

An Assessment of Canada's Healthcare System Weighing Achievements and Challenges

Una valoración del sistema de salud de Canadá.
Evaluación de logros y retos

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ABSTRACT

Canada's healthcare system has gained great support in the country, but at the same time has sparked a big debate over its main challenges and sustainability. This article weighs both positive and negative aspects of the healthcare system, known as Medicare. It has three sections: the first presents a theoretical framework based on the political economy of healthcare, and a historical context, where the origins of Medicare are addressed. The second part assesses Medicare's main achievements, and the third analyzes the system's main challenges.

Key words: Canadian healthcare system, Medicare.

RESUMEN

El sistema de salud de Canadá ha ganado gran apoyo en el país, pero al mismo tiempo ha desatado un gran debate respecto a sus principales retos y sustentabilidad. Este artículo pondera tanto los aspectos positivos como los negativos del sistema de salud conocido como Medicare. Consta de tres secciones: la primera presenta un marco teórico basado en la economía política del sistema de salud y un contexto histórico en el que se presentan los orígenes de Medicare; la segunda parte evalúa sus principales logros, y la tercera analiza los principales retos que enfrenta el sistema. Para terminar se presentan conclusiones y perspectivas.

Palabras clave: Sistema de salud de Canadá, Medicare.

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Healthcare is one of the pillars of development. If Canada is compared with other highly industrialized countries, such as Organisation for Economic Co-operation and Development (OECD) members, it devotes a high percentage of its GDP to this sector. In Canada, as stated by Neil Stuart and Jim Adams (2007), a historical debate has taken place about the healthcare system's sustainability; since the beginning, this debate has mostly been public and has become intertwined with opposing ideological positions on how the system should be financed and delivered. The right argues that healthcare costs have increased so much that reforms are needed, saying that privatization of some services is a solution so that patients can pay for their own care. The left, on the other hand, argues that the system is still sustainable and praises the history of a long-standing commitment to universal coverage (Stuart and Adams, 2007). Thus, the debate about the healthcare system has been ideological. The main goal of this article is to go beyond that, to present the main characteristics of the Canadian healthcare system, and to weigh its achievements and challenges from the mid-1990s until 2015. Likewise, it envisages perspectives for the system's evolution.

STATE OF THE ART AND GAPS IN THE LITERATURE

In both the academic and non-academic literature related to the Canadian healthcare system, multiple voices support or criticize it. The government's Health Canada shows positive information on the system, stressing the high percentage of healthcare that is publicly funded (Health Canada, 2016). Authors like Aaron E. Carroll (2012) and Sara Robinson (2008) defend the system against negative myths. On the other hand, organizations like The Commonwealth Fund compare Canada's healthcare system to those of other industrialized countries, stressing its challenges. None of the analyses in these publications show any grey areas. A few exceptions to the rule exist, like Gregory Marchildon (2013), who offers a comprehensive assessment of Canada's healthcare system, touching on both positive and negative aspects. The author presents historical information up to 2011, but his work needs to be updated. A similar case is the article written by Stephen Birch and Amiram Gafni (2005), "Achievements and Challenges of Medicare in Canada: Are We There Yet? Are We on Course?" These authors agree that a positive aspect of the Canadian healthcare system is the fact that public funding supports the provision of healthcare services free at the point of delivery, which is associated with increases in the proportional share of services used by the poor and in population distributions of services independent of income. The

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