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NEWS RELEASE

Patients' Bill of Rights among Key Reforms Proposed to Speed Waiting Lists

"Adopting such a patients' charter would contribute to repair public confidence in Medicare," says new IRPP study

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Research on
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Montreal - Evidence suggests that without a patients' bill of rights waiting lists will grow and be unfairly administered. There need to be incentives within a publicly funded system to uphold standards, maintain Colleen M. Flood and Tracey Epps in their study released today by the Institute for Research on Public Policy (IRPP) and entitled "A Patients' Bill of Rights: A Cure for Canadians' Concerns About Medicare?"

A preliminary draft of the paper was presented at the Second Annual Health Law Day held by the Health Law Group, Faculty of Law, University of Toronto, 2001.

"Failing to address in a systematic way the issue of timeliness has consequences not only for those individuals in need of care but for the political sustainability of Canada's much cherished medicare program," say the authors. "The perceived inability of the publicly funded health-care system to ensure timely access to care has also become a platform for those who would like to see the introduction of two-tier medicine."

Drawing from the experiences of Quebec, the United States, New Zealand, England, Spain, Sweden and Italy, the authors call for a patients' bill of rights that incorporates a free-standing right to health care, notably to reduce waiting time and lists. The goal is to impose some measure of accountability on the part of funders and/or managers for ensuring the timely delivery of care. A "Canadian statement of patient rights" could set out maximum waiting times for different types of treatment, for example, six months for non urgent elective surgery like hip operations.

However, the authors warn that a patients' bill of rights alone cannot cure medicare and that other system reforms will be required to achieve waiting time targets.

They recommend the creation of an independent commissioner or ombudperson who would be charged with not only the task of investigating complaints about access and timeliness in publicly funded medicare, but also access to privately financed services including private insurers, home care, prescription drugs and nursing homes. It would provide for an independent audit with an annual public report on the degree to which health authorities and/or provincial ministries of health are achieving waiting list targets.

Another approach would be to give financial incentives to health authorities for better performance by allowing patients who have been waiting beyond the maximum guaranteed time the option of treatment in another city or another jurisdiction (as in the UK, Spain and Italy) or to choose their own hospital (as in Sweden).

Colleen M. Flood is an assistant professor at the University of Toronto and part of the Health Law Group. Tracey Epps is currently working in the health practice at IBM Business Consulting Services in Toronto.

"A Patients' Bill of Rights: A Cure for Canadians' Concerns About Medicare?" is the latest *Policy Matters* paper to be published in IRPP's health series. It is now available in Adobe (.pdf) format on the IRPP website: <http://www.irpp.org>

Two other studies in IRPP's health series are also available free of charge on the Institute's website:

- "Comprehensiveness in Public Health Care: An Impediment to Effective Restructuring," Claude E. Forget, *Policy Matters*, October 2002.
- "What Is the Best Public-Private Model for Canadian Health Care?," Kieke G.H. Okma, *Policy Matters*, May 2002.

For more information, or to schedule an interview with the authors, please contact the IRPP. To receive IRPP media advisories and news releases via e-mail, please subscribe to the IRPP e-distribution service by visiting the newsroom on the IRPP website.

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Contact: Sng Tran-Quang
Media Relations Officer
IRPP

(514) 985-2461
stranquang@irpp.org
www.irpp.org