

FRIENDLY TO SENIORS
BOARD MEETING APRIL 16 2012
AGENDA ITEM: HEALTH CARE IN SUDBURY

A major problem in Sudbury is the impact of long term care patients on the Hospital that was never supposed to have to house them. At times there are 30 to 70 of these folks in the Hospital and the lack of beds for other purposes causes backlogs in emergency and cancelled surgeries. All users of the hospital are affected – young and old.

There is not enough capacity within the long - term care system in this city to take care of these people who cannot live fully on their own without assistance of some sort. They could be provided assistance and stay at home and they could be housed in a facility that would meet their needs.

The LHINs has decided to close Memorial as an overflow for long - term care patients. So we are now in crisis mode again in Sudbury.

The bottom line is that the Ontario Government, with its focus on not raising taxes, has failed to adequately fund long term care and, worse for us, applies a model of care that works better in the Toronto area than it does in our thinly populated north

The Province, using the Drummond Report as a guide, has basically cut health care relative to past spending, allowing growth of revenue at only 2.5 %. The past few years it has been 6%. People forget that Mike Harris cut taxes to the point where programs of all sort suffered and that included health care. So we do have catching up to do. So the meeting today is how to cope with this crisis.

The Hospital has two approaches, Continued Care and the Virtual Ward. They have also started other programs as well with the goal of keeping long term care patients out of hospital.

Dr. Zalen has a plan called End of Life – Advance Care Planning. It amounts to a decision between cure and care. The idea is that a full disclosure of the plus's and minus's of each intervention could help people make better decisions about their care. The hope is that people will see that a cure in their case may not be possible or provide meaningful improvement in their quality of life and that care (cheaper) is a better option. This program is used in Nova Scotia and in Australia. The studies indicated that people appreciate the information but gave no indication of it saving any money as yet.

There are also calls for more volunteerism in the Health Sector in the area of Long Term Care patients. Also some call for 'made in Sudbury' solutions in terms of more nursing homes paid for from the community.

My reactions

Regarding the Hospital initiatives only time will tell if these approaches will help. Reading the literature I am under the impression that they will help but I have no idea how much.

In terms of Dr. Zalen's proposal, there is something unsettling about it. It could easily become a way of rationing care with a strong bias against the elderly. Programs like this should only be considered a last resort. Canada is rich enough to find money to take care of the senior population. Only tax aversion stands in the way. I would also like to see programs from the Northern European countries since they seem to have done a better job of protecting their people from the worst excesses of global capitalism (globalization).

Volunteers are in short supply as it is hard to get and to retain them now. The plan to make people work longer will cut into the volunteer base of the near and more distant future. Also, volunteer jobs should not take away jobs for younger people. Care jobs should be better paid and more highly valued in an aging society.

Senior government has already downloaded too much on municipalities particularly small ones like Sudbury. Health is a Provincial responsibility. They should undertake to fulfill that responsibility. They could raise taxes, streamline the system, fully fund long term care and finally get effective e - records for patients. They could see health as the priority it is and take funds from education and other youth programs as the youth population declines and shift it to health care. They could get serious about preventive medicine and increase health promotion. They could also remove threats to their citizens' health through regulation. Fast food, toxic chemicals and fossil fuel emissions create negative impacts on the health of our citizens - young and old.

My concern is that we are taking the bait that the government has provided us – the concept that we are too poor to pay for health care. We let them off the hook by getting involved in solving the health care crisis for them. Although some Sudburians are rich most are not. Our community would be hard pressed to pay for solutions to long-term care. Only targeted funding from the Province and continued transfers from the Federal Government will solve these problems and it should be done within the public sector. For profit companies have done nothing but make the problem worse.

This elder health care crisis is a political problem based on a low tax mentality. We need to make it clear that we hold health care as a human right and demand it be funded to a level consistent with that belief.