructuring," is the latest *Policy Matters* to be published in IRPP's health series. It is now available in Adobe (.pdf) format on the IRPP website: <http://www.irpp.org>

For more information, or to schedule an interview with Claude Forget, please contact the IRPP.

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