

**The Preferred Future for the Health and Illness Care of  
Canadians**

**Statement to the  
Commission on the Future of Health Care**

**May 2, 2002**

**by  
Yukon Registered Nurses Association**

On behalf of the Yukon Registered Nurses Association, I am pleased to have this opportunity to address the Commission on the Future of Health Care in Canada and to present our “Preferred Future for Health and Illness Care in Canada”. As registered nurses, we are intricately involved with the health and illness care of Yukoners and have many opportunities to note the strengths and the weaknesses of the current system. Guided by our experiences and encouraged by the Yukon Health Summit ‘99, we have developed a model of health and illness to illustrate the preferred future for health and illness care in Canada. This future is based on the Five Principles of the Canada Health Act, (*universality, comprehensiveness, accessibility, portability and public administration*) the World Health Organization’s Primary Health Care approach (*Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development. It forms an integral part of the country’s health system, of which it is the central function and main focus. It is the first level of health contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing care process. [WHO, 1978]*), and undergirded by a clear national vision of Health and Illness.

Since the “Preferred Future” includes health care as well as illness care, it is necessary to extend the influence of the Canada Health Act to incorporate health care as well as the illness care currently covered in hospitals and by physicians.

We believe that profiting from the misery of others is both immoral and unethical. Ability to pay should not be a barrier to health or illness care. The “Preferred Future” does not contain for-profit services. Rather, services are provided under the aegis of public government.

The “Preferred Future” is guided by a clear vision of health and illness care articulated by the Federal, Provincial and Territorial governments and supported through effective communication, long term, stable funding and shared responsibility. The effective communication of this national vision to all Canadians is the foundation for its implementation. Long term, stable funding enables the public and care providers to initiate and maintain services in an atmosphere of certainty. Without such certainty, we are not able to plan and provide appropriate services in a sensitive and sensible manner consistent with a Primary Health Care approach. Shared responsibility is integral to the development of creative solutions to the health and illness needs of the people of Canada but it also provides a forum for research and for the evaluation of practices and services. A clear Canadian vision is in the best interests of all Canadians as we move to a Primary Health Care approach for the provision of health and illness care.

To encourage the development of this vision, we offer our model of Health and Illness. The large green area represents Health, whether individual, community or country. Health encompasses all the determinants that support our biological, psychological, social and spiritual components. Clean air and water, appropriate shelter, adequate food, opportunities for physical activity and social interactions in families, schools,

communities and groups, meaningful work and freedom of worship contribute to health. The importance of these factors is not currently acknowledged in our illness care system, other than very superficially.

The smaller peach circle represents illness and particularly, informal illness care. This circle has a dashed outline to represent that illness is a part of health and that we move in and out of this circle throughout our lives. Informal illness care includes such things as: – the new mother contacting La Leche League about questions in managing the breastfeeding of her infant: the man who, after two courses of antibiotics for a chest infection, uses traditional methods, - twenty four hours and four bulbs of garlic later, he is looking and feeling very much improved: the First Nations woman who goes to the mountains in spring to gather material for a spring cleansing for herself and her family: and the young woman who books a massage to recover from a stressful week at work. Most of our illnesses are handled in this part of the circle.

The purple and lavender rings around Informal Illness represent the Health Promotion and Illness Prevention work of organizations such as Home Care, Public Health, Health Inspection, Hospice and so on. These agencies have a focus of maintaining health or helping people move toward health (which may include a peaceful death), rather than a focus on illness and the treatment of illness.

The small white circle represents the formal illness care and includes primarily hospital and physician services. This small piece of the Health and Illness picture is where most of our “Health Care Dollars” are spent. Here the focus tends to be on pathology – the diagnosis and treatment of illness. These illness care services are important, but they are only a part of a HEALTH CARE SYSTEM.

We deceive and confuse ourselves when we talk of our health care system – a system that covers illness care not health care. The vision for our “Preferred Future” must clearly articulate the focus on health. By clarifying the relationship between health and illness, we will be better prepared to evaluate new technologies and treatments, and to direct research toward those areas that will have the greatest effect on improving health and treating illness.

The “Preferred Future” will entail re-organization of the existing service delivery. The Primary Health Care model has health promotion and illness prevention as foci in the planning and implementation of health care and health related services. Under such a model the full range of the determinants of health would be considered in the planning for health and illness care. Such an approach requires the collaboration and co-operation of all and a great deal of creativity during what may well be an interesting period of adjustment from an illness focus to a health focus. There would be no single profession designated as “gatekeeper”, rather people would have access to the most appropriate care directly. Health and illness care professionals would work together in a multi-disciplinary manner to ensure the most appropriate services or care for each person. The underlying philosophy for all health and illness care professionals would be focused on the health of the person, the community and the country.

I would like to describe an exciting example that utilizes the primary health care approach -the Canada Prenatal Nutrition Program (CPNP), a federally funded program with a focus of improving birth outcomes and building capacity amongst mothers and families through a community development process. This program, and its local variations evident in each community, has been successful in promoting health and preventing illness. Women are welcomed to join the program during pregnancy and continue until the baby's first birthday. There are nine programs in the Yukon and each one is unique – tailored to the needs of the mothers by the mothers in each community. Throughout the Yukon, there are collective gardening, cooking and food sharing groups, classes on shopping for food and preparation of food, sessions taught by elders on pregnancy and child care, assistance to remain substance free throughout pregnancy and beyond, women and children going out on the land to harvest a moose and learning to prepare it, cook it and share it with the community. The range of activities is great, but the development of peer and professional support for new mothers and the goal of healthy babies and children are consistent throughout each program.

A goal of the CPNP is to encourage breastfeeding and Yukon leads Canada on breastfeeding rates. Babies who are breastfed are less likely to have respiratory and gastrointestinal infections, ear infections, diabetes, or osteoporosis (now that is a long term benefit). Women who breastfeed tend to have less risk for breast and ovarian cancer and osteoporosis. Think back to the green circle and then consider that when we place our emphasis on health, we will reap the rewards in the long term.

There is one additional point to be made about our “Preferred Future”. The support of professionals throughout this period of change is crucial to the development of Canada's health and illness care system. At present, there are shortages amongst many of these professions and there is a distinct temptation on the part of government and employers to provide a “quick-fix” solution without involvement of the professions. Such a temptation must be resisted in favour of long-term solutions guided by the Canadian vision of health and illness care.

The Yukon Registered Nurses Association recommends:

1. that the Commission on the Future of Health Care in Canada extends the influence of the Canada Health Act to cover both health and illness care through a Primary Health Care approach.
2. that the principles of the Canada Health Act be maintained.
3. that the federal, provincial and territorial governments articulate a clear vision of health and illness care for Canadians and support such a vision politically and financially.
4. that the Primary Health Care approach become the standard for health and illness care in Canada.

Thank you for your attention. My colleagues and I will be pleased to answer your questions.

# YRNA Model of Health & Illness

# Health

*Health Promotion*  
*Illness Prevention*

**Informal  
Illness Care**

**Formal  
Illness  
Care**