Canada's Public Healthcare System
Medicare: Past, Present, and Future

A TEACHING RESOURCE FOR
ALBERTA SOCIAL STUDIES 9
Canada’s Public Healthcare System
Medicare: Past, Present, and Future

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Alberta Social Studies 9
Acknowledgements

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Writer
Dougal MacDonald, PhD

Pedagogical Consultant & Editor
Barb Maheu, MEd

Layout
Kelly de Jong

Copy Editing
Vanessa Bjerreskov

Reviewers
Rhonda Daniel, Calgary Board of Education
David Eggen, Friends of Medicare
Ray Hamula, Edmonton Catholic School District
Gary Hansen, Wetaskiwin Regional Public Schools
Mike Hubenig, Edmonton Catholic School District
Barb Maheu, The Alberta Teachers’ Association
Bill Moore-Kilgannon, Public Interest Alberta
Harold Neth, Edmonton Catholic School District
Rick Winter, Edmonton Catholic School District
Quintin Yardley, Edmonton Public School District

For more information on AFLE visit our web site at www.afle.ca
Comments regarding this unit can be sent to afle@telus.net

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Table of Contents

Rationale ................................................................. 1

Overview ........................................................................ 1

Using this Resource .................................................... 4

Lesson Format ........................................................... 4

Lesson One: Healthcare Issues and Quality of Life .................. 5

Lesson Two: Healthcare — Who Should Be Responsible? .......... 10

Lesson Three: What is Medicare? ...................................... 14

Lesson Four: Life Before Medicare ................................... 27

Lesson Five: Tommy Douglas, The Founder of Medicare .......... 41

Lesson Six: Challenges to Medicare .................................... 49

Lesson Seven: Comparing Canadian Healthcare to the United States and Other Countries .................. 67

Lesson Eight: Values, Rights, and Policies .......................... 76

Lesson Nine: Vision of Healthcare for Canada ...................... 81

Appendix A: Acknowledgment of Support .......................... 89

Appendix B: Teaching Unit References (on line at: www.afle.ca) . 90
Medicare—our publicly funded, universal healthcare system—has become one of the most recognized markers of Canadian identity. Canadians believe that the provision of healthcare to all citizens is one of our most important priorities. This belief was tangibly shown in 2004, when Tommy Douglas—the man considered to be the founder of Medicare—was voted Canada’s most important citizen during CBC’s Greatest Canadian Contest.

Medicare is constantly evolving as it responds to changing societal pressures, like increased demands for services, shifting ideological and political agendas, and changing technologies, to name a few. Because of this constant evolution, maintaining the current healthcare system is expensive and challenging, and as a result the system is not without its detractors. This resource will help Grade 9 social studies students explore the history, principles and challenges to healthcare in Canada, and compare and contrast our system to those in the United States and other countries. Ultimately, this guide will help teachers better prepare their students to participate in creating a future that ensures that all Canadians have access to high level public healthcare.

Medicare was established by the passage of the Canada Health Act in 1967 (Alberta joined in 1969). It was and still is based on the principle that all Canadians should have access to basic publicly funded healthcare. For Canadians, universal healthcare as a social program reflects our belief in promoting the health and well being of all citizens, regardless of their ability to pay.

The benefits and deficiencies of Medicare are the subject of ongoing national and provincial debates. Generally, these debates hinge on the tension between maintaining a strong public healthcare system and pressure to give more responsibility for healthcare to the individual. This resource provides teachers the opportunity to engage Grade 9 social studies students in some of these debates.

Canada’s Healthcare System—Medicare Past, Present, and Future asks students to consider the Essential Question: To what extent should Canadians continue to support and sustain a public healthcare system? Each lesson addresses the Essential Question by focusing on a more specific question, called a Key Question.

This resource provides information, activities, and supplementary resources for learning about the principles of Medicare and addressing the complex issues that continuously challenge its existence. The resource is written to the outcome specifications of the Alberta Program of Social Studies (2007) for Grade 9—Canada: Opportunities and Challenges. Specific curriculum outcomes are provided at the beginning of each lesson.
Lesson 1: Healthcare Issues and Quality of Life

Key Question—What is the relationship of health and well being to high quality of life?

This lesson focuses on the main concept of this resource—healthcare. Students will explore quality of life indicators related to health. The inquiry lesson will result in student-generated questions that can be used throughout the unit to guide teaching.

Lesson 2: Healthcare—Who Should Be Responsible?

Key Question—Who should be responsible to pay for healthcare: the individual or society?

This lesson encourages students to think about the fundamental principles related to private versus publicly funded healthcare. It makes analogies to a racecar and a bus respectively, using guided visualization and inquiry. The goal of the lesson is to help students consider the key question. This lesson can also serve as a closing activity and a unit review.

Lesson 3: What is Medicare?

Key Question—How do the foundational principles of Medicare reflect Canadians’ belief in the value of public healthcare?

This lesson highlights the five key principles upon which Medicare is based. These principles are: public administration, comprehensiveness, universality, portability, and accessibility. Students will think about challenges and issues associated with the implementation of each principle. These same five principles can be used to analyze other countries’ systems.

Lesson 4: Life Before Medicare

Key Question—How have the forces of history shaped the way we respond to health issues today?

This lesson provides the historical context for the evolution of Medicare. The activity focuses on true stories from the pre-Medicare era. Students are encouraged to tell stories from their own families.

Lesson 5: Tommy Douglas, the Founder of Medicare

Key Questions—How important was Tommy Douglas in the adoption of public healthcare in Canada? To what extent can an individual influence public policy?

This activity focuses on the key events that led to the creation of Medicare in Canada and highlights the life of Tommy Douglas, the man who “made it happen.” After exploring his life and times, students will develop a historic timeline that highlights major events in the development of public healthcare.
Lesson 6: Challenges to Medicare

Key Question—What challenges does Canada’s public healthcare system face and how can we respond to these challenges?

This lesson identifies several key challenges to Canada’s healthcare system. It asks students to explore these challenges and make recommendations on how to address these issues effectively.

Lesson 7: Comparing Canadian Healthcare to the United States and Other Countries

Key Question—How has the United States of America responded to pressure to introduce publicly supported healthcare initiatives?

While Canada has adopted a public system, the USA has traditionally left healthcare services in the private sector. This lesson asks students to examine the American healthcare system, where there is an ongoing debate about introducing aspects of public care and providing coverage for the uninsured. A major platform of the Obama administration was to extend public healthcare in the USA. This lesson asks students to explore the American healthcare experience. Options for analysing and researching other countries are provided.

Lesson 8: Healthcare: Values, Rights and Policies

Key Question—What economic and social values shape healthcare policies of various political parties?

This lesson asks students to consider the economic and social values espoused by various political parties and consider the ways these values affect their healthcare platforms and policies. Specific reference to healthcare policy will be made within the context of social policy in general.

Lesson 9: My Vision of the Future of Healthcare

Key Question—What is my vision for healthcare for Canadians in the future and how can I work toward achieving my vision?

This lesson asks students to envision their preferred future for Canada’s healthcare system—a part of the social infrastructure that addresses quality of life. In addition to developing a vision, students are encouraged to suggest and undertake actions designed to achieve their personal vision.
Using this Resource

This resource can be utilized as an entire unit, or you can select individual lessons to supplement the course textbook: Lychak, *Issues for Canadians* (2008). The philosophy of this resource is that students learn best when engaged in active inquiry, exploring multiple perspectives, constructing their own meanings by interacting with others, and given opportunities to talk and think about key issues. The resource is designed to encourage students to become active, engaged and responsible citizens who value quality healthcare for all Canadians. Students will have opportunities to demonstrate their learning in a variety of forms, such as posters, presentations, role playing, and writing newspaper articles and position papers. Both formative and summative assessment ideas are provided for most lessons.

Lesson Format

Each lesson follows the lesson format outlined here:

- **Lesson Title** – the main topic of the lesson.
- **Key Question** – students are encouraged to reflect on a key question related to the lesson topic. Collectively, these will inform students about the Essential Question — To what extent should Canadians continue to support and sustain a public healthcare system?
- **Purpose** – the intent of the lesson.
- **Learning Outcomes** – the learning outcomes from the Alberta Grade 9 Social Studies curriculum. Supporting outcomes are also provided (italicized).
- **Duration** – number of periods (45 to 50 minutes).
- **Materials** – additional learning resources and supplies needed to carry out the lesson.
- **Opener** – short 5 to 10 minute activity designed to stimulate interest and provide a focus at the beginning of each major Learning Activity.
- **Main Learning Activity** – the main learning strategy.
- **Closure** – a concluding idea or activity. Usually requires revisiting the Key Question for the lesson.
- **Assessment** – ideas for formative and summative assessment and supporting rubrics. Rubrics are shown on Student Learning Guides provided in each lesson.
- **Student Learning Guides** – blackline masters designed to be used by students for activities and assignments.
- **Backgrounders** – provides detailed background information for the teacher that can also be used with discretion with students.
- **Support Materials** – useful websites and media information.
Healthcare Issues and Quality of Life

What is the relationship of health and well being to high quality of life?

This lesson focuses on the main concept of the unit—healthcare. The concept is explored in terms of quality of life indicators related to health. The inquiry lesson will result in student-generated questions that can be used throughout the unit to guide teaching.

Students will:

9.1.3 appreciate how emerging issues impact quality of life, citizenship and identity in Canada

9.2.5 assess, critically, the relationship between consumerism and quality of life in Canada and the United States by exploring and reflecting upon the following question and issue:
   - what are the indicators of quality of life?

9.S.1 develop skills of critical thinking and creative thinking:
   - determine the validity of information based on context, bias, source, objectivity, evidence or reliability to broaden understanding of a topic or an issue

9.S.7 apply the research process:
   - draw conclusions based upon research and evidence

9.S.8 demonstrate skills of oral, written and visual literacy:
   - make reasoned comments relating to the topic of discussion
   - listen to others to understand their perspectives

Two periods

- Blank recipe card (one per student)
- Internet access – one station per pair
- Poster paper
- Student Learning Guide 1.1: Quality of Life Indexes
Lesson One: Healthcare Issues and Quality of Life

Opener

What do students know and think about healthcare? Use Inside/Outside Circle to start engaging students in the main idea of the unit—healthcare in relation to quality of life.

Find a big open space. Divide the class in half and form two circles—one inside the other, as shown to the left. Students on the inside circle face out and those on the outside circle face in, so that each student faces a partner. Ask a question (listed below) and designate either the student on the inside or on the outside to answer to their partner. You can add any other questions that you believe are relevant. Rotate one of the circles after each question so students continually have a new partner.

1. What does it mean to be a healthy person?
2. What does the term well being mean to you?
3. What factors increase health and well being for individuals?
4. What factors decrease health and well being for individuals?
5. Tell one positive story about a healthcare experience you have had or know about.
6. In your opinion, what is the general state of health of Canadians? Is it better or worse than in the past? What influences you to think this way?
7. In your opinion, what is the general state of healthcare for Canadians? Is it better or worse than in the past?
8. What do you or your family do when someone gets sick? What services do you access?
9. Who pays when you go to the doctor? When you get prescriptions? When you use an ambulance?
10. Would you rather be sick here or in the United States? Explain.

NOTE
Avoid providing answers at this point. Simply let students share their ideas.

To debrief from the exercise, bring the students back to their desks and revisit some of the questions. Ask students to reflect on the ideas that were shared.

- Which answers surprised you?
- Which question do you think you know the answer to for sure?
- What other questions do you have about healthcare? (List students’ questions on poster paper and display these for future reference.)
Introduce the concept of quality of life. Researchers around the world have developed a number of indexes to measure quality of life. Each is based on a number of factors considered to be important, and each is slightly different from each other. Quality of Life Indexes help nations compare themselves with others and target areas of their social programming that could improve their citizens' quality of life.

Ask the students what would it mean for them to have a high quality of life? List the factors and discuss the reasons for their choices. While there are many factors that indicate aspects of quality of life, the factors we will be focusing on are those related to health and well being.

Use Student Learning Guide 1.1: Quality of Life Indexes and the Internet. Ask the students to examine two Quality of Life Indexes using the websites listed on the bottom of the handout. Have them identify indicators that relate to health or well being (i.e. life expectancy, infant mortality). Where does Canada rank in relation to other countries on health-related indexes?

Return to the lesson’s key question: What is the relationship of health and well being to high quality of life? End by discussing the students’ ideas about the key question.

Ask students to pose a question about healthcare in Canada by writing their name and question on a recipe card. Collect these cards as they leave the classroom. Use their questions to shape and customize future lessons. Categorize and post them on the bulletin board for future reference.

1. Collect Student Learning Guide 1.1—Quality of Life Indexes and scan students’ answers to ensure that they completed the chart and responded to the Key Question.
2. Use student-generated questions to get a sense of what the students think about the topic. There is no formal assessment at this stage.
The two organizations listed in the chart have developed *quality of life* indexes that include many factors designed to measure *quality of life* in countries across the world. Google the indexes and identify factors that relate to healthcare. Indicate Canada’s standing on each index.

<table>
<thead>
<tr>
<th>United Nations Human Development Index</th>
<th>Ferrans and Powers Quality of Life Index</th>
<th>Use Google to choose one other Quality of Life Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the indicators that relate to health or well being.</td>
<td>How does Canada rank in regard to health indicators?</td>
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Ferrans and Powers Quality of Life Index
Healthcare Issues and Quality of Life

Lesson One

1. What generalizations can you make about health and well being for Canada in relation to rest of the world?

2. What factors might account for Canada’s standing?

3. What is the relationship of health and well being to high quality of life?

Use the following websites or Google to find a third Quality of Life Index:

- Most and Least Livable Countries: UN Human Development Index, 2009
- Ferrans and Powers Quality of Life Index (QLI)
- Wikipedia
Lesson 2: Healthcare — Who Should Be Responsible?

Key Question

Who should be responsible to pay for healthcare—the individual or society?

Purpose

This lesson engages students in thinking about the fundamental principles related to private versus publicly funded healthcare. It does so by making analogies to a racecar and a bus respectively using guided visualization and inquiry. The goal of the lesson is to help students consider a key question: Who should be responsible to pay for healthcare—the individual or society? This lesson can also serve as a closing activity and a unit review at the end.

Learning Outcomes

Students will:

9.1.3 appreciate how emerging issues impact quality of life, citizenship and identity in Canada

9.2.2 appreciate the relationship between consumerism and quality of life

9.2.5 assess, critically, the relationship between consumerism and quality of life in Canada and the United States by exploring and reflecting upon the following question and issue:

• what societal values underlie social programs in Canada and the United States?

9.S.1 develop skills of critical thinking and creative thinking:

• evaluate, critically, ideas, information and positions from multiple perspectives

• generate creative ideas and strategies in individual and group activities

Duration

One period

Materials

• Large sheets of poster paper

• Felt pens
Healthcare — Who Should Be Responsible?

Use the script below to stimulate individual thinking about the concept of private versus public in economic/social systems using Guided Visualization. Guided Visualization is a reflective strategy that asks students to think silently about ideas that are presented. It is most effective if students close their eyes during visualization. Ask questions and then provide some time between questions for the students to think. After each visualization, students will share their ideas with a partner or a small group.

I would like you to think about two forms of transportation: a racecar and a bus. Without talking to anyone, think about the answers to the following situation.

Use the following sample questions to stimulate thinking.

Imagine that you need to go to a concert with 10 of your closest friends and you have two ways to get there, either by racecar or by bus. You would be driving the car and a bus driver would drive the bus. Which method would you select:

- If you all wanted to be there at the same time?
- If you wanted to have fun while traveling?
- If you cared just about whether or not only YOU made it there on time?
- If you wanted to ensure that EVERYONE made it there on time?
- If you wanted a more comfortable ride?
- If you had a blackout while the vehicle was in motion?
- Which method do you think would be faster?
- Which method would be safest?
- Which method would be most reliable?
- Which method would be the least expensive?

You may show the questions on the board to guide their discussions. Note many varying factors will account for individual’s responses.
Debrief this activity by asking students to come up with generalizations in a whole group setting. Use a T-Chart to record their ideas and generalizations. One side will say racecar and the other side bus.

Questions such as the following may guide this discussion:

- What are the advantages and disadvantages of each form of transportation?
- What values underlie the positive aspects of each (answer — individual or group)?
- Which transportation method is the best for society? Why?
- Which transportation method is the best for an individual? Why?

This inquiry will lead students to understanding the concepts of private and public and the underlying values of individualism and collectivism.

Draw a continuum on a poster or whiteboard that looks like this:

![Continuum with racecar and bus]

List the characteristics of each end of the continuum. Encourage students to provide more ideas.

For example:

- Race car (private) – individual, you are on your own to drive and maintain, serves your needs and schedule, more expensive, more convenient
- Bus (public) – group, you have greater security, everyone takes responsibility, less expensive individually, fewer negative effects on society (pollution, cost of roads and maintenance, parking lots)

Continue to use these analogies to set a foundation for exploring Canada’s and other countries’ healthcare systems. Use the private versus public continuum model to show historical orientations and present trends and the relationships of various countries to each other (i.e. Canada appears on the continuum on the middle left side while the US was right of centre prior to the 2010 Obama healthcare reforms).
Inform the students that they will be exploring Medicare, Canada’s healthcare system. End class by asking students to tell you as much as they know about this system. Note their responses at the bottom of the T-chart for categorization. Where would Medicare fit on the continuum?

End by asking—who should be responsible to pay for healthcare, society as a whole or individuals? Record their ideas for further investigation.

Use the private versus public continuum through the next lessons to show the direction of change in Canada and other countries.

Observe students working in groups and help to guide the conversations if they are off topic. There is no formal assessment at this stage.
What is Medicare?

Key Question

How do the foundational principles of Medicare reflect Canadians’ belief in the value of public healthcare?

Purpose

This lesson highlights the five key principles upon which Medicare is based. These principles are: public administration, comprehensiveness, universality, portability, and accessibility. Students will think about challenges and issues associated with the implementation of each principle. These same five principles can be used to analyze other countries’ systems.

Learning Outcomes

Students will:

9.1.2 appreciate the various effects of government policies on citizenship and on Canadian society

9.1.3 appreciate how emerging issues impact quality of life, citizenship and identity in Canada

9.2.3 appreciate the impact of government decision making on quality of life

9.S.1 develop skills of critical thinking and creative thinking:

• determine the validity of information based on context, bias, source, objectivity, evidence or reliability to broaden understanding of a topic or an issue

• evaluate, critically, ideas, information and positions from multiple perspectives

9.S.5 demonstrate skills of cooperation, conflict resolution and consensus building:

• demonstrate leadership in groups, where appropriate, to achieve consensus and resolve conflicts peacefully and equitably

• demonstrate a positive attitude regarding the needs and perspectives of others

9.S.7 apply the research process:

• determine how information serves a variety of purposes and that the accuracy or relevance may need verification

• organize and synthesize researched information
Lesson Three: What is Medicare?

One to two periods

• Online YouTube videos, *Healthcare in Canada Parts I and II* (about 10 minutes each).

  http://www.youtube.com/watch?v=MpTM9T_lphs&feature=related

  http://www.youtube.com/watch?v=NKgaPD7PB0g&feature=related

• Copies of five newspaper articles outlining “case studies” for the five principles of Medicare (URLs are provided for downloading in *Student Learning Guide 3.2*).

• Optional – Healthcare worker guest speakers (e.g. doctor, registered nurse, licensed practical nurse, radiologist, laboratory technician, etc.). Contact healthcare unions (United Nurses Association (UNA), Canadian Union of Public Employees (CUPE), Alberta Union of Public Employees (AUPE), Health Sciences Association of Alberta (HSAA), etc.).


• *Student Learning Guides* 3.1, 3.2, and 3.3.

• *Student Learning Backgrounder* 3.4.

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**Opener**

*Inquiry quiz: Use Student Learning Guide 3.1: Underlying Principles of Medicare—What Do You Think?* Open this lesson by using an inquiry quiz designed to stimulate thinking about the five principles of healthcare.

After students have provided their individual responses, *(Answer Key at end of lesson)*, use the quiz to come to a basic understanding of the five key principles and basic definitions. Ask students to form small groups to discuss or modify their answers. Ask them to try to come to a group consensus.

Following the group exercise, ask the students to find the answers in *Issues for Canadians*, Lychak, page 274. Use the spaces on the *Student Learning Guide 3.1* to make notes. Highlight the basic principle in each question and ensure basic understanding of each principle.

Have the students watch the Healthcare in Canada videos noted in the Materials section above. These clips highlight the five principles of Canadian Medicare from the American point of view as presented by Martha Livingston, PhD. Discuss the videos.
Lesson Three: What is Medicare?

Main Learning Activity

Cooperative Jigsaw: Despite the fact that Medicare is based on the principles mentioned above, there are continuous challenges to each of them. This activity asks students to explore contemporary issues using documented cases. Use Student Learning Guide 3.2: Underlying Principles of Medicare—What Do You Think?, which outlines five examples of alleged violations of the Canada Health Act.

Organize the class into Home Groups of five students. Assign each student a different alleged violation and ask them to answer the following questions:
- Which of the five principles is at issue in each of the alleged violations?
- What is at the heart of the controversy?
- How did the government rule?

Students research their individual topics, then meet with two or three other students who researched the same topic; this is the Expert Group. Expert Groups double-check their answers and decide how best to present their topic to their Home Group members. Ask students to return to their Home Groups and take turns presenting their issue and leading a discussion. Provide 10 minutes per person.

Teacher online source: Alleged Violations of the Canada Health Act (Tables 2, 3). Faculty of Law, University of Toronto. http://www.law.utoronto.ca/documents/Choudhry/table3.pdf

Activity for Extension

Invite one or more healthcare workers (e.g. physician, registered nurse, licensed practical nurse, radiologist, laboratory technician) to the classroom to speak on the five principles of Medicare. Speakers could be individuals or a panel. Prior to the session, students should develop written questions focusing on their chosen issue/principle. Students should make notes on the points raised by the speakers, and use them to revise and polish their original arguments before returning to the Home Group.

Closure and Assessment

Reinforce the founding principles of Medicare by using Student Learning Guide 3.3—Review the Five Principles of Medicare (Answer Key at end of lesson) to check for understanding.

Ask: What principle is at stake in each of the following cases? If the principle is maintained, what is the solution to each issue?
What is Medicare?

1. Can you get any necessary medical procedure for free?
   (Answer – yes, all necessary medical procedures are provided at no cost to the patient—Comprehensive)

2. Does the government operate the healthcare system for a profit?
   (Answer – no, a public authority is responsible to the provincial/territorial government and operates on a non-profit basis—Public Administration)

3. Can any Canadian citizen get free healthcare coverage?
   (Answer – yes, all necessary healthcare is available to all citizens at no cost—Universal)

4. Does everyone, regardless of where they live in Canada have the right to reasonable access to medical care?
   (Answer – yes, everyone, regardless of where they live, has reasonable access to healthcare—Accessibility)

5. As a Canadian, can you get free healthcare in provinces other than the one you live in or even other countries (if you are there temporarily)?
   (Answer – yes, generally the province of origin will cover costs outside the province—Portable)

Answers for SLG 3.1

1. Comprehensive – podiatry can be a necessary medical procedure.
2. Universality – violates all citizens’ rights to free healthcare.
3. Portability – limits portability of services outside the country.
4. Universality – access to free healthcare coverage.
6. Comprehensive – debate around definition of necessary medical services.
# Underlying Principles of Medicare – What Do You Think?

<table>
<thead>
<tr>
<th>Principle</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can you get any necessary medical procedure for free in Canada?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Does the government operate the healthcare system for a profit?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>3. Can any Canadian citizen get free healthcare coverage?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>4. Does everyone, regardless of where they live in Canada, have the right to reasonable access to medical care?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>5. As a Canadian, can you get free healthcare in provinces other than the one you live in or even in other countries (if you are there temporarily)?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
What is Medicare?

Lesson Three

Challenges to the Canada Health Act

Issue 1: Public-private partnerships (P3) to build new hospitals

Article: “Queries raised about new hospital deserve answers.”
http://www.labourcouncil.ca/Jan8Globe.pdf

Issue 2: Non-coverage of prescription drugs (except in some provinces for seniors)

Article: “Calvert promises $150 million universal drug plan.”
CBC, October 11, 2007.

Issue 3: Lack of a family doctor

Article: “Millions of Canadians lack family doctor.”
National Post, June 18, 2008.

Issue 4: Different levels of coverage in different provinces, e.g., eye surgery

Article: “Montreal’s unique for private cataract operations.”

Issue 5: Wait times for surgery

Article: “Alberta health chief admits surgery wait times must ‘dramatically improve.’”
Calgary Herald, April, 2010.
http://www.calgaryherald.com/health/Alberta+health+chief+admits+surgery+wait+times+must+dramatically+improve/2728355/story.html
My Topic is #_____ - 

1. Which of the five principles is at issue in your example? Why?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. What issue is at the heart of the controversy? What are the points of view?

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3. How did the government rule in this case?

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________________________________________________________________________________________
________________________________________________________________________________________
Lesson Three: What is Medicare?

Review the Five Principles of Medicare

1. **Alberta. No Action Taken. 1987.**
   The Alberta government states its intention to eliminate Medicare coverage for podiatry, which is the assessment and treatment of foot ailments. Concern is expressed that elderly people will suffer. Elderly patients often require the services of a podiatrist. Even simple problems like uncut nails and corns can render a patient immobile.

   Principle that is challenged
   Why?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. **B.C. No Action Taken. 1994.**
   BC refuses to cover those who do not pay provincial Medicare premiums (fees). At that time, B.C. (like Alberta) charged premiums, a practice for which BC was regularly fined by the federal government. The federal fine is equal to the amount BC collects in premiums. Note—Alberta Healthcare Premiums were eliminated January 1, 2009.

   Principle that is challenged
   Why?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. **Ontario. No Action Taken. 1994**
   Canadian Snowbird Association (retired Canadians who spend winter in the southern United States) sues Ontario government, which cut out-of-the-country hospital stay coverage from $400 a day to $100 a day.

   Principle that is challenged
   Why?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Alberta fails to ban user fees by the October 15, 1995 deadline.

Principle that is challenged_________________________________________ Why? ____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. **Ontario. No Action Taken. 1997.**
A health critic claims a violation when Blue Jays baseball player Ed Sprague, an American covered by private insurance, gets an MRI scan within 24 hours of a shoulder injury while Ontario patients wait for months. An MRI is an imaging technique that sees inside the body.

Principle that is challenged_________________________________________ Why? ____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

6. **Chiropractic Services and Gender Reassignment surgeries delisted from Alberta Healthcare, June 2009.**
Albertans are no longer able to claim chiropractic care as of summer 2009 after the government delisted chiropractor services from its provincial health plan. The province also cut coverage for gender reassignment surgery in efforts to save money.

Principle that is challenged_________________________________________ Why? ____________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
In Canada, healthcare policy falls mainly under provincial authority. The provinces regulate their healthcare institutions such as hospitals and long-term care facilities, supervise the employment of healthcare workers, and determine how healthcare insurance is organized.

The term “Medicare” refers to the various provincial and territorial health insurance plans within Canada. Each province and territory provides its residents with a compulsory health insurance plan. The cost of a person’s basic medical treatment is billed to the plan rather than to the patient.

The provincial/territorial insurance plans are public, not private. In public healthcare insurance, general government revenues (e.g., taxes, lottery funds) cover the costs of medical services. In private insurance (e.g., employer health benefits, Alberta Blue Cross), costs are covered out of the insurance premiums that are paid to the private health insurance company by either the individual or by a company for their employees in a group plan.

Canada’s federal government is permitted to provide program funding for healthcare. This enables the federal government to contribute financially to provincial healthcare programs. The federal government can influence provincial healthcare by providing or withholding funds based on how well the provinces meet certain standards.

In the 1950s and 1960s, the federal government paid about 50 percent of the total government healthcare costs. In the late 1970s the federal government began cutting that amount back. The provinces and territories then had to contribute a larger share. However, because they became less dependent on federal funding, they also gained more control over their own healthcare services.

During the 1980s, some provinces and territories tried to introduce user fees and extra-billing. Extra-billing is “the billing for an insured health service rendered to an insured person by a medical practitioner or a dentist in an amount in addition to any amount paid or to be paid for that service by the healthcare insurance plan of a province.” The Canada Health Act defines user charges as any charge for an insured health service other than extra-billing that is permitted by a provincial or territorial health care insurance plan and is not payable by the plan (Canada Health Act Annual Report, Section 19, 2008-09).

The federal government passed the Canada Health Act (1984) to block user fees and extra-billing. The Act sets out standards for the operation of provincial and territorial health insurance plans and tries to promote these standards by linking federal health funding to them. Provinces and territories must meet certain federal conditions to receive federal money for healthcare.
The Canada Health Act Annual Report 2008-09 sets out the requirements that provinces and territories must meet to qualify for full federal health funding. The heart of the Act is five basic principles for delivering insured healthcare services: public administration, comprehensiveness, universality, portability, and accessibility.

**Public administration** (Section 8, page 4) means that provincial and territorial insurance plans must be administered by a public authority that is responsible to the provincial/territorial government, undergoes public audits of its financial accounts and operates on a non-profit basis.

**Comprehensiveness** (Section 9, page 4) means that provincial and territorial insurance plans must cover all insured health services provided by hospitals, medical practitioners, or dentists (e.g. dental surgery needing hospitalization). This section is generally understood as requiring plans to cover all “medically necessary” services, but the Act does not specify which services this would include.

**Universality** (Section 10, page 4) means that a healthcare insurance plan must entitle all insured persons (i.e. all residents) of the province or territory to the insured health services provided for by the plan. Further, coverage must be the same for everyone.

**Portability** (Section 11, page 4) means that persons must continue to be covered by their health insurance plan, even when temporarily outside of their own province or territory, either in another part of Canada or outside of Canada. Provinces and territories can require a maximum 3-month waiting period before new residents (still covered by their home province) qualify for insured services.

**Accessibility** (Section 12, page 4) means that all persons in the province or territory must have “reasonable” access to insured health services on the same terms and conditions and without financial or other barriers. It also states that health insurance plans must provide reasonable compensation to physicians and dentists, as well as payment to hospitals to cover the cost of insured health services.
What is Medicare?

The Canada Health Act also states that each provincial and territorial government must provide healthcare information to the federal government to confirm that the province or territory is meeting the requirements of the five principles. The Act also prohibits the provinces and territories from extra-billing and user fees.

The Act only applies to insured healthcare services, which is commonly (and wrongly) thought to mean any necessary medical service provided by a hospital or physician. However, the Act does not cover prescription drug plans, ambulance services, mental healthcare, long-term care, dental care, optometrist (eye care) services, or “alternative” therapies such as acupuncture.

The Act does not apply to the Canadian Forces, the RCMP, or federal prisoners. These groups are covered under federal health insurance plans. Aboriginal Peoples (First Nations, Métis, Inuit) are also provided with federal medical services.

There are two kinds of penalties for violation of the Canada Health Act. Mandatory penalties for extra-billing and user fees are dollar-for-dollar deductions from federal transfer payments for healthcare (e.g. $2 million in user fees means losing $2 million in federal funding). Penalties for violations of any of the five principles are left to the judgment of the federal government in consultation with the province or territory. Most of the penalties administered so far have been for extra-billing against Ontario, Quebec, Alberta and British Columbia. As of March 2008, the federal government had not imposed any discretionary penalties on any province or territory for violation of any of the five criteria for that year.
What is Medicare?

Support Material

Websites

- Alleged Violations of the Canada Health Act (Table). Faculty of Law, U. of Toronto. 
- Canada Health Act: Annual Report 2008-09 
- Canada Health Act. Wikipedia. 
  http://en.wikipedia.org/wiki/Canada_Health_Act
  http://dsp-psd.tpsgc.gc.ca/Collection-R/LoPBdP/CIR/944-e.htm
  http://www.hc-sc.gc.ca/hcs-sss/medi-assur/index_e.html
  http://en.wikipedia.org/wiki/Health_care_in_Canada

YouTube

  http://www.youtube.com/watch?v=MpTM9T_lphs&feature=related
  http://www.youtube.com/watch?v=NKgaPD7PB0g&feature=related

Videos/DVDs

  A film advocating a two-tier system of healthcare.
Lesson Four: Life Before Medicare

Key Question

How have the forces of history shaped the way we respond to health issues today?

This lesson provides the historical context for the evolution of Medicare. The activity focuses on true stories from the pre-Medicare era. Students are encouraged to come with stories from their own families.

Purpose

Students will:

9.1.3 appreciate how emerging issues impact quality of life, citizenship and identity in Canada

- understand how emerging issues impact quality of life, citizenship and identity in Canada, e.g., provision of public healthcare
- understand the value of oral histories, e.g., of experiences with healthcare

9.2.5 assess, critically, the relationship between consumerism and quality of life in Canada and the United States by exploring and reflecting upon the following questions and issues:

- what are the indicators of quality of life?
- listen to others to understand their perspectives

9.S.1 develop skills of critical thinking and creative thinking:

- determine the validity of information based on context, bias, source, objectivity, evidence or reliability to broaden understanding of a topic or an issue
- evaluate, critically, ideas, information and positions from multiple perspectives
- generate creative ideas and strategies in individual and group activities

9.S.2 develop skills of historical thinking:

- analyze selected issues and problems from the past, placing people and events in a context of time and place
- distinguish cause, effect, sequence and correlation in historical events and issues, including the long- and short-term causal relations
- analyze the historical contexts of key events of a given time period

Continued on next page
Learning Outcomes continued

9.S.5 demonstrate skills of cooperation, conflict resolution and consensus building:
- demonstrate leadership in groups, where appropriate, to achieve consensus and resolve conflicts peacefully and equitably

9.S.8 demonstrate skills of oral, written and visual literacy:
- communicate in a persuasive and engaging manner through speeches, multimedia presentations and written and oral reports, taking particular audiences and purposes into consideration
- make reasoned comments relating to the topic of discussion

Duration
Two periods

Materials
- Student Learning Guide 4.2: Real stories from *Life Before Medicare*.
- Use the Student Learning Guide Backgrounder 4.1 to teach the lesson and/or make information into a lecture.
- Student Learning Guides 4.3, 4.4, and 4.5, 4.6.

Opener
Initiate a brainstorming session to check students’ knowledge about healthcare prior to Medicare (pre-1967). These sample questions are designed to be quick response openers. They can be followed up or not depending on time. Questions such as:
- What do you think it might have been like if you got sick in Alberta before Medicare?
- Do you think it might have been hard to find a doctor?
- Did people have to pay for their own healthcare costs?
- Do your grandparents have any stories that they shared with you?
Collect students’ ideas on a classroom chart.
Main Learning Activity

Use one of the following three options. You can choose to do one activity with everyone or provide choices to differentiate instruction. Each of these activities is designed to help students understand the experiences of people prior to the adoption of Medicare. Review the four stories provided in Student Learning Guide 4.2: Real Stories from Life Before Medicare for each of the following activity options.

Option 1 – Story Cards (use Student Learning Guide 4.3)
Print card sets (4 cards per group—one card of each story) using Student Learning Guide 4.2. Organize students in groups of four and ask them to deal out one card to each person in the group. Provide a minute or so for individuals to read their cards. Ask them to think of a response to the story. Provide 10 minutes for them to verbally share the story they were given with their group members and their thoughtful responses. End by asking students to write their general ideas about the conditions that led to the introduction of Medicare. Consider using or modifying the rubric that is included.

Option 2 – Interview (use Student Learning Guide 4.4)
Students form pairs and select or are given one of the four stories in Life Before Medicare: Canadian Experiences to review (see Student Learning Guide 4.2). One student acts as reader and the other as interviewer/recorder, then they switch roles. Students make notes highlighting the characteristics of the healthcare experience in the story they have been assigned. After the interviews, each student writes a newspaper article reflecting on why Medicare was needed for Canadian healthcare. Consider using or modifying the rubric that is included.

Option 3 – Historical Role-Play (use Student Learning Guide 4.5)
Organize students into small groups and give each group a card with one of the four stories (see Student Learning Guide 4.2). In a large class you will need to use two sets of all of the cards, allowing students to show different interpretations of the same scene. Ask students to recreate the scene as a 60 second role-play. Ask all groups to perform their scenes. Consider using or modifying the rubric that is included.
In small groups, ask students to develop a group concept map that considers commonalities among all of the stories. Write the term Quality of Care in the centre of a large sheet of paper. Ask the students to describe common conditions prior to Medicare. List the ideas on the concept map. The categories that will likely emerge will be: availability of care, cost of care, and the role of doctors and hospitals.

Alternatively, key questions or prompts could be asked:
1. Was care available to everyone even if he or she had no money?
2. What happened if a person needed expensive treatments?
3. What was it like to be a doctor (or a nurse) before Medicare (1967)?
4. What issues did hospitals have to deal with before Medicare?

Use Student Learning Guide 4.6: Sample Conclusions from Life Before Medicare: Canadian Experiences and select some of the quotations for closure. The quotations can be photocopied, cut up and distributed throughout the classroom for reading out loud. Discuss the conclusions drawn by some of the interviewed seniors about healthcare in the years before and after Medicare. Students can also choose a quotation of their own and add it to the list. Discuss what the seniors said and concluded and encourage the students to give their own views on the implications for healthcare policy today.

Return to the key question—How have the forces of history shaped the way we respond to health issues now?

End by asking students to speculate on how these experiences set the stage for a new system of healthcare. Which quotation is most powerful or prophetic?
Before Medicare was instituted in 1966, Canadians were in a much different healthcare situation. Many healthcare benefits we now take for granted did not exist. *Life Before Medicare: Canadian Experiences* (Toronto: Ontario Coalition of Senior Citizens Organizations) by Helen Heeney (1995) is a collection of interviews with seniors on their experiences with healthcare in pre-Medicare Canada. The book also includes two useful appendices: A Thumbnail History of Medicine and Principles of the Canada Health Act.

The interviews in the book are divided into the following topics and sub-topics:

1. **Home Medicine:** Home Remedies, Doctoring, Surgery at Home.
2. **Community Care:** Neighbourhood Help, Community Doctor, Community Coverage.
3. **Hospitals:** Getting In, Hospital Routines, Getting Out.
4. **Paying Up:** Doctors Collecting, Early Insurance, Losing It All, No Money No Care, Paying: The Long Haul.

**What was it like?**

The interviewees in the book make many key points about healthcare before Medicare, including the following:

**Availability of Care**

- No money often meant no care.
- Community support and resourcefulness were often the only hope when care was needed.
- Families had to choose between medical care and other priorities like food and shelter.
- Patients died because they could not get the care they needed.
- Families had to beg for healthcare.
- People became discouraged by their inability to get needed care.
- There were no treatments available at all for diseases like cancer.

Continued on next page
Lesson Four: Life Before Medicare

Pre-Medicare

Cost of Care
- People visited the doctor only in times of extreme need.
- Because of the cost of care, people relied on home cures and patent medicines, even for serious health problems.
- Doctors endured financial hardship themselves rather than deny care.
- Long years could be spent paying for illness and death.
- People could lose their houses, farms, businesses and all their savings paying for healthcare.
- Private medical insurance was denied to those who were “poor risks.”

Doctors
- Doctors roamed over thousands of square miles to provide care.
- If no doctor was nearby, care was slow to reach its destination.
- Doctors lacked medicines we now take for granted, like antibiotics.
- Doctors might perform surgery at a patient’s home on the kitchen table.
- Doctors had difficulty collecting on their bills.
- Doctors were paid in kind (fruit, vegetables, meat).
- Doctors were under extreme stress and pressure to meet everyone’s needs.

Hospitals
- Visits to hospitals were put off as long as possible (until patients were seriously ill).
- Hospitals endured financial hardship themselves rather than deny care.
- Some hospitals refused entry without receiving payment in advance.
- Some hospitals refused to discharge patients without receiving payment.
- Sanitary conditions in hospitals were much harder to control.
- Hospitals lacked supplies and technology.
- Patients had to pay for blood transfusions.
- Hospitals had private wards and personal doctors for those who had money and public wards and any doctor or medical students for those who could not.
- Public wards were very crowded.
“It was the year 1911 in the Peace River Country, Alberta. Settlers were leaving Edmonton by horse team, ox team and their own two feet in an effort to get a homestead and/or a script (320 acres purchased). A man could get 480 acres and his wife could do the same. In total, they could get one and a half square miles of land, much of it wide-open prairie.

They struggled over five to six hundred miles of rocks, mudholes and bush trails. Needless to say most if not all were quite young or in their best years. They brought their own home healthcare with them. I know of only one doctor in this land rush and I think he only practised for a short time. For the most part, these people healed themselves. The first hospitals were run by church missionaries.

After a while a health nurse was available and needless to say much overworked. About 1915 my younger brother died of dysentery. The doctor had to leave on a fifty-mile trip to treat a sick woman so mother had no other help. One time later she told me if she had had the patent medicine Castoria, she could have saved him. Dr. Higbey roamed over about three thousand square miles. Medicines were not very effective those days in Grande Prairie, Alberta.

Actually, health before Medicare was a wild animal’s portion.”

Arthur W. Fletcher, Hythe, Alberta.

“My father was a physician practising from 1922 until his death in 1970. The care of the sick was his first priority and in the Depression years often there was no pay. In many instances pay was in kind: a quarter of beef, half a pig, hay, oats, stove and furnace wood, etc. I can think of many instances when in stormy cold winters, long trips were made to the sick who were penniless.

A woman in Ottawa told me this story. Her father, John, had five or six children and fell ill with acute appendicitis. My father went to their farm eight miles away. As soon as he saw John he diagnosed the problem and said he would have to have an operation as soon as possible. It was winter, before roads were ploughed. They were seven miles from the railway station, where the next day there would be a train to Ottawa to the hospital.

John said he could not go. He had no money. The Ottawa surgeon had to be paid up front. After an hour of pleading, John agreed. My father assured him money would be waiting with the Canadian Pacific Railways’ agents next morning. When John was taken by sleigh to the station, $100 was there.

As I recall, the same John used to come to our place, often with a load of wood on his sleigh or a few bags of oats or a roast of beef. Never did I hear anything said, but I expect over time the $100 was all paid.”

William E. McDowell, Shawville, Quebec.
Lesson Four: Life Before Medicare

From Section Three: Hospitals

Excerpt used with permission

“In 1942 my mother was diagnosed with cancer of the larynx. There was only one doctor in Canada who could do the necessary surgery and he was in Toronto. We lived on a farm about 120 miles southwest of Saskatoon, Saskatchewan and like most farmers at that time we were poverty stricken. You could hardly imagine what an immense problem it was to undertake that trip.

My poor father borrowed money from our local storekeeper and my mother, very much underweight, hardly able to speak and able to eat only soft foods, made the long tiring journey by train to Toronto. I was working in the civil service in Ottawa so I left my job and arrived in Toronto just five minutes before her train came in. I was able to get a small job at Simpson’s to enable me to stay near the hospital. We knew no one so we were on our own.

She had her surgery on May 23, 1942. Her larynx was removed and she of course was no longer able to speak. When I took her to stay in a rooming house for a month before we left for home, the hospital told me they “could not accept her back as a patient until the bill was paid.” Can you visualize the anxiety I went through trying to care for her and keep my job, not to mention her terrible suffering. She was in and out of a Saskatoon hospital for almost a year before she died on August 9, 1943, at the age of fifty-seven.

That poor dear woman lay in her bed trying to communicate by notes. She was very worried about my two younger sisters’ educational possibilities. One of her last communiqués read: “My insurance may cover some of the expense.”

Betty Hopkins, Saskatoon, Saskatchewan.

From Section Four: Paying Up

Excerpt used with permission

“Don and I were married in June of 1960. We decided to live in an apartment for a year or so and look for a house. We had wonderful plans for our future. In October of that same year, Don became ill and was put in the hospital. His doctors informed us that he had to have a lung removed. They operated successfully, but Don would need a lot of care.

The company he was with had some medical coverage but not all that we would need. I was working and making $45 a week. There were our savings in the bank for our house. Thank goodness for this, as the doctors told me Don needed twenty-four hour private nursing. I had to leave three envelopes daily with $15 cash in each for the three eight hour shifts, more a day than my take home pay a week. I was very upset but Don came first. Don came home Christmas Eve and was off work one year.

Thanks to relatives, friends, my church and family, we came through that year. But we were very broke. Our dreams and hopes were smashed.”

Bunny Kusey, Orillia, Ontario.
Option 1 – Story Cards—Life Before Medicare

1. Take a minute or so to read the card that you were dealt.
2. Think about your own reaction to the story.
3. Take turns sharing your story and reaction with your group.
4. After sharing with each other:
   a. Summarize in writing one of your peer’s stories (the one you found most interesting).
   b. What was his or her response?
   c. Write down your ideas about the possible reasons this story gives for instituting public healthcare in Canada.
5. Submit your response for assessment (see rubric).

Rubric – Story Responses — Life Before Medicare

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<tbody>
<tr>
<td><strong>Sequence</strong></td>
<td>Retells story in correct sequence, retaining important parts of the story.</td>
<td>Retells story in sequence, retaining most of the important parts of the story.</td>
<td>Retells story, retaining some sequence and some of the important parts of the story.</td>
<td>Retells story, retaining little, if any, of the sequence and/or important parts of the story.</td>
</tr>
<tr>
<td><strong>Listens to Others</strong></td>
<td>Always listens attentively to other storytellers.</td>
<td>Usually listens attentively to other storytellers.</td>
<td>Occasionally listens to other storytellers.</td>
<td>Does not listen to other storytellers and is distracting.</td>
</tr>
<tr>
<td><strong>Response to the Story</strong></td>
<td>The response to the story is engaging and easily understood.</td>
<td>The response to the story is interesting and generally understandable.</td>
<td>The response to the story is uninteresting and partially understandable.</td>
<td>The response is confused and is very difficult to understand.</td>
</tr>
<tr>
<td><strong>Speculates and Analyzes</strong></td>
<td>Makes a thoughtful, clear and deliberate connection between people's experiences and the establishment of public healthcare. Provides thoughtful evidence.</td>
<td>Makes a considered connection between people's experiences and the establishment of public healthcare. Provides appropriate evidence.</td>
<td>Makes weak connections between people's experiences and the establishment of public healthcare. Provides somewhat appropriate evidence.</td>
<td>Makes no connection between people's experiences and the establishment of public healthcare. Provides little or no evidence or evidence is questionable.</td>
</tr>
</tbody>
</table>
Option 2 – Interview and Newspaper Article—Life Before Medicare

In pairs, review the oral histories in Life Before Medicare: Canadian Experiences (see Student Learning Guide 4.2). Students will work in pairs to simulate an interview. One partner will read a selection then prepare to answer their partner’s (interviewer/recorder’s) questions. Base answers on the perspective of the person who the story is about. Choose another story and switch roles. The interviewer/recorder will make notes highlighting characteristics of the healthcare experience in the story. After the interview, each student will write a newspaper article that reflects a point of view relating to the establishment of public healthcare in Canada. Remember to include who, what, where, why and how in your story and conclude with your ideas about the reasons for Canadians adopting public healthcare.

Use the rubric below to think about the criteria that will be important in making your interview effective.

<table>
<thead>
<tr>
<th>Note Taking</th>
<th>4</th>
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<tbody>
<tr>
<td>The interviewer takes notes during the interview and maintains focus on the person rather than the notes. Notes added to immediately after the interview so facts are not lost.</td>
<td>The interviewer takes occasional notes during the interview, and usually maintains focus on the person rather than the notes. Few additional notes are made after the interview.</td>
<td>The interviewer takes few notes during the interview, and does so in a way that interrupts the “flow” of the interview. No additional notes are made after the interview.</td>
<td>The interviewer takes no notes during or after the interview.</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Knowledge Gained</th>
<th>4</th>
<th>3</th>
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<tbody>
<tr>
<td>Student accurately answers questions about the person interviewed and can tell how this interview relates to healthcare experiences.</td>
<td>Student can accurately answer most questions about the person interviewed and can tell how this interview relates to healthcare experiences.</td>
<td>Student can answer a few questions about the person interviewed and is unclear on how the interview relates to healthcare experiences.</td>
<td>Student cannot accurately answer questions about the person interviewed or relate the interview to healthcare experiences.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Point of View</th>
<th>4</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>The newspaper article effectively uses information from the interview and demonstrates an excellent understanding of the point of view that has been selected.</td>
<td>The newspaper article uses information from the interview and demonstrates a good understanding of the point of view that has been selected.</td>
<td>The newspaper article uses limited information from the interview and demonstrates minimal understanding of the point of view that has been selected.</td>
<td>The newspaper article uses little or no information from the interview and understanding of the point of view selected is unclear or confused.</td>
<td></td>
</tr>
</tbody>
</table>
Lesson Four: Life Before Medicare

In groups, read the story I give you on a card. There are four different stories. There will (may) be more than one group per story. Groups that have the same story may have a different interpretation of the same scene. Recreate the scene as a 60 second role-play. All groups will perform their scenes. Look at the rubric for this activity below. Think about what will make an effective role-play.

**Rubric – Historical Role-Play—Life Before Medicare**

<table>
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<tr>
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<th>4</th>
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<tbody>
<tr>
<td><strong>Historical Accuracy</strong></td>
<td>All historical information is accurate and in chronological order.</td>
<td>Most of the historical information is accurate and in chronological order.</td>
<td>Some of the historical information is accurate and in chronological order.</td>
<td>Very little of the historical information is accurate and/or in chronological order.</td>
</tr>
<tr>
<td><strong>Point-of-View Expressed in Role</strong></td>
<td>Point-of-view, arguments and solutions proposed are consistently in character.</td>
<td>Point-of-view, arguments and solutions proposed are usually in character.</td>
<td>Point-of-view, arguments and solutions proposed are sometimes in character.</td>
<td>Point-of-view, arguments and solutions proposed are rarely in character.</td>
</tr>
<tr>
<td><strong>Props/ Costume</strong></td>
<td>Students use props (could include costume) that accurately fit the period, show considerable work/creativity, and make the presentation engaging and informative.</td>
<td>Students use some props that accurately fit the period, show some work/creativity, and make the presentation interesting and informative.</td>
<td>Students use few props that may or may not fit the period and show little effort to make the presentation appealing and informative.</td>
<td>The students use no props or the props chosen detract from the presentation.</td>
</tr>
</tbody>
</table>
Sample Conclusions from —Life Before Medicare: Canadian Experiences

“I am very deeply disturbed by Ralph Klein’s unadulterated attack on publicly funded healthcare and social programs in Alberta. The Medicare system ensures that people never have to sign over open-ended mortgages on their homes, businesses, or farms prior to being admitted for proper medical treatment.

I would have liked to have met my grandfather; if there had been a national Medicare system in the dirty thirties, perhaps I might have.”

Rod Trentham, Red Deer, AB.


“I look back to the years before Medicare and think of the hard life, not just of the sickness but also of the haunting worry of the medical bills that were always with us. People suffered and delayed getting help, often causing serious problems or death. There never was [sic] any checkups or preventative medicine.

There never has been or will ever be a more important thing in Canada than Medicare.”

Stefanie Morris, White Rock, BC.

(Heeney, 1995, P. 100.)

“May our present government not take away our benefits. Let them consider that they were appointed by all the people, the poor as well as the rich.”

Florence McIntrye, Riverview, NB.

(Heeney, 1995, P. 102)

“I feel strongly that Canadian people should be aware of the pitfalls of allowing our government to erode our cherished Medicare.

I am thoroughly convinced that if we had Medicare in 1925 my quality of life for the past seventy years would have been much better and I would not need a knee replacement now.

We must not allow the politicians to take out Medicare. Our grandchildren need it, Canada needs it.”

G. O. Ryckman, Stony Mountain, MB.

(Heeney, Helen, 1995, P. 102.)

“The deductibles and extra charges involved in stateside private health insurance will wipe out our modest life savings in the majority of families.

I am frequently asked about differences I see between Canadians and Americans. One big difference is that Canadians cannot conceive of not having healthcare and many say that they have never seen a doctor’s bill. Another difference is a term used stateside in their giant private industry, “uninsurable”, a term almost unknown to Canadians in relation to their healthcare, where universal healthcare is a right.

Along with uninsurable comes unemployable, as employers do not want to put their private health plans, written by private insurance companies, in jeopardy by hiring someone with a pre-existing condition. This is another whole subject in itself, which includes humiliation, loss of self-esteem and financial disaster.

Lest we forget: the healthcare system in place here has problems, yes, but it is a system that is the envy and hallmark of the world. And believe you me, it must be guarded and defended as there is a giant out there that is ready, willing and able to attack and dismantle it in a New York minute. It’s called the Private Insurance Industry.”

Les Funk, Etobicoke, ON.

(Heeney, 1995, P. 104.)
Sample Conclusions from —Life Before Medicare: Canadian Experiences

“Canadians do not have free healthcare. Canada does have a medical insurance system for which every Canadian pays premiums.

Perhaps the most important feature of Medicare is its universality. At present Canadians can go anywhere in Canada or outside the country safe in the knowledge that they can obtain medical treatment if needed. User fees, a popular suggestion these days, would sound the death knell of Medicare.

Far from feeling guilty about passing on a healthcare system for which Canada is the envy of every other country in the world, I hope the younger generation is smart enough to appreciate the marvelous system they will inherit. There is not one thing wrong with Medicare that cannot be corrected.”

W. H. Mowat, Wolfville, NS.

(Heeney, 1995, P. 105.)

“Please powers that be, don’t inflict a tragedy like this on anyone. The pioneers built the country, each succeeding generation has contributed. Everyone pays taxes in one form or another.

Our grandson was born with multiple birth defects and is handicapped. Don’t take a reasonably decent future out of his realm. His medical expenses are high. And countless thousands more are like him. No one knows what the future holds for us or ours.”

Doreen Thomeus, Entwhistle, AB.

(Heeney, 1995, P. 110.)

“The universal way is the fair way.”

Jane Cook, Cross Lake MN.

(Heeney, 1995, P. 110.)
Support Material

Websites


Videos/DVDs


The Fashion Industries’ Health Centre in Montréal plays watchdog to the health of International Ladies’ Garment Workers Union members.
Lesson Five: Tommy Douglas, The Founder of Medicare

How important was Tommy Douglas in the adoption of public healthcare in Canada? To what extent can an individual influence public policy?

This activity focuses on the key events that led to the creation of Medicare in Canada and highlights the life of Tommy Douglas, the man who “made it happen.” After exploring his life and times, students will develop an historic timeline that highlights major events in the development of public healthcare.

Students will:

9.S.2 develop skills of historical thinking:
- analyze selected issues and problems from the past, placing people and events in a context of time and place
- distinguish cause, effect, sequence and correlation in historical events and issues, including the long- and short-term causal relations
- analyze the historical contexts of key events of a given time period
- identify patterns in organized information

9.S.7 apply the research process:
- draw conclusions based upon research and evidence
- organize and synthesize researched information
- include and organize references as part of research

9.S.8 demonstrate skills of oral, written and visual literacy:
- communicate in a persuasive and engaging manner through speeches, multimedia presentations and written and oral reports, taking particular audiences and purposes into consideration
- make reasoned comments relating to the topic of discussion

Two to three periods

Key Question

Purpose

Learning Outcomes

Duration
5

Lesson Five

Tommy Douglas, The Founder of Medicare

Materials

- Student Learning Guide 5.1: Construct a Medicare Timeline.
- Student Learning Backgrounder 5.2: Timeline of the Fight for Medicare.
- Length of paper on which to create group or class timelines.
- Timeline of Medicare (provided in Student Learning Backgrounder 5.2) may be used to help teach the lesson and/or may be given to students in some form at the appropriate time.

Opener

In November 2004, CBC sponsored a contest to determine the top Canadian of all time. Ten prominent Canadians (both historical and contemporary) were featured on a television special and Canadians voted for their favorite. Start the lesson by going to the website for the Greatest Canadian Contest http://www.cbc.ca/greatest/standings/index.html and show students the top 10 choices in 2004. Ask—Which person would you have chosen? Why? Canadians voted for Tommy Douglas the Greatest Canadian of all time. Can you speculate on why he was chosen in a viewer vote?
Tommy Douglas,  
The Founder of Medicare

Main Learning Activity

The Life and Times of Tommy Douglas: Students can begin by reading their text Issues for Canadians, Lychak, page 291. Reinforce the need to examine the Critical Challenges during the exploration of Douglas's life. This page offers good ideas for exploring important questions.

Time permitting, show the film Tommy Douglas: Keeper of The Flame. In 1944, Tommy Douglas, a Baptist minister, became the premier of Saskatchewan. Before students view the film, ask them to identify reasons for Tommy Douglas's great popularity among Canadians. Mention that Douglas supported the Cooperative Commonwealth Federation (CCF's) slogan “Humanity First.” It reflected the party's belief that the common good should come before private interests. What did this mean in terms of healthcare?

Refer to this Lesson's Key Questions—To what extent can an individual influence public policy? In other words, how important was Tommy Douglas to the adoption of public healthcare in Canada?

Construct a Medicare Timeline: Many events led to the adoption of Medicare in Canada. The assignment is to develop a timeline that highlights the events that were most important. See Student Learning Guide 5.1: Construct a Medicare Timeline for instructions.

Students can create timelines individually or in pairs. Ultimately, a class timeline that highlights the most important events can be developed. Students select one event/date they consider important or interesting. They further research their event and write a persuasive response describing the event and why it is important in the evolution of public healthcare. Students can later state the case for including their event on the class timeline.

Assist student research by showing the film Bitter Medicine. Part One: The Birth of Medicare (Tom Shandel. 1983. National Film Board of Canada. 27 min). As they watch, students should add more important events and dates to their original timeline. If the film is not available, skip this step or use websites. If a Smart Board is available, you can guide the class through the websites.

Assignment

Revisit the lesson's key question. Review in the context of the completed timelines.

Closure

Assessment

See grading rubric in Student Learning Guide 5.1.
Construct a Medicare Timeline

Many events led to the adoption of Medicare in Canada. The assignment is to develop a timeline that highlights the events that were most important in establishing Canadian public healthcare.

**Key Questions**

- What people and events were critical in Canada's adoption of a public healthcare system?
- To what extent can an individual influence public policy? In other words, how important was Tommy Douglas in the adoption of public healthcare in Canada?

**The Assignment**

- Your timeline will show the chronology of events that culminated in the adoption of Medicare in 1967.
- The timeline will include key dates, identify key events and give brief descriptions of each.
- Your timeline can use colours, diagrams, pictures and symbols to further illustrate main ideas (i.e. an image of doctors holding picket signs for the Saskatchewan doctor's strike, 1962). Use different colours to indicate whether the event favoured the adoption of Medicare or not (i.e. green for favoured, red for didn't favour, yellow for neutral)
- Write a short position essay that answers the Key Questions above. Cite evidence from the timeline in your essay.

**Preparation and Research**

- Review digital archives on the CBC website, The Birth of Medicare, to explore the origins and controversies surrounding the birth of Medicare.
- You may also watch the film, Bitter Medicine. Part One: The Birth of Medicare, or use websites to find more important events and dates to add to your original timeline.

**Helpful Websites**

## Timeline

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

### Accuracy of Facts and Descriptions

| 4 | Facts and descriptions are accurate for all events reported on the timeline. Chronologies are accurate. | 3 | Facts and descriptions are accurate for most events reported on the timeline. Chronologies are mainly accurate. | 2 | Facts and descriptions are accurate for some of the events reported on the timeline. Chronologies have some inaccuracies. | 1 | Facts and descriptions are not accurate for events reported on the timeline. Chronologies are not accurate. |

### Colour Coding

| 4 | The use of colours for coding is consistent and shows a logical pattern. It codes and organizes the material. | 3 | The use of colours for coding is generally consistent. It helps to code and organize the material. | 2 | The use of colours is inconsistent and does not effectively code and organize the material. | 1 | The use of colours is inconsistent and detracts from the coding and organization. |

### Graphics, Pictures and Symbols

| 4 | Graphics, pictures and symbols are relevant and aid in understanding content. | 3 | Graphics, pictures and symbols are generally relevant and relate to the content. | 2 | Graphics, pictures and symbols are minimally acceptable and nominally relate to the content. | 1 | Graphics, pictures and symbols are irrelevant and do not aid in understanding content. |

### Answers Key Questions

| 4 | Selects carefully chosen historical events and convincingly addresses the questions. | 3 | Selects appropriate historical events and addresses the questions. | 2 | Selects minimally appropriate historical events and vaguely addresses the questions. | 1 | Selects inappropriate historical events and fails to address the questions. |
Lesson Five: Tommy Douglas, The Founder of Medicare

Timeline of The Fight for Medicare

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1935</td>
<td>United Farmers of Alberta pass a bill creating a provincial insurance program but lose office later that year, and the incoming Social Credit Party scraps the plan.</td>
</tr>
<tr>
<td>1936</td>
<td>British Columbia passes a health insurance bill, but its implementation is stopped due to doctors’ objections.</td>
</tr>
<tr>
<td>1944</td>
<td>Tommy Douglas is elected Premier of Saskatchewan.</td>
</tr>
<tr>
<td>1947</td>
<td>Saskatchewan Hospitalization Act establishes public universal hospital insurance in that province and guarantees free hospital care for much of the population.</td>
</tr>
<tr>
<td>1948</td>
<td>Alberta creates Medical Services Alberta Incorporated (MSAI) to provide prepaid health services. This eventually provides medical coverage to over 90% of the population.</td>
</tr>
<tr>
<td>1948</td>
<td>National Health Grants Program provides funds for building hospitals across Canada.</td>
</tr>
<tr>
<td>1948-</td>
<td>Several more provinces provide publicly funded hospital care.</td>
</tr>
<tr>
<td>1950</td>
<td>Alberta creates health insurance plan similar to Saskatchewan’s.</td>
</tr>
<tr>
<td>1957</td>
<td>Federal Hospital Insurance and Diagnostic Services Act (FHIDS Act) provides free acute hospital care and laboratory and radiological diagnostic services to Canadians.</td>
</tr>
<tr>
<td>1957-</td>
<td>Government of Canada starts negotiating agreements with the provinces to share funding of acute hospital care and laboratory and radiological diagnostic services.</td>
</tr>
<tr>
<td>1961</td>
<td>Agreements are in place with all provinces. 99% of Canadians now have free access to the healthcare services covered by the FHIDS Act.</td>
</tr>
<tr>
<td>1961</td>
<td>Federal government establishes the Royal Commission on Health Services, chaired by Justice Emmett Hall, to report on the healthcare needs of Canadians.</td>
</tr>
<tr>
<td>1962</td>
<td>Government of Saskatchewan extends its Saskatchewan Hospitalization Act to include free access to physician services to all its citizens. Saskatchewan doctors go on strike.</td>
</tr>
<tr>
<td>1965</td>
<td>Royal Commission on Health Services Report recommends a comprehensive and universal Medicare system for all Canadians. The Report advocates that Medicare cover physician services and prescription drugs.</td>
</tr>
</tbody>
</table>

Medical Care Act

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>Government of Canada passes the Medical Care Act, which provides free access to physician services (but not prescription drugs). Government of Canada enters into negotiations with each province individually.</td>
</tr>
<tr>
<td>1969</td>
<td>Alberta enters the federal Medicare plan and begins Alberta Healthcare Insurance Plan.</td>
</tr>
<tr>
<td>1972</td>
<td>Each province has by now established its own system of free access to physician services. The federal government shares in the funding.</td>
</tr>
<tr>
<td>1977</td>
<td>Established Programs Financing Act replaces 50-50 federal-provincial cost sharing of healthcare with new funding formula tied to growth of Canada’s Gross National Product. Result is federal government contributes a smaller share of healthcare funding.</td>
</tr>
</tbody>
</table>

Continued on next page
### Timeline of The Fight for Medicare

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>Emmett Hall’s Commission recommends abolition of extra-billing and user fees. It also recommends collaboratively setting provincial payment rates for doctors.</td>
</tr>
<tr>
<td>1984</td>
<td>Government of Canada passed the Canada Health Act, which establishes a publicly administered, comprehensive, universal and accessible healthcare system. Procedures designated “medically necessary” are free and available to all; access to care is not based on health status or ability to pay. Coverage is portable among provinces and territories.</td>
</tr>
<tr>
<td>1986</td>
<td>Ontario doctors strike for the right to extra-bill but lose.</td>
</tr>
<tr>
<td>1987</td>
<td>All provinces have banned extra-billing and have been reimbursed by the Government of Canada for penalties previously levied.</td>
</tr>
<tr>
<td>1994</td>
<td>In the name of deficit reduction, Alberta’s Klein government rolls back healthcare workers’ wages by 5 percent.</td>
</tr>
<tr>
<td>1995</td>
<td>Health Resources Group (HRG) establishes private surgical hospital in the former Grace Hospital in Calgary.</td>
</tr>
<tr>
<td>1997</td>
<td>Alberta Government closes, then blows up Calgary General Hospital (Bow Valley).</td>
</tr>
<tr>
<td>1999</td>
<td>The Prime Minister and most premiers reaffirm in the Social Union Framework Agreement that they are committed to the five principles of the Canada Health Act.</td>
</tr>
<tr>
<td>2000</td>
<td>Alberta Government introduces Bill 11 permitting for-profit corporations to operate facilities for &quot;day surgery&quot;. Popular outcry results in major revisions to Bill.</td>
</tr>
<tr>
<td>2002</td>
<td>Federal “Romanow Report” is produced. Romanow suggests his 47 recommendations are based on three needs: providing strong leadership and improved governance to keep Medicare a national asset; making the system more responsive, efficient and accountable; and, making strategic short-term investments to address priority concerns and long-term investments to make the system more sustainable.</td>
</tr>
<tr>
<td>2002</td>
<td>Alberta publishes the “Mazankowski Report” on healthcare in Alberta. The report calls for privatization of healthcare, e.g., opening the market to commercial providers, corporations and insurance companies and reducing government responsibility.</td>
</tr>
<tr>
<td>2005</td>
<td>Supreme Court of Canada rules on the Chaoulli Case and in a narrow 4-3 decision declares that private healthcare and insurance are constitutional.</td>
</tr>
<tr>
<td>2009</td>
<td>Government of Alberta eliminates 17 Regional Health Authorities and creates one super health board under Alberta Health Services.</td>
</tr>
<tr>
<td>2010</td>
<td>Alberta Health Services takes unprecedented step to have the courts appoint an interim receiver to stall bankruptcy proceedings against Networc Health Inc., which owns the Health Resources Centre and surgery clinic in the former Grace Hospital in Calgary.</td>
</tr>
</tbody>
</table>
Lesson Five: Tommy Douglas, The Founder of Medicare

Support Material

Websites


Challenges to Medicare

What challenges does Canada’s public healthcare system face and how can we respond to these challenges?

This lesson identifies several key challenges to Canada’s healthcare system. It asks students to explore these challenges and make recommendations about how these issues can be addressed effectively.

Students will:

9.1.4 understand to what extent the political and legislative processes meet the needs of all Canadians

9.S.1 develop skills of critical thinking and creative thinking:
- determine the validity of information based on context, bias, source, objectivity, evidence or reliability to broaden understanding of a topic or an issue
- evaluate, critically, ideas, information and positions from multiple perspectives

9.S.5 demonstrate skills of cooperation, conflict resolution and consensus building:
- demonstrate a positive attitude regarding the needs and perspectives of others
- access, retrieve and share information from electronic sources, such as common files use networks to brainstorm, plan and share ideas with group members

9.S.7 Apply the research process
- reflect on changes of perspective or opinion based on information gathered and research conducted
- integrate and synthesize concepts to provide an informed point of view on a research question or an issue
- develop a position supported by information gathered during research
- draw conclusions based upon research and evidence
- determine how information serves a variety of purposes and that the accuracy or relevance may need verification
Lesson Six: Challenges to Medicare

Duration

Two to three periods

Materials

- Student Learning Guide 6.1, 6.2.1 - 6.2.5, and 6.3.
- Recent reference materials addressing current challenges to healthcare. Support material is listed at the end of each SLG Backgrounder.
- Brief summary of some challenges to Medicare provided in Student Learning Guide Backgrounder 6.2.1 - 6.2.5. This information may be used by the teacher to help teach the lesson and/or may be given to students in some form at the appropriate time.
- Chart paper and felt pens

Opener

Students individually complete the survey in Student Learning Guide 6.1. These questions are designed to identify major challenges to the healthcare system. The survey results can be used to generate discussion, to identify issues faced by Canada’s healthcare system, and/or to do a post-survey to identify changes in thinking.
Challenges to Medicare

Provide basic information about the five current challenges to Medicare: funding, privatization, contracting out, influence of drug companies, and the impact of global trade agreements (use **Student Learning Guide Backgrounders 6.2.1 - 6.2.5**). Alternatively, use the five Backgrounders to engage students in a cooperative jigsaw (see Lesson Three to review the cooperative jigsaw strategy). The references at the end of each **Student Learning Guide** are included for an advanced class of students or for teacher reference.

Students should use **Student Learning Guide 6.3: Challenges to Medicare** to summarize their findings. Students write up a chosen solution in the form of a letter to an appropriate audience (see Marking Rubric at the end of this lesson). For example, the letter can be written to a newspaper, health practitioner or politician. It should present a position on an issue and suggest actions to address the issue.

Students redo the survey from the lesson opener. Debrief by asking whether or not they have changed their initial answers. Why/Why not? End by identifying which of the five challenges each survey question addresses. Discuss questions that the survey misses.

End by going back to the Key Question—What challenges does Canada's public healthcare system face and how can we respond to these challenges?

**Assessment**

The film “**The Constant Gardener**” by Fernando Meirelles can be used as a follow-up. The movie comments on the practices of drug companies that operate in Third World countries. The subject matter is mature.

As an alternative, the novel **The Constant Gardener** by John Le Carre (2001), on which the movie is based, could be assigned as reading or as a novel study.

**Closure**

Collect cooperative jigsaw data sheets and offer formative assessment. Use the rubric included in **Student Learning Guide 6.3** to provide summative assessment.
Challenges to Healthcare—What Do You Think?

Circle the response that best reflects your current thoughts.

1. We can’t afford our current public healthcare system. People should pay healthcare user fees for medical services.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

2. A major cause of rising healthcare costs is people going to their doctors when they do not need to or when the matter is trivial.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

3. We can save money by relying less on hospital care and more on community care/home care.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

4. We should make cuts in healthcare funding and services when governments have budget shortfalls.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

5. Prescription drugs should be provided by the public healthcare system.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

6. The American system of healthcare provides better services than the Canadian system.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

7. Private clinics will improve access to services by relieving pressure on the public system.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

8. Some jobs in public healthcare, such as laboratory jobs, should be contracted out to private companies.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE

9. Drug companies have too much influence on our healthcare system.

   - STRONGLY AGREE
   - AGREE
   - DON’T KNOW
   - DISAGREE
   - STRONGLY DISAGREE


    - STRONGLY AGREE
    - AGREE
    - DON’T KNOW
    - DISAGREE
    - STRONGLY DISAGREE
Challenges to Medicare

Healthcare funding is a current challenge to Medicare. Since the mid-1990s, critics of Medicare have declared that “health costs are spiraling out of control,” while Medicare advocates have declared that “our healthcare system is dangerously under-funded.” Those who argue that spending is out of control suggest that Canadians need to accept less comprehensive public health insurance and pay for more services using private insurance or pay out of their own pockets. Advocates of Medicare assert that increased funding for healthcare would improve services. In general, critics of Medicare refer to health funding as a “cost” while advocates of Medicare refer to health funding as an “investment.”

One generally agreed-upon method to measure a country’s spending on healthcare is as a percentage of the country’s Gross Domestic Product (GDP). GDP refers to the total market value of all goods and services produced within the country in a year. On healthcare funding and GDP, it should be noted that:

- Currently, Canada invests about 10% of its GDP in healthcare, which is a similar percentage to France and the United Kingdom.
- From 1975-2005, Canada’s healthcare funding rose from 7% of the GDP to 9.8%, remaining constant at between 8 and 10% of our GDP for the last 20 years.
- Funding for doctors and hospitals as a percentage of Canada’s GDP has not changed significantly in the last 20 years.
- Expenditures on prescription drugs—which are generally paid for by a combination of public and private insurance and out-of-pocket payments—have more than tripled as a percentage of Canada’s GDP over the last 20 years.
- One issue related to funding Canada’s healthcare system may be a shrinking tax base, which is often a deliberate policy choice by governments. Historically, taxes in Canada have represented about 33% of the GDP. When governments cut taxes, the GDP shrinks accordingly. Thus, even if the amount invested in healthcare remains the same, it will then represent a larger percentage of the GDP, making it appear that spending has “increased.” The piece of the pie is the same size, but the pie itself has become smaller.

Some critics of Medicare use one-shot, unadjusted total provincial or territorial healthcare investments to measure financial sustainability. Medicare advocates assert that estimated funding over time can be misleading when the figures are not adjusted for provincial population growth (increased population requires increased funding) and inflation (which decreases the value of the dollars spent).
Support Material

Websites

Challenges to Medicare

Privatization is a current challenge to Medicare. Critics of Medicare propose that a possible solution to higher costs is to introduce more private insurance, private payments and private “market principles” into the healthcare system. However, public healthcare funding as a portion of Canada’s GDP has actually been fairly constant for the last two decades. The only exception is the rising cost of prescription drugs, which are already largely paid for privately by individuals.

Proponents of privatization also suggest that expanding privately funded services could cut the long wait times for services in Canada and alleviate shortages of physicians, nurses and other health professionals. They claim profitability would encourage more facilities to open up and more people would become health professionals. But it is hard to imagine how a parallel private system could increase access for most citizens. Private services would more likely speed up access for wealthier patients, leaving those who cannot afford to pay for the service faced with longer wait times as healthcare personnel like doctors and nurses would be siphoned off into private clinics where wealth rather than need determine access.

Another related issue is allowing private, for-profit corporations to enter into private contracts to provide care within the publicly funded system (two-tier medicine). Those who oppose two-tier medicine argue that whereas public healthcare is supposed to provide equal access for everyone, private corporations could increase their profits by selecting only the healthiest and most lucrative patients (“cherry-picking”), leaving the sickest and most expensive for public hospitals. Private corporations might also demand that patients pay fees for non-insured services before they could get access to basic care.

Proponents of private healthcare advance other arguments to support their cause. These arguments include:

- Private healthcare would result in lower costs to the individual due to lower individual income tax rates
- Private healthcare would give the individual patient more control over or choice in his or her healthcare
- Private healthcare would be more efficient than government-run healthcare (because it is “run like a business”)
- Private healthcare would discourage overuse of medical services due to cost and hence lower overall healthcare costs
Critics of privatization often support their case by pointing to the United States as a major negative example. They note that the United States has a mainly private system but the U.S. government spends a much greater portion of their GDP on healthcare than Canada, even though Canada has a public system paid for out of taxes and other government revenues. At the same time, they argue that the quality of care is just as good or better in Canada as in the United States. Critics also note that in 2009 under the U.S. private system, over 47 million people had no healthcare insurance at all.

Critics of privatization also point out that the World Health Organization rates France, which has a public healthcare system, as having the best quality healthcare in the world. In contrast, the highly privatized healthcare system in the United States ranks about 38th on the same list. Finally, older Canadians, who have lived with Medicare for many decades, oppose privatization on the basis that private healthcare is just not the Canadian way. They also fear that under a private system, one major illness could bankrupt them, a catastrophe experienced by many of their U.S. counterparts.

Support Material

Mazankowski Report (Alberta, 2002)

Challenges to Medicare

Lesson Six: Challenges to Medicare

Student Learning Guide Backgrounder 6.2.2

Support Material

Websites


• Building Our Public Services, Protecting Our Healthcare. United Steelworkers Canada. http://www.usw.ca/program/content/957.php


Contracting out or “outsourcing” is a current challenge to healthcare. Contracting out involves transferring the management and/or day-to-day execution of an entire aspect of public care to an external service provider. For example, public hospitals might contract out laboratory, food, housekeeping, or laundry services to a private company from outside the hospital. Contracting out differs from privatization in that privatization has the operation sold outright, while contracting out is only for a limited term. When the term expires, the contract may be renewed, given to another contractor, or even cancelled.

Proponents usually justify contracting out by saying that the same service can be delivered at lower cost. But because of the need to make a profit, privatized services are often more costly if the same quality of service is maintained. Besides profit to the contractor, there are other additional costs to the public, including GST, expenses related to the contract itself, losses on the sale or donation of public assets, and extra user fees. Also, contractors can raise their prices at their leisure once they are firmly in place. The argument that increased efficiency can decrease costs without sacrificing quality is based on the questionable assumption that the private sector is more efficient than the public sector.

Another danger of contracting out is that it can result in lower quality services because contractors may cut corners to reduce their expenses. For example, contracted out hospital housekeeping workers might be told to clean less thoroughly using cheaper cleaning materials and lower quality equipment. This could increase the danger of patient infections. Similar methods could be used to cut corners in hospital food, laundry and other services, with other negative consequences.
Challenges to Medicare

Contracted services also create the illusion of being cheaper by offloading some of the costs of the service onto clients, other providers and the public system. For example, contracted out hospital food services are made cheaper by raising food prices and using frozen instead of fresh food. Laundry is made cheaper by offloading sorting out torn and soiled laundry onto nurses. Laboratory service is made cheaper by taking over lab space and equipment that was purchased by the public system, so the contractor pays no overhead costs for space and equipment.

The main way contracted services are made cheaper is by reducing workers’ wages and benefits. The switch from public to contracted means a union’s collective agreement can be terminated. Wages and benefits can then be reduced by firing staff, lowering wages, laying off staff and hiring them back at reduced wages, and turning full-time jobs into part-time to eliminate medical, pension and other benefits. Intensity of labour can be increased through speed-up, increased workload, reduced breaks and unpaid overtime. In addition, workers may lose their rights to sick leave, seniority and grievance procedures.

Not surprisingly, healthcare unions have waged a struggle against contracting out. For example, in 2001, the Canadian Union of Public Employees (CUPE) released a study titled, *The Costs of Contracting Out Home Care*. The study concluded “that ending contracting out and competitive bidding for community care patient services would free up a minimum of $247.4 million of the current home care budget. This money could then be used to improve patient care. We recognize that redirecting these resources back to patient care will not solve all the problems, but it will be a step in the right direction.”

Support Material

Websites

Challenges to Medicare

Student Learning Guide Backgrounder 6.2.4

Challenge to Medicare—Influence of Multinational Drug Companies

The influence of multinational drug companies is a current challenge to Medicare. Drugs or pharmaceuticals are an integral part of healthcare and healthcare expenditures in Canada; however, they are not part of basic Medicare coverage and individuals must pay for them out of their own pockets. This includes both doctor-prescribed drugs such as antibiotics and over-the-counter (OTC) drugs such as Tylenol, which can be purchased without a prescription.

There are now more than 200 major pharmaceutical companies. Three of the largest—Pfizer, GlaxoSmithKline, and Sanofi Aventis—are together more profitable than the whole of almost any other industry. Pharmaceutical companies can offer brand drugs (where one company has a monopoly) rather than offering generic drugs where competing companies sell the drug at competitive rates. Drug companies are criticized for raising prices, over-zealous marketing, producing duplicate drugs (rather than developing needed new drugs) and sometimes even engaging in secrecy or fraud in drug testing results.

In Canada in 2006, $21 billion dollars was spent on prescription drugs, and about $4 billion was spent on OTC drugs. In 2005, physicians wrote more than 395 million prescriptions, which is an average of 12 for each Canadian. Prescription drugs made up 17% of Canada’s total healthcare costs (compared to 13% for physicians and 30% for hospital care); this percentage has been steadily growing over the last 20 years. Also, the rate of growth in prescription drug expenditures greatly exceeds the rate of growth in overall Medicare expenditures.

In Canada, a variety of federal laws and regulations control how drugs are patented, tested and marketed. The federal government decides if a new brand drug can be marketed in Canada and approves the retail price. When the price is considered excessive, the government can order the manufacturer to lower the price or to pay the government the equivalent in excess revenues. This authority does not cover generic drugs. Provinces are responsible for designing, administering and funding their own prescription drug plans, which are generally drug subsidy programs for seniors and people on social assistance. A national Canadian program to cover drug costs, Pharmacare, was recommended by the Royal Commission on Health Services in 1964 and again by the National Forum on Health in 1997. Since then Pharmacare seems to have dropped from the healthcare agenda. The main government objection to Pharmacare is that it would be too costly. The pharmaceutical companies also oppose Pharmacare because they see it as a threat to their profits from drug sales.
Proponents and opponents of Pharmacare disagree over claims such as the following:

- Drugs are basic to healthcare and hence should be covered by public health insurance.
- Drug costs are a hardship for people with lower incomes.
- Other countries have successful Pharmacare programs. For example, in the United Kingdom, prescription drugs are either free (Wales) or are available at minimal cost.
- Federal Pharmacare would ensure that the federal government regulated, administered and paid for prescription drug programs, avoiding provincial level involvement and disparity.
- The Federal government would be motivated to fund an independent research institute to test prescription drugs instead of relying on drug company findings.
- Pharmacare could lower drug costs. In Australia, for example, a single government buyer controls the entire market and so can affect the price of a drug by varying the quantity bought.
- Doctors would prescribe drugs with more care.

Websites

- Presentation to the Standing Committee on Health Study on Prescription Drugs. CUPE (Canadian Union of Public Employees) Alberta. http://www.cupealberta.ab.ca/reports/prescription_drugs.htm
Challenges to Medicare—Global Trade Agreements

The impact of global trade agreements is a current challenge to Medicare. Canada and the United States signed the initial Free Trade Agreement (FTA) on October 4, 1988. The agreement removed some trade restrictions over a ten-year period that resulted in an increase in cross-border trade. In the negotiations, Canada retained the right to protect education and healthcare. In 1992, the FTA was superseded by NAFTA, the North American Free Trade Agreement, which included Mexico.

Free trade agreements are controversial. A May 2004 Ipsos poll found that “six in ten Canadians (62 percent) disagree that Canada should sign a trade agreement that would open Canada’s public services (note: e.g., healthcare) to competition from foreign companies. A further six in ten (60 percent) disagree that government should sign deals that would allow corporations to directly sue the Government of Canada if our public policies impair their ability to make profits.”

There are currently two contrasting views about NAFTA’s impact on Medicare. Critics worry that NAFTA will result in the destruction of our healthcare system as it is under greater pressure to privatize. At the same time, federal government spokespersons and other NAFTA advocates continue to reassure everyone that Medicare is not on the negotiating table.

Since NAFTA’s mission is to reduce trade barriers, critics worry that this will mean a shift to privatization. The underlying assumption is that the free market will somehow result in the best allocation of resources and in improved economic growth. This free market philosophy contrasts sharply with the aims of Canada’s healthcare sector that relies on high levels of government intervention to achieve its goals. To put it another way, Canadian healthcare is based on access according to need rather than ability to pay, whereas the reverse is generally true in the United States.

Critics identify two provisions in NAFTA that concern healthcare: the “national treatment” provision and the “expropriation” provision. The national treatment provision requires Canada to treat investors and providers from the US and Mexico the same as domestic investors and providers. For example, if a Canadian private facility provided healthcare services in Alberta, then an American company would have the right to do the same. Any move toward healthcare privatization has the potential to open up healthcare to American and Mexican investors and providers.
Challenges to Medicare

The expropriation provision allows American and Mexican companies to claim compensation from the Canadian government if the government nationalizes or expropriates their investment. NAFTA critics are concerned that any future reforms to Canada's healthcare system such as expansion of public health insurance systems to cover drugs could result in having to compensate foreign companies. The companies could claim losses because public healthcare expanded into an area where they claim a market share, like drug sales.

NAFTA has conditions, called annexes, designed to protect all provincial measures pertaining to healthcare that were in place when the treaty was signed. Annex II states that Canada may adopt or maintain any measure with respect to health to the extent that it is a social service established or maintained for a public purpose. However, what is exactly meant by 'for a public purpose' may depend on interpretation.

Websites

My Challenge to Medicare is _____________________________________________________

Directions:

Step 1: Read the description of the challenge and respond in Column 1 below.

Step 2: Meet with two other students with the same challenge and review your answers. Be prepared to affirm or amend your thoughts on these questions and record them in Column 2.

<table>
<thead>
<tr>
<th>Column 1: Individual</th>
<th>Column 2: Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why has the challenge to Medicare arisen?</td>
<td></td>
</tr>
<tr>
<td>What are implications of the challenge for Medicare’s future?</td>
<td></td>
</tr>
<tr>
<td>What should be done to meet the challenge?</td>
<td></td>
</tr>
</tbody>
</table>
### Challenges to Medicare

**Step 3: HOME Group Sharing**

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Why has the Challenge Arisen?</th>
<th>Implications of the Challenge for Medicare’s Future</th>
<th>What should be done?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Privatization</td>
<td></td>
<td></td>
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<tr>
<td>Contracting Out</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Influence of Drug Companies</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Global Trade Agreements</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Your Task**

Finish this assignment by writing a letter to a newspaper, healthcare administrator or politician. Identify your major concerns regarding one or more of the aspects of healthcare identified in this lesson. Provide the reasons for your concerns and offer suggestions for actions that you believe could and should be taken.
# Challenges to Medicare Letter

Name____________________________________________________________ Date__________________

<table>
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<tr>
<th></th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideas and content</td>
<td>Ideas expressed are very clear and well organized. The letter is easy to understand.</td>
<td>Ideas expressed are generally clear and organized. The letter is understandable.</td>
<td>Ideas are not clear and lack organization. It takes more than one reading to understand the letter.</td>
<td>Ideas are confused and unrelated. It is very difficult to understand the letter.</td>
</tr>
<tr>
<td>Sentences &amp; paragraphs</td>
<td>Sentences and paragraphs are complete, well constructed and of varied structure.</td>
<td>Most sentences are complete and well constructed. Paragraphs are generally well constructed.</td>
<td>Some sentences are complete and well constructed. Paragraphing needs work.</td>
<td>Many sentence fragments and/or run-on sentences. Written in one paragraph or paragraphing is haphazard.</td>
</tr>
<tr>
<td>Format</td>
<td>Complies with all the requirements of a formal letter.</td>
<td>Complies with most of the requirements of a formal letter.</td>
<td>Complies with several of the requirements of a formal letter.</td>
<td>Complies with few of the requirements of a formal letter.</td>
</tr>
<tr>
<td>Grammar &amp; spelling (conventions)</td>
<td>The writing demonstrates correct grammar, spelling, and punctuation.</td>
<td>The writing demonstrates control of basic grammar, spelling, and punctuation.</td>
<td>The writing demonstrates limited control of basic grammar, spelling, and punctuation.</td>
<td>The writing demonstrates little or no control of basic grammar, spelling, and punctuation.</td>
</tr>
</tbody>
</table>

Comments ____________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
Lesson Seven: Comparing Canadian Healthcare to the United States and Other Countries

Key Question

How has the United States of America responded to pressure to introduce publicly supported healthcare initiatives?

Purpose

While Canada adopted a public system in the 1960s, the United States has traditionally left healthcare to the private sector. This lesson asks students to examine the American healthcare system, where there is an ongoing debate to introduce aspects of public healthcare. A major platform of the Obama administration was to extend public healthcare coverage in the USA. This lesson asks students to explore the American healthcare experience. Options for extending the analysis and research to include other countries are also provided.

Learning Outcomes

Students will:

9.2.3 appreciate the impact of government decision making on quality of life

9.2.5 assess, critically, the relationship between consumerism and quality of life in Canada and the United States by exploring and reflecting upon the following questions and issues:
- what societal values underlie social programs in Canada and the United States?

9.2.6 assess, critically, the interrelationship between political decisions and economic systems by exploring and reflecting upon the following questions and issues:
- how is a political party’s philosophy reflected in its platform (i.e., social programs, specific taxes, taxation model)?

9.S.1 develop skills of critical thinking and creative thinking:
- determine the validity of information based on context, bias, source, objectivity, evidence or reliability to broaden understanding of a topic or an issue
- evaluate, critically, ideas, information and positions from multiple perspectives
- demonstrate the ability to analyze current affairs from multiple perspectives
- re-evaluate personal opinions to broaden understanding of a topic or an issue
- generate creative ideas and strategies in individual and group activities

Continued on next page
Comparing Canadian Healthcare to the United States and Other Countries

Lesson Seven: Comparing Canadian Healthcare to the United States and Other Countries

Learning Outcomes continued

Students will:

9.S.2 develop skills of historical thinking:
- analyze selected issues and problems from the past, placing people and events in a context of time and place

9.S.7 apply the research process:
- reflect on changes of perspective or opinion based on information gathered and research conducted
- integrate and synthesize concepts to provide an informed point of view on a research question or an issue
- develop a position supported by information gathered during research
- draw conclusions based upon research and evidence
- determine how information serves a variety of purposes and that the accuracy or relevance may need verification
- organize and synthesize researched information
- formulate new questions as research progresses
- practise responsible and ethical use of information and technology
- include and organize references as part of research

Duration

One to three periods

Materials

- Student Learning Guide 7.1 and 7.2
- Chart paper and felt pens
- Union Presentation: US vs. Canada Healthcare. 7 minutes, 18 seconds. http://www.youtube.com/watch?v=npnfbF_PEVc (Recommended.)
- Optional Film: Sicko video at: http://video.google.com/videoplay?docid=6646340600856118396
- Or Sicko trailer at: http://www.youtube.com/watch?v=xlDAUKSh9CQ (2:19).
Lesson Seven: Comparing Canadian Healthcare to the United States and Other Countries

Opener

Use Student Learning Guide 7.1: KWL Chart (Know, Want to Know, Learned). Ask students to individually reflect on what they know about the American healthcare system and write their answers in the KNOW column of the chart. Ask them to share their answers with each other in pairs or small groups and generate questions for the WANT TO KNOW column.

Main Learning Activity

Suggest to the students that different countries have different kinds of healthcare systems. The systems are often based on the fundamental values held by the society and tend toward either private or public, although few systems are exclusively one or the other. The basic question all governments ask is: Should individuals or the government be responsible for the provision of basic healthcare? Students have become familiar with Canada’s public healthcare system throughout the unit, and are probably aware of the American system, which is essentially private, even with the 2010 Obama healthcare reforms.

Show the YouTube video called: Union Presentation: US vs. Canada Healthcare (7 minutes, 18 seconds, http://www.youtube.com/watch?v=npnfbF_PEVc) to stimulate discussion. Inform the students that this video was made before the 2010 reforms.

Read Issues for Canadians, Lychak, Chapter 8, pages 271-275 to compare social programs in Canada and USA. Some of the comparisons focus specifically on healthcare. Use this section of the text to stimulate thinking about the key issues faced by public and private healthcare systems.

Ask students to create two concept maps (see Lesson 4), one that features Canada and the other the United States. Ask them to identify issues faced by both systems. Encourage them to find interconnections and related ideas on both charts. Use large sheets of paper and coloured markers to encourage big picture thinking. This should be done in small groups. This exercise will get students ready to undertake a research assignment.

Use Student Learning Guide 7.2—Position Paper: To what extent should Americans move toward a public healthcare system? Instructions and an assessment rubric are provided.

Assessment

Ask the students to return to the Student Learning Guide 7.1: KWL Charts and identify new facts and concepts that they have learned. Ask the students to check their initial perceptions and make corrections. They should also indicate the new things they have learned by filling in the LEARNED column. Return to the Key Question—How has the United States of America responded to pressure to introduce publicly supported healthcare initiatives?

Closure
Extension Activity

Should you want to explore other countries’ healthcare systems, consider asking students to critique Michael Moore’s film “Sicko.” This film focuses on the healthcare systems in Canada, the US, the UK, France, and Cuba. Ask them to identify the public-private distinctions according to Moore. Encourage further research to ascertain whether Moore has used accurate and reliable information. What is his point of view? What arguments and evidence does he use?

This film can generate emotional and irrational responses. Encourage critical thinking.

A possible research assignment could be to ask students to choose one country mentioned in the film and make a tri-fold poster illustrating their chosen system. Another possible research assignment could be to ask students to examine what Moore’s critics say about his position on private-public healthcare.

Comparing Canadian Healthcare to the United States and Other Countries

KWL Chart: The American Healthcare System

We have been studying the Canadian healthcare system. This lesson will ask you to compare and contrast Canada’s healthcare system to the system in the United States.

**Step 1 KNOW** – write everything you know about the American system of healthcare in the first column.

**Step 2 WANT TO KNOW** – with a partner or small group, review the information in your KNOW columns. Together, generate questions for the WANT TO KNOW column.

**Step 3 LEARNED** – at the end of the lesson, write the answers to your questions and other facts and ideas in the LEARNED column.

<table>
<thead>
<tr>
<th>KNOW</th>
<th>WANT TO KNOW</th>
<th>LEARNED</th>
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Lesson Seven: Comparing Canadian Healthcare to the United States and Other Countries

Position Paper

To what extent should Americans move toward a public healthcare system

This assignment asks you to learn more about recent decisions that are changing the way Americans address healthcare issues. Your position paper needs to identify and explain alternative viewpoints, perspectives, and/or values regarding American healthcare reforms.

State and defend a personal point of view on the extent of healthcare reforms in the United States, and whether or not they go too far or not far enough. Provide evidence from what you have learned in class, and communicate your ideas clearly in essay format.

Use the questions below as a guide to framing your position paper.

1. Americans have had an essentially private healthcare system. What does this mean? What values underlie their system?
2. What are the issues and challenges faced by the US on the provision of healthcare to all citizens?
3. What was Barack Obama’s healthcare platform in 2008 during the presidential election campaign? How did his platform reflect the views and values of the Democratic Party?
4. What is the position of the Republican Party on healthcare?
5. In 2009 and 2010, President Obama needed to have support of both the Congress and the Senate to pass his healthcare reform bill. What were the major decisions made by both groups? What were the compromises? Why did they occur?
6. In the end, how has the American healthcare system changed? Did the President achieve his vision for healthcare?
Comparing Canadian Healthcare to the United States and Other Countries

Support Material

Websites for USA

- Health Reform, White House for various resources
  www.healthreform.gov/

  Coalition for Universal Healthcare.
  http://cthealth.server101.com/the_case_for_universal_healthcare_in_the_united_states.htm

- Everybody In, Nobody Out (EINO).
  http://www.everybodyinnobodyout.org/

- “For profit healthcare: Expensive, inefficient and inequitable.” Dr Arnold
  Relman, 2002.
  http://www.healthcoalition.ca/elman.html

  http://en.wikipedia.org/wiki/Healthcare_in_the_United_States

- Michael Moore: Sicko.
  http://www.michaelmoore.com/sicko/index.html

- Physicians for a National Health Program.
  http://www.pnhp.org/

- On The Issues (Republican Party views on healthcare)
  http://www.ontheissues.org/celeb/republican_party_healthcare.htm

- Healthcare - GOP Solutions for America - GOP
  http://www.gop.gov/solutions/healthcare
Lesson Seven: Comparing Canadian Healthcare to the United States and Other Countries

Comparing Canadian Healthcare to
the United States and Other Countries

Position Paper

To what extent should Americans move toward a public healthcare system?

State a personal point of view and issue description

The position statement provides a clear, strong statement of position and demonstrates a thorough knowledge of the issues.

The position statement provides a defensible statement of position and demonstrates a basic knowledge of the issues.

The position statement is present, but is unclear. Knowledge of the issue is vague or marginally relevant.

There is no position statement, and knowledge of the issue is not apparent.

Support your position

Clear and articulate arguments relate to the stated position. Anticipates and addresses counter arguments that express others’ points of view.

Adequate arguments relate to the stated position. Some counter arguments that express others’ points of view are provided.

Arguments are minimally related to the stated position. Few counter arguments that express others’ points of view are provided.

Arguments are vaguely related to the position or may not be logical. No counter arguments that express others’ points of view are provided or are irrelevant.

Examples and evidence

Evidence and examples are clearly related and strongly support the position.

Evidence and examples are generally related and support the position.

Evidence and examples are sometimes related and minimally support the position.

Evidence and examples are not related and do not support the position.

Communication

Communication is clear. Writing demonstrates correct grammar, spelling, and punctuation. Includes and organizes references.

Communication is generally clear. Writing demonstrates control of correct grammar, spelling, and punctuation. Includes and organizes most references.

Communication is unclear. Writing demonstrates limited control of correct grammar, spelling, and punctuation. Does not organize the few references included.

Communication is confused. Writing demonstrates little or no control of correct grammar, spelling, and punctuation. Does not include references.
Comparing Canadian Healthcare to the United States and Other Countries

Websites for United Kingdom

- National Health Service (NHS), UK. http://en.wikipedia.org/wiki/National_Health_Service
- Youtube: Universal Healthcare: Should the USA Imitate UK? PSA Video. 8 minutes, 37 seconds. (Recommended.) www.youtube.com/results?search_query=Public+Health+Care&search_type=&aq=f

Websites for France


Websites for Cuba

Lesson Eight: Values, Rights, and Policies

Key Question
What economic and social values shape the healthcare policies of various political parties?

Purpose
This lesson asks students to consider the economic and social values espoused by various political parties and consider the ways these values affect their healthcare platforms and policies. Specific reference to healthcare policy will be made within the context of social policy in general. Lesson 2: Who Should Be Responsible? is a good companion for this lesson.

Learning Outcomes
Students will:
9.2.3 appreciate the impact of government decision making on quality of life
9.1.4 examine the structure of Canada’s federal political system by exploring and reflecting upon the following issue:
   • to what extent do political and legislative processes meet the needs of all Canadians?
9.5.1 develop skills of critical thinking and creative thinking

Duration
One to two periods

Materials
• Student Learning Guide 8.1
• Open floor area (space for a line-up for the whole class)
Use a **Human Continuum** to help students better understand the tension between individual versus collective values. Designate floor area in the room for a lineup and label the ends of the continuum “We Care for Everyone” and “Everyone for Themselves.”

Draw a continuum on the board like the one below.

![Human Continuum](image)

- Discuss the sayings “We Care for Everyone” and “Everyone for Themselves.” Ask, what do these phrases mean to you? Ask the students to think carefully about public versus private healthcare, and where they would place themselves on the continuum. Ask them to stand on the line in the place that reflects their personal position.

- Ask the students to turn to their neighbour and talk about the reason(s) for their similar choices. Split the line in two at the mid-point and walk one line behind the other so that students are now standing behind someone who disagreed with his or her choice. Ask the students to discuss their choices with a person who is in disagreement. Students can change their positions if an argument convinces them to do so. What values underlie each end of the continuum (i.e. responsibility for others versus individual responsibility)?

- Bring students back for a debriefing that reveals reasons for their choices. If you did Lesson 2, consider reviewing the racecar/bus analogy from Lesson 2.

- End by paralleling the continuum to the range of platforms on economic and social policies held by various political parties in Canada, and indicating that the lesson will focus on the political parties’ positions on healthcare.
Lesson Eight: Values, Rights, and Policies

Main Learning Activity

Review important facts about Canada’s political parties. Ask students to name the major parties, then discuss what they know about their economic and social policies from previous study. As the students to speculate on their stand on healthcare. Party policies reflect the values of the party and its members. For example, parties may differ in how much they value social programs that are supported by the collective. In society, values are reflected in principles and in actions. In the case of political parties, values guide and shape platforms and policies.

What types of actions do various parties support in terms of healthcare? An example is expanding Medicare coverage or implementing Pharmacare (coverage for prescription medicine), or conversely wanting to reduce Medicare coverage by delisting some types of health services.

Take time to review Issues for Canadians, Lychak, pages 286-290, to get an idea of some party positions on important healthcare issues. Ask: is there a relationship between a party’s economic values and its social values? Where would the parties be on the continuum from the beginning of the lesson? A few details of the healthcare policies of five of the nineteen registered Canadian political parties and two US parties are provided on pages 289-90 (Lychak, 2008).

Remind the students that what a party says about healthcare may differ from what the party actually does, once it forms the government. For example, a party may say it opposes healthcare privatization but once elected may allow some privatization.

Assignment

Use Student Learning Guide 8.1 to frame the assignment. Students will research (individually, in pairs, or in groups) the economic and social policies of one of Canada’s registered political parties. They will write and deliver a candidate’s speech that highlights the party’s values, platform and policies relating to healthcare. Elections Canada, www.elections.ca, has links to each party’s website, as well as to other contact information. Urge them to look online for additional information, contact party representatives for telephone interviews, hold face-to-face interviews and collect party literature.

Assessment

See rubric included in Student Learning Guide 8.1.

Closure

Point out that the United Nations Universal Declaration of Human Rights (1948) states that healthcare is a right that must be provided and guaranteed under any and all circumstances. This means no one should lack healthcare for any reason, and it is the government’s responsibility to ensure that everyone in society has healthcare. Also note that healthcare is not explicitly included as a right in Canada’s Charter of Rights and Freedoms (1982) http://laws.justice.gc.ca/en/charter/.

Return to the Key Question—What economic and social values shape the healthcare policies of various political parties?
Lesson Eight: Values, Rights, and Policies

I believe…

Canadian political parties must make statements about what they believe in regard to social and economic values they hold. These statements become the party’s platform (statement of belief and actions) and their policies (guides for action). Voters need to know this information before an election so that they can elect the candidate and party that best reflects their own beliefs.

Your Task

- Select one of Canada’s registered political parties and find out about their fundamental values, economic and social policies, and specifically their position on healthcare. Assume that you are a candidate for that party running for an election, and you will need to give a speech to the people in your constituency outlining your position on healthcare. Be sure to talk about your values, beliefs and your party’s position. Provide stories and examples to help convince the voters to elect you.
- Go to Elections Canada, www.elections.ca, to find links to your party’s website and other related contact information. Use these resources to help you prepare your speech.
- Assessment—research, ability to work with others and deliver your party’s message.

Rubric – Speech

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<tr>
<th>4</th>
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<tbody>
<tr>
<td>Research</td>
<td>Information gathered is accurate, clear, and comprehensive and draws on various sources.</td>
<td>Information gathered is generally accurate, clear, and comprehensive and draws on several sources.</td>
<td>Information gathered is minimally accurate, lacks clarity and comprehensiveness and draws on few sources.</td>
</tr>
<tr>
<td>Collaboration with peers</td>
<td>Listens to, shares with, and supports the efforts of others in the group. Keeps people working as a team.</td>
<td>Usually listens to, shares with, and supports the efforts of others in the group. Is generally a cooperative team member.</td>
<td>Sometimes listens to, shares with, and supports the efforts of others in the group. Is sometimes a distracting team member.</td>
</tr>
<tr>
<td>Speech delivery</td>
<td>Student is completely prepared, confident, rehearsed and persuasive. Uses stories effectively to support the speech.</td>
<td>Student is generally prepared, confident, rehearsed and persuasive. Most stories support the speech.</td>
<td>Student is somewhat prepared, but is not rehearsed and is marginally persuasive. Few stories or examples support the speech.</td>
</tr>
</tbody>
</table>
Support Material

Websites


Vision of Healthcare for Canada

Key Question

What is my vision of healthcare for Canadians in the future and how can I work toward achieving it?

Purpose

This lesson asks students to envision their preferred future for Canada’s healthcare system—a part of the social infrastructure that addresses quality of life. In addition to developing a vision, students are encouraged to suggest and undertake actions designed to achieve their personal vision.

Learning Outcomes

Students will:

9.S.1 develop skills of critical thinking and creative thinking:
- generate creative ideas and strategies in individual and group activities
- access diverse viewpoints on particular topics by using appropriate technologies
- assemble and organize different viewpoints in order to assess their validity

9.S.5 demonstrate skills of cooperation, conflict resolution and consensus building:
- demonstrate a positive attitude regarding the needs and perspectives of others
- access, retrieve and share information from electronic sources, such as common files
- use networks to brainstorm, plan and share ideas with group members

9.S.6 develop age-appropriate behaviour for social involvement as responsible citizens contributing to their community, such as:
- develop leadership skills by assuming specific roles and responsibilities in organizations, projects and events within their community
- how is a political party’s philosophy reflected in its platform (i.e., social programs, specific taxes, taxation model)?
Vision of Healthcare for Canada

Duration
Two to four periods

Materials
- Chart paper and felt pens (for Opener)
- Student Learning Guide 9.1 and 9.2

Opener
Start the lesson by asking students to think about what their future will be like if nothing changes in Canada, and to begin to imagine their preferred future as it relates to quality of life. Use the graphic organizer in Student Learning Guide 9.1, developed by David Selby, noted futurist and global educator, to help students begin to envision the kind of future they wish to have versus the one they will likely have if life continues as it is. Students can do this individually or in pairs on large sheets of chart paper.

Option or Extension
Prior to doing this activity, show the film “Chasing the Cancer Answer,” (see Teaching References at the end of the lesson). This film is a 26-minute documentary produced by CBC that highlights the investigations of Wendy Mesley, CBC journalist and cancer survivor, regarding high rates of cancer and the actions that are being taken to prevent the disease in Canada. A short YouTube video clip (1:43 minutes) of this documentary is also available at: http://www.youtube.com/watch?v=zbedfQlsxwM

Ask students to familiarize themselves with The Romanow Report (2002), a comprehensive government-commissioned report on the future of Canadian healthcare, entitled, “Building on Values: The Future of Healthcare in Canada.” Romanow states in his opening letter to the Governor-in-Council that the purpose of the report is to “ensure over the long term the sustainability of a universally accessible publicly funded healthcare system that offers quality services to Canadians.”
Vision of Healthcare for Canada

Main Learning Activity

After students have completed Student Learning Guide 9.1, break them into small groups and ask them to consider their answers to the following questions in the context of their preferred future:

- How should healthcare be funded (i.e. from tax revenues, by employers, by individuals, other)?
- What services should be covered (i.e. everything, a selection)?
- What role should private companies have in healthcare (i.e. larger role, same role, smaller role)?
- What role should hospitals have in healthcare (i.e. larger role, same role, smaller role)?
- How should doctors and other providers be paid (i.e. fees determined by government, salary, user charges)?
- How can people be guaranteed timely access to required healthcare (i.e. hire more doctors, open more hospitals, open private clinics)?
- What special provisions should be made for seniors? For children? For the disabled?
- Should Medicare include a Pharmacare program? How, and what limitations should there be?
- How can healthcare be improved?

Use Student Learning Guide 9.2 – My Vision and Plan for Action for the Future. Close by asking students to formulate a personal vision statement. Ask students to consider the Public/Private Healthcare continuum in deciding what their vision statement will contain. Ask them to individually write their statement for the future of healthcare on a 8.5 x 11 piece of paper in large print, then ask them to share and post their visions on a bulletin board. An assessment rubric is included. Encourage them to think about actions that would accomplish their visions.
Extension Activities

Students with similar vision statements could discuss and present suggested actions as a group to the class.

Each student could submit his or her vision statement for the future of healthcare to a Canadian newspaper of his or her choice (i.e. school newspaper, community newspaper, or to another appropriate audience), or write a letter to a government review commission, a provider or provider group, a patient advocacy group, or an MLA or MP. Ensure that they include specific actions these groups can take. Track the feedback from their submissions. If no feedback is obtained within a suitable period, ask students to follow up with a further inquiry to the recipient.

The class could form itself into a Commission to Inquire into Medicare and holds classroom hearings to deliberate on the various student visions, and publish the results.
Envision Your Preferred Future for Healthcare

It is important to think about the future in terms of the quality of life that you hope to have for yourself and for future generations. Before making a vision statement—a declaration of what you want healthcare to be like in the future—take some time to reflect on the past and present and then speculate about your probable and preferred futures.

1. List significant events in your life that have shaped your quality of life to this point. List these on the Now line.

2. Speculate on events that will occur in the future if things continue as they are now. List these on the Probable Future line.

3. Think about what quality of life would be like in your ideal world. List these on the Preferred Future line.

My Vision and Plan for Action for the Future of Healthcare

My Vision of the Future of Healthcare is…

Actions I Can Take to Achieve My Vision

List the actions that you think will achieve your vision. Write a brief description of how you would go about accomplishing these actions.
# Vision of Healthcare for Canada

## My Vision of Action for the Future of Healthcare

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<th>4</th>
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<th>1</th>
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<tr>
<td><strong>Vision Statement</strong></td>
<td>The vision statement provides a clear, carefully chosen statement of beliefs and values.</td>
<td>The vision statement provides a thoughtful statement of beliefs and values.</td>
<td>The vision statement is basic and provides a limited statement of beliefs and values.</td>
<td>There is no vision statement or the vision statement is unclear and provides a confused statement of beliefs and values.</td>
</tr>
<tr>
<td><strong>Actions to Achieve the Vision</strong></td>
<td>The actions proposed are realistic, well thought out and doable.</td>
<td>The actions proposed are generally realistic and doable.</td>
<td>The actions proposed are not well thought out and may not be realistic or doable.</td>
<td>There are few ideas for action and they are unrealistic or not doable.</td>
</tr>
<tr>
<td><strong>Grammar &amp; Spelling</strong></td>
<td>Few or no errors in grammar, spelling, and punctuation. Content is easy to understand.</td>
<td>Minor errors in spelling, grammar, and punctuation. Content is generally easy to understand.</td>
<td>Several errors in spelling, grammar, and punctuation. Content is difficult to understand.</td>
<td>Many errors in spelling, grammar, and punctuation. Content is not understandable.</td>
</tr>
</tbody>
</table>

Name: ____________________________ Date: ____________________________
Websites

  http://www.aims.ca/library/CGStatementE.pdf
- Canada Health Act: Annual Report 2008-09
- Canadian Doctors for Medicare.
  http://www.canadiandoctorsformedicare.ca/
- Friends of Medicare, Alberta.
  http://www.friendsofmedicare.ab.ca/
  http://www.bmj.com/cgi/content/full/323/7318/926
  http://www.savemedicare.com/5points.htm
- Mending Medicare. Canadian Committee for Policy Alternatives, Canada Health Coalition.
  http://www.nasa.ualberta.ca/news.cfm?story=31531
- Public Views http://publicvalues.ca/ViewArticle.cfm?Ref=00576
- Canada spends one-half per capita on health than US does, yet we are healthier. Cites the Canadian Institute for Health Information.
Acknowledgement of Support

Alberta Federation of Labour
AB/NWT Regional Council of Carpenters
Alberta Teachers’ Association, Provincial
Alberta Union of Provincial Employees, Provincial
Amalgamated Transit Union, Local 583
Athabasca University Faculty Association
Bakery, Confectionery, Tobacco Workers & Grain Millers, Local 252
Boilermakers, Lodge D331
Building Trades of Alberta
Canadian Auto Workers, Canada
Canadian Labour Congress, Prairie Region
Canadian Office & Professional Employees Union, Local 379
Canadian Office & Professional Employees Union, Local 458
Communications, Energy & Paperworkers, Local 21-A, Celanese Unit
Communications, Energy & Paperworkers, Local 21-A, IOL Strathcona
Communications, Energy & Paperworkers, Local 255G
Communications, Energy & Paperworkers, Local 530-A
Communications, Energy & Paperworkers, Local 707
Communications, Energy & Paperworkers, Local 777g
Communications, Energy & Paperworkers, Local 855
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Canadian Union of Public Employees-Alberta
Canadian Union of Public Employees, Calgary & District Council
Canadian Union of Public Employees, National
Canadian Union of Public Employees, Local 30
Canadian Union of Public Employees, Local 37
Canadian Union of Public Employees, Local 38
Canadian Union of Public Employees, Local 417
Canadian Union of Public Employees, Local 1169
Canadian Union of Public Employees, Local 1445
Canadian Union of Public Employees, Local 3550
Canadian Union of Public Employees, Local 3911
Canadian Union of Public Employees, Local 4575
Canadian Union of Public Employees, Local 4625
Canadian Union of Postal Workers, Local 710
Canadian Union of Postal Workers, Local 770
Canadian Union of Postal Workers, Local 776
Edmonton & District Labour Council
Ft. McMurray & District Labour Council
Health Sciences Association of Alberta
International Assoc. of Heat & Frost Insulators, Local 110
International Assoc. of Machinists & Aerospace Workers, Local 99
International Assoc. of Machinists & Aerospace Workers, Local 1722
International Alliance of Theatrical & Stage Employees, Local 210
International Brotherhood of Electrical Workers, Local 424
Ironworkers, Local 720
Red Deer & District Labour Council
Telecommunications Workers Union, Canada
United Nurses of Alberta, Provincial
United Nurses of Alberta, Local 301
United Association of Plumbers & Pipefitters, Local 488 Political Action Committee
United Food & Commercial Workers, Local 1118
United Steel Workers of America, Local 1-207
United Utility Workers’ Association
Mary Lou Cherwaty
Miles Gorgichuk
Gary Hansen
Maureen King
Pat Marston
James L McMillan
Harold Neth
Crystal Triembacher
Jim Watson
Appendix

Teaching Unit References

Books

Federal report confirms the value Canadians place on their healthcare system and recognizes the need for its renewal, including extension of public funding.

Canadian doctor Norman Bethune and his years in the Soviet Union, Spain and China, 1935-39.

How HMOs compromise members' healthcare to minimize costs and maximize profits.
Review: http://findarticles.com/p/articles/mi_m1316/is_n1-2_v29/ai_19034241

Ten page book summary at http://www.wanttoknow.info/truthaboutdrugcompanies

The logic and results of healthcare cost-cutting and privatization.

A readable and convincing case for universal healthcare in the US.

A case study of the 1962 Saskatchewan doctors' strike against the province's medical care plan.

Thirty four healthcare thinkers, providers and activists discuss Medicare today.

A compendium of information on the environmental causes of cancer, e.g., the workplace.

How corporations are taking over Canada's healthcare system.


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Books


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Books

A concise introduction to healthcare in Canada and various ideas for reforming the system.

The Alberta government’s attacks on funding for social programs, including healthcare.

Analyzes the negatives of for-profit medicine in Alberta.

A description and analysis of the modern Swedish healthcare system.

A collection of articles about Canadian healthcare, including a history of the Health Act.

Examines trends in Canadian healthcare reform, specifically in governance, economics, human resources and information
Appendix

Films/Videos/DVDs

Bitter Medicine. Part One: The Birth of Medicare. Tom Shandel. 1983. National Film Board of Canada. 27 min. Part one of a two-part documentary examining Medicare from conception to 1982. Traces events leading to July 2, 1962, the day Medicare was launched in Saskatchewan. Doctors reacted by going on strike.


Salud! MEDICC. 2006. 93min. DVD 3917. Filmmakers travel with some of the 28,000 Cuban health professionals serving in 68 countries and interview international medical students in Cuba.

Sicko. Michael Moore. Dog Eat Dog Films. 2007. 113 min. An investigation of the U.S. healthcare system, including comparisons with other systems.


Wit. Mike Nichols. HBO Films. 2001. 98 min. A professor (Emma Thompson) receives a diagnosis of ovarian cancer and then must deal with the medical system. Based on a Pulitzer Prize-winning play by Margaret Edson.