

# PRESENTATION TO THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

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by

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Merci monsieur le Commissaire. Nous sommes heureux d'avoir l'opportunité de vous rencontrer aujourd'hui pour discuter du système de santé au Canada et de la place de la psychologie dans ce système. Aussi, c'est un grand plaisir pour moi d'être ici car j'ai travaillé au Collège Cambrian pendant trois ans et mon épouse est née et a grandi à Sudbury.

Mon collègue, Dr Sam Mikail va commencer la présentation. Nous aimerions que notre présentation dure sept minutes afin d'avoir plus de temps pour la période de questions et discussion.

Thanks John. Our brief is entitled "**Putting Human Behaviour at the Heart of Health Care in Canada**". Canada's health care system is a world-class biomedical system that is under strain. Many groups have outlined the pressures and offered solutions. The Canadian Psychological Association **strongly** endorses:

- c Protecting the public system
- c Stable funding horizons
- c More intergovernmental cooperation
- c The five pillars of the Canada Health Act
- c Using science to drive practice and practice to drive science
- c Exploring stand-alone legislation for home care and pharmacare
- c Primary care reform
- c Improved working conditions and
- c Developing an expert's council, a council of elders if you will, to guide governments.

However, today we want to offer a radically different view of health care. It is radical because it would change the health care system dramatically. Yet, it is not radical in that our suggestions are shared by Canadians, are rooted in common sense and are supported by research.

As we have said already, the Canadian health care system is a world-class biomedical system

to the near complete exclusion of human behaviour. It is like two friends on a teeter totter; Biomedical Bill is a body-builder on steroids, while Psychology Pete is dangerously anorexic.

Canadians are much more than tissues, organs, blood, genes and neurons. In fact, what makes us human, what differentiates us from other living species, is our ability to think, perceive, remember, feel, decide and take action in highly complex social relationships in our physical environment. Psychology is the study of the biological, cognitive, affective, social and cultural aspects of behaviour.

It is then easy to see how human behaviour is central, is core across the continuum of care. What we think, feel, and choose to do dramatically affects whether we keep healthy and prevent disease and injury; get well quickly, rehabilitate effectively, prevent relapses, manage chronic illness or permanent disability and die with security and dignity.

For example, it is hard to imagine being twelve years old and adjusting to a diabetic regime that involves dramatic changes in your behaviour and your life – a regime that involves injections, daily blood testing, adjusting diet and so on. It is a life-style adjustment that can be dramatic for the 12-year-old, her family and her peers. Think about the behaviour changes needed to prevent diabetes in the first place. Imagine how a middle-aged man and his family adjust to a near fatal heart attack. Think further about the behaviours and adjustment required for him to remain a healthy and productive member of his family and community. Think about the family caring for a dementing parent at home and their need for neuropsychological information and advice, let alone the other psychological factors involved in home care.

Two years ago my 37-year-old sister-in-law died of non-Hodgkin's lymphoma, a mere 9 months after diagnosis. She was terrified of dying and the prospect of leaving behind her two young children. She became severely depressed, and despite receiving the most advanced chemotherapeutic agents, she ultimately succumbed to malnutrition – you see, her depression became quite severe and she was unable to eat – she received no psychological interventions, there was no multidisciplinary care, but there were extensive medical diagnostics and interventions.

So why is it that human behaviour is peripheral and not central to health care in Canada? Why is it that four hospitals in the Greater Toronto Area have closed their psychology departments? Why is it that increasingly psychology is being provided in the private sector and not through the public sector, making access for Canadians with modest incomes nearly impossible?

It is our view that it is simply because 99% of our complex and world-class system is biomedical and therefore captures 99% of our attention, energy and resources. There is little political gain in concentrating on the growth of the 1% in the face of powerful, vested interests.

It is our fervent hope that the Commission will change this gross imbalance for Canadians. It is our hope that the Commission will do for human behaviour in health care what the National Forum on Health did for population health, determinants of health and the importance of research. These concepts have become an indispensable prism through which we plan, deliver

and evaluate health and health care in Canada.

It is our hope that the Commission will put human behaviour at the heart of health care across the continuum of care. This means, for example, defining primary care, not in terms of which professional groups need to be part of the team, but rather in terms of the biomedical, psychological and social needs of health care consumers. This is the only responsible approach to existing and proposed health care programs, such as pharmacare and home care. The evidence shows that this approach is more economical. It will bring more resources to the public system and tie the private and public systems together to offer better services.

Psychological science has demonstrated that the best predictor of future behaviour is past behaviour. If we don't make this proposed shift, it will mean more of the same. The Commission's recommendations will stay within the box. They will not bring a new and radical approach. New programs will be 99% biomedical. Primary care, home care and pharmacare programs, each comprised of significant psychological factors, will remain almost exclusively biomedical. Psychology, increasingly provided in the private sector, will not be creatively interfaced with the public system. It will mean using the current template for future development.

Let me be clear. We are not arguing for the inclusion of all psychologists in provincial health care plans. We are urging you to consider finding creative ways of using both private and public psychology service providers in an effort to ensure access for all Canadians.

Putting human behaviour at the heart of health care will improve quality, reduce costs, divert patients from overloaded physicians, emergency rooms and hospital wards to more appropriate services. Putting human behaviour at the heart of health care will reduce pharmaceutical use and give patients what they have been asking for decades, that they be equal partners in their health and health care. Putting human behaviour at the heart of health care will marshal how each of us thinks, feels and behaves in the service of better health.

Thank you and we look forward to the discussion.