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REPORT OF THE ROMANOW COMMISSION A MIXED BLESSING

OTTAWA, November 29, 2002 – “The Report of the Commission on the Future of Health Care in Canada made important recommendations in some areas and missed the boat in others,” according to Dr. Abraham Ross, President of the Canadian Psychological Association. “On many of the macro health issues such as financing, accountability, interdisciplinary care, research, expansion of the continuum of care, etc., the Commission has suggested steps in the right direction.”

On the negative side, the Report used a highly physical health model and missed too many golden opportunities to change the way we fundamentally approach health and health care in Canada. “Canadians should be disappointed in this Report because it does not take into account the psychological aspects of prevention and physical disease and it puts limited emphasis on mental illness,” stated Dr. Ross. The Commission failed to put human behaviour at the heart of health care in Canada, the title of the CPA brief to the Commission.

The Commission has used inclusive and permissive language throughout the document and suggested mechanisms for change that have the potential to lead us past the shortcomings in the Report. There are

opportunities to build on the positives to allow Canadians to make the necessary changes to strengthen medicare in Canada.

Some of the examples of missed opportunities include:

1. The only serious consideration of mental illness and psychological health appears in the section on home care. Home care is an important and all-too-often overlooked component of health care in Canada. However, it is evident that psychological factors in health are significant across the continuum of care from wellness and injury/illness prevention through effective diagnosis and cure, rehabilitation, chronic disease and disability management, and palliation. Psychological health and mental illness are an integral part of primary care, hospital services etc.
2. Health human resources for most health professions are given passing emphasis.
3. The Commission's survey found that nearly all respondents believed health professionals should provide all the care their training allows. However, the Report does little to increase access to many of these services.
4. While it is important that pharmacare be expanded, there was no discussion of the valuable combinations of pharmaceuticals linked with other treatments or of interventions that actually reduce the need for or are superior to drug therapy.
5. The private practice sector for many health professions is expanding across Canada at breakneck speed. The Commission's own survey showed that the cost of health care outside of medicare limits its use by many Canadians. There is little meaningful discussion of the issues related to this sector regarding the collection of health information, health cards,

linkages with other care sectors, access for lower income Canadians, etc.

6. The discussion of primary care reform is encouraging in its strong focus on interdisciplinary care. However, there are few specifics regarding the roles of most of the health professions and little discussion of the linkages to the private primary care providers already working in the community.

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The Canadian Psychological Association is the national organization in Canada representing 5 200 psychologists and students in psychology from all Canadian Provinces and Territories. Its objectives are to lead, advance and promote psychology as a science and as a profession for the benefit of humanity; to provide leadership in psychology in Canada; to promote a sense of identity among psychologists; to promote the advancement, dissemination, and practical application of psychological knowledge; to develop standards and ethical principles for education, training, science and practice in psychology.