How Many MLAs does it take to Reform Health Care?

Premier Higgs recently said what many thoughtful people have expressed for years; the news report made it sound like he was blaming MLAs for issues in economic progress in New Brunswick. And social media then picked it up and had concerns expressed about language and culture. Pity the poor public that is reliant only on sound bytes and headlines.

Health Care Reform is a topic that is discussed in many important places in New Brunswick; in government, in educational sessions, in association meetings, by the Medical Society, in Think Tanks, and at Tim Horton's. The fact that the current expression is ***Health Care Reform*** suggests that the problems and issues are not simply cosmetic and that they need a major push to change! It also suggests that established methods are failing us, and they are.

The real issue is that this poor little province, the size of a suburb of Montreal or Toronto, is over-governed, micro-managed resulting in the quality of ever so many provincial programs being compromised. The province needs to grow and develop; it needs to attract newcomers to expand the population. Population growth is central to economic growth and is what will make the difference between a thriving province and a declining province.

In asking people to relocate to New Brunswick, we need to have an economy that is healthy, a health system that provides quality and timely services, an education system that competes fairly with the western world. These are the key elements that make relocation attractive to people.

Honestly, we do not have those things. The education system struggles; literacy is not good, national performance scores are not good; French education is very inconsistent with early immersion taking on the flavor of the day with each government for the past 20 years or more. And the health system! Oh my goodness! How can you ask people to live here when they have to go on a waiting list for years to get a family doctor? Or when a young couple cannot find appropriate and essential care for their children. Or when the only source of medical care involves a 6-12 hour wait in the Emergency Department.

Much has been written in these columns about the issues in our health and long term care system that are begging for solution. These same issues have been begging for solution for decades. Yes that is decade with an "s"!

Why can we not wrestle these issues to ground? The issues are not complex by nature. Their resolution is nearly impossible because every expression of any concern by any constituent in any area of the province gets, through the MLA, to the Minister of Health. When that happens, the Minister's staff then are obligated to spend hours and sometimes days researching queries that seem important to a

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constituent but normally are matters that could be resolved at the local family doctor's office or Regional Social Development office.

Years ago, I was in the position of having to receive, research, assist staff in writing briefing notes for many of these "nuisance queries" from constituents. MLAs had to put them forward because often the query came from a constituent who had supported them in the last campaign and often people who have some influence in the local community.

So staff and the Minister's office invest hours of time and much energy responding to matters that could easily be resolved if the local officials were just a bit more responsive.

When government does contemplate taking action to fix really serious health care issues, then the local interests kick in once again to create opposition, often based on little understanding of the real health care issues at stake.

Take the issue of surgery in small communities. It has long been established that it is not feasible, anymore, for a surgical service to be provided by a solo surgeon practicing out of a small health facility that normally does not have depth of coverage by advanced trained surgical nurses, Respiratory Therapists and more. Younger surgeons coming from training normally find being on call more than one night in 3 or 4 to be distasteful. In the old days, the local surgeon was on call all the time but that was in an era when physicians, like many professionals, were "married to their jobs" and work-life balance was not so important. Somehow they managed to provide good service to the population and the local people loved them.

But those days are long gone! And frankly if surgery is required most people would want it done in a facility in which professionals work together in some group or departmental structure, supporting each other and complementing each other's skills.

Much publicity has surrounded the issue of Paramedics/First Responders and that was linked directly to the language issue. That NB is a proud bilingual province goes without saying. Two wonderful cultures and two languages are part of the fabric of this province and form the bedrock of what makes New Brunswick great and distinctive.

But in my career, which started as Orderly and Ambulance Attendant, no one in serious need of emergency care ever asked me what language I spoke; the issue always was, whether at an accident site or a home: can you stop the bleeding? Can you help with the Airway? And how long to the hospital? Since it was many years since I "rode the ambulance", I have tested my experience on some of my friends who are currently EMTs and I get similar responses.

The organization of clinical services in the province is still a matter that causes grief with multiple small specialty programs operating independently and struggling as a result. The plan in 1992 was that by now these programs would have been integrated provincially so that we had, in this small province, an integrated approach to Orthopaedic Surgery, for instance, or Chest Surgery, or Gastro-Intestinal Disease. Provincial integration requires some strong decision-making based on standards of excellent medicine.

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But each community, particularly Fredericton, Moncton, and Saint John combined with the other "regional centres" compete and apply enormous pressure on MLAs to preserve that which is hard to justify either on economic or qualitative grounds. The recent decision regarding the Youth Treatment Centre is one such illustration. Based on evidence and quality programming, everyone who understood supported locating the centre in Moncton. Why? Because Moncton has specialized personnel and services that do not exist anywhere else in the province. To think that it is possible to replicate that support in a community distanced from Academic and Research Centres is just nonsense.

So we have wasted years and huge volumes of cash in acceding to local political pressure. I have much sympathy for the local electorate; these communities face survival issues and need centres of employment badly. And frankly the smaller communities and rural areas are beautiful, charming places to visit and to live. But the reality is that in the absence of a large population base, they cannot sustain sufficient health care personnel to make programs or "hospitals" survive as they once knew them.

The health authorities, however, have let the rural areas down because with energy and creativitiy New Brunswick could have a world class rural health program; but that requires vision, leadership, and tenacity.

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