Meeting of the UN Open-ended Working Group on Ageing: Address to the ILCC Side-event

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Good afternoon everyone and thank you for the opportunity to join you here in New York for this very important discussion.

My name is Dr. Laurent Marcoux and I’m the president of the Canadian Medical Association. We represent more than 85,000 physicians and medical students in Canada.

We’re proud to be a sponsor of today’s side event. We strongly support the overall goals of the working group and the call for a new international convention on the human rights of older persons.

Canada is not alone in struggling to meet the needs of its aging population. Improving seniors care has been a priority for Canada’s doctors for many years.

Given the way our demographics are shifting, we know the challenges we’re seeing are only going to get worse. If we don’t do something now, patients are going to have more and more difficulty getting the health care and social support services they need.

Canada has a federalist system of government, and health care is an area of shared jurisdiction between the federal, provincial and territorial governments. In long-term care our municipalities also play a role.
To further complicate the picture, we have parallel public and private systems, each having different regulatory requirements.

In terms of the public system, the Canadian Medicare system provides “first dollar” coverage for what’s referred to in the Canada Health Act as “medically necessary” hospital care and “medically required” physician services.

Services outside of this basket are generally left to the 13 provinces and territories to implement and deliver, which means there is a lot of variation across the country. Long-term care is an example of one of those services.

While data isn’t ready available, we know anecdotally that access to long-term care varies widely, and many Canadian seniors are waiting far too long for home and community care.

While they wait, many aren’t well enough to stay at home, and so they have no other choice but to wait in a hospital. Not only are they not getting the kind of care they need in this setting, but our health care dollars aren’t being used effectively. On top of that, the patients who do need these hospital beds can’t access them. Our hospitals are continually operating
at or beyond capacity, with long waits for emergency care, test and surgeries.

If the situation is cause for concern in long-term care, it’s worse in palliative care. Currently, as few as 16% of patients who want or need palliative care actually have access to it or receive it.

In terms of what the government is doing to improve access to care, you may be aware that Canada is one of the few countries with a legal framework to govern medical assistance in dying. As part of this legislation, the federal government has committed to increasing access to palliative and end-of-life care.

Also, Canada’s health ministers recently reached a new ten-year Health Accord agreement. While this is primarily an agreement on the federal transfer of funding to the provinces and territories, it also includes a “Common Statement on Principles on Shared Health Priorities.”

Within this agreement, Canada’s health ministers have made several commitments to improving access to home and community care. These include:
- Enhancing access to palliative and end-of-life care at home or in hospices; and
- Spreading and scaling evidence-based models of home and community care that
are more integrated and connected with primary health care.

Speaking of spreading successful models of care, you may have heard Canada described as the land of siloes and pilot projects.

Due to our vast size, it’s often hard to scale up initiatives that are working well in certain areas and transfer best practices from one region to another. On top of that, we’re notorious for having regulatory and system barriers that can get in the way.

Despite these challenges, we know how important it is to support and share best practices and we’re committed to working with the government to do so.

Here are just a couple of examples of regional initiatives that are having a big impact.

- The SAFE model in Ottawa, Ontario, is a special care unit for patients who no longer require hospital care but are not well enough to return home. Once fully implemented, this small, local program is expected to save the health care system about $700,000 a year.
- The PATH program in Nova Scotia is a new health care service for seniors with chronic health conditions. The program helps empower patients and their families to ask
the right questions about their health, realistically consider the risks and benefits of potential treatments and be active participants in decisions around their care.

As we talk about making improvements to health care, it’s important that we involve patients from the outset and take into consideration their unique experiences, insights and perspectives.

Through our Demand a Plan campaign, the CMA has been working with our members, patients and the public to push for improvements to seniors care. Since our launch a few years ago, we’ve already gained more than 60,000 supporters. They’ve written more than 100,000 letters and emails to their elected officials demanding better health care for seniors in Canada.

And they’re making a big difference. One of our supporters shared the campaign with their Member of Parliament. Long story short, as a result of those actions, the federal government launched a study on the need for a national seniors strategy in Canada, and they just released their first set of recommendations for how to do so. All because one person felt strongly about improving seniors care and was compelled to act.
We’re encouraged that our various levels of government are beginning to recognize the need to prepare for our aging population. Most have some sort of framework, plan or initiative in place, but we know that much more is needed.

There’s still a lot of work to be done in Canada and internationally – but the good thing is that we have a lot in common.

That’s why the CMA is fully behind the creation of a new convention on the human rights of older persons, so that we can leverage our common experiences, share information and work together towards solutions for better care.

Thank you.