



Putting a Name and a Face to Healthcare

INTRODUCTION

1. “Quebec society benefits from a public health and social services system whose mission is to maintain, improve and restore the health of the population. This system is based on the principles of universality, equity and the evolving nature of services.”¹ Through their daily endeavors and despite increasing demands, healthcare workers strive to fulfill this mission and respect the fundamental values of solidarity and social justice that Quebecers have always cherished. Despite the turbulent reforms, ambulatory policy changes, and major restructuring of the past years, their exceptional work has touched many people who have a name, a face, and a story.
2. In its May 1st Message, (Fête des travailleurs et des travailleuses), the Social Affairs Committee of the Assembly of Quebec Catholic Bishops acknowledges the numerous challenges facing workers in healthcare and social services. As their reflections will focus on humanizing the healthcare network, the Bishops place people at the centre of all proposals and services that are offered. Recent reports confirm the appropriateness of this theme.

RELEVANT FACTS

3. The 1960’s saw the introduction of hospitalization insurance and the Medicare card which spared Quebecers a major source of debt: the staggering costs associated with illness. However, the 1980’s witnessed the gradual distancing of the Quebec government from the public health system by introducing budget restrictions and canceling programs previously covered by Medicare.² We have observed a trend to propose measures and adopt legislation that has put access to Quebec’s public system of free and universal healthcare at risk.
4. The current state of public finances has forced the Government to revisit its priorities and the healthcare network has found itself under a microscope. Solutions had to be found to reduce the budget deficits of health institutions and the costs of medical insurance. Major downsizing caused a shortage of doctors and nursing personnel and consequently a diminishing number of beds in short-term care facilities (CHSCD). This means that patients who occupied these beds are rapidly discharged and return home, often without adequate follow up and essential financial support.³ Access to emergency healthcare and surgery is problematic because of lengthy waiting lists. To resolve these difficulties, the Government has proposed options such as public-private partnerships

¹ Mission statement of the *Régie de l’assurance maladie du Québec* as stated on its website. (Free translation)

² *Coalition Solidarité Santé*, (Coalition Solidarity Health) *Repères historique du système de santé et des services sociaux au Québec, 1947-2002*. (Free translation)

³ According to *Coalition Solidarité Santé*, 92.6% of people who need home care services receive them from their extended environment and 75% of these caregivers are family members.

and the construction of mega research centres with state-of-the-art equipment and technology. We are experiencing extensive and significant changes which are not only ambulatory and technological, but also ideological.

5. In order to function in this new environment, workers in the healthcare and social services network, as in most organizations, must remain current with technological and scientific advances, continue to provide services, and manage with reduced budgets. There has been a significant and challenging transformation in the workplace for administrative and healthcare personnel with the result that many are discouraged and exhausted.⁴ A new category of healthcare worker has been added, the home-caregiver, and the majority are women. Their invisible and non-remunerated work involves patients who are often parents and relatives in need of short or long-term home care. Their work could easily find its professional equivalent among nursing or healthcare professionals. However, despite its essential nature, there is no training, remuneration, or any professional status granted. The effect has been to categorize home-caregivers with the unemployed.⁵
6. The public nature of the free and universal aspect of our health system, also finds itself at risk of being administered as a private enterprise to the extent that it is expected to function as a market commodity that can be purchased and sold. The downsizing and abolition of jobs, the continual increase in job responsibilities, the restricted working conditions and recourse to sub-contracting are warning signs of major difficulties. Yet we cannot consider healthcare a commodity offered primarily to those who can afford it. The workers in the healthcare and social services network increasingly express their frustration with the lack of support and resources needed to give proper attention to their patients, and ultimately to fulfill their primary mission.
7. Human beings are no longer the central focus of the healthcare and social services network in Quebec. This refers not only to patients who are distressed and concerned about losing their autonomy, but also the workers in this environment. The future for quality healthcare looks grim and we might be tempted to throw up our hands in defeat. Yet despite criticisms from many directions, patients still benefit from health services and are often pleased by the excellent attention they receive. Devoted personnel are committed to providing exceptional patient care, despite imposed constraints and the de-humanization of a system whose primary concern appears to be a balanced budget. How much longer can these dedicated women and men continue to support such a system?

WHAT DOES THE FUTURE HOLD?

8. As we reflect on the financial difficulties of the healthcare system, we may ask ourselves what will happen if the proposals that we, as a society and Government have made, reach their ultimate conclusions. Is the real goal to, “quietly and consistently, provide a healthcare network that is controlled by the State and the demands of the

⁴ Cf. Conseil de la Santé et du Bien-être. *Valeurs fondamentales* p. 21. (Free translation)

⁵ Geneviève Cresson, “*La santé, production invisible des femmes*”, *Recherches féministes*, Vol 4, No 1, 1991, pp. 35-36 (Free translation)

marketplace?”⁶ The introduction of controversial legislation indicates a trend toward private enterprise. This could affect the values of equity and social justice on which Quebec society was founded and has evolved. Access to complete medical services for everyone throughout our province is at risk. The World Health Organization (WHO) has affirmed: “Dependency on the private sector will cause intolerable inequalities of a fundamental right, as research and experience have proven the inefficiencies of a ‘health market’.”⁷

9. Though the transfer of healthcare services from institutions to individuals’ homes has meant certain benefits, it clearly signifies a shift in responsibility. This reallocation of responsibility to the home has a definite effect on the people involved and on a system seeking to reduce its financial costs. The 2001 Report from the Auditor General of Quebec acknowledges that non-remunerated homecare services provided by families, particularly women, could claim expenses of more than \$4 billion, whereas the Government disbursed only \$500 million. Under the pretext of maximizing savings, the Government cannot ignore its responsibilities by placing them squarely on the backs of families who find themselves with financial, physical, psychological, and social burdens that are often too heavy to bear.⁸
10. A complete healthcare concept must include physiological, psychological, spiritual, social, economic, and ecological components. Research on justice presupposes our commitment to include these dimensions and promote universal health standards. Medicine is a tool for social transformation and its goal is to treat symptoms. Yet Medicine must also pay close attention to the causes of suffering and injustice.⁹ Healthcare administrators and professionals have a responsibility to maintain a high quality of service. The Government has a responsibility to dispense, with justice and equity, financial support for medical research and care which are two major components of our healthcare network. The primary and common goal of all healthcare professions is to care for people.¹⁰
11. If Quebec society expects to achieve its healthcare objectives, it must acknowledge the people who function within the medical domain. Human beings must remain the focus of our concerns, and these include not only patients but also those who work at all levels of these institutions. The Government must take into account the consensus of Quebec society and find other solutions to improve the system, as well as reduce costs. Certainly there will be difficult choices to make, particularly at the ideological level, and these will have important consequences. If the Government truly wants homecare to be an important contributor to the healthcare system, it must be prepared to recognize this front-line care along with that provided by the new health and social services centres (CLSC & CHSLD). Financial support for homecare services must then become a priority.

⁶ Institut économique de Montréal, November 15, 2000, as referenced in *Coalition Solidarité Santé*. (Free translation)

⁷ World Health Organization (WHO), 1999, in *Coalition Solidarité Santé*.

⁸ Marie Legaré. *Développement social et soins de santé: reconnaître le travail des femmes auprès des proches*. Groupe de recherche interdisciplinaire sur le développement régional, de l’Est du Québec (GRIDEQ) Collection Témoignages et analyses. 2004, pp.43 and 57. (Free translation)

⁹ Association catholique canadienne de la santé (ACCS/CHAC). “Guide d’éthique de la santé” 2000, p. 4. (Free translation)

¹⁰ Reference: Yolande Cohen. “*Qui doit prendre soin des patients?*” *Le Devoir*, January 6, 2004. (Free translation)

This means investing in preventative measures and providing a just and equitable remuneration for workers. If cutting-edge technologies are deemed essential, they must be available to all Quebecers. The new technologies already have political, social, and economic ramifications, particularly concerning accessibility for people in all provincial regions and the ensuing significant costs.¹¹

CONCLUSION

12. The improvement of our healthcare and social services network can only be achieved by adhering to primary principles of universality, equity, and the evolution of services. New solutions must be proposed but they will not be successful unless the entire population participates in making decisions and human beings assume their rightful place at the heart of the system. This process must encompass all aspects of health and care. Like parts of the human body, they must support each other: The eye cannot say to the hand, "I have no need of you," nor again the head to the feet, "I have no need of you."¹²
13. The people in the healthcare and social services network bring exceptional contributions to maintain quality public services. The workers have chosen to serve people who are sick and in difficulty. They bring tenderness and comfort to those suffering physically, morally, and spiritually. Their devotion and commitment are the visible signs of God's love and compassion for humanity. From a simple glass of water offered to a patient, to complex surgical procedures, to advanced research and new innovations in treatments, these actions must bring comfort to people who are vulnerable and distressed. The slightest attention paid by one person to another is an example of solidarity. It is a recognition of the sacred nature of human beings, whether they are ill, healthy, or at work.

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¹¹ Conseil de la Santé et du Bien-être. *Valeurs fondamentales et enjeux de citoyenneté en matière de santé et de bien-être*. Quebec. Government of Quebec. 2004. p. 21. (Free translation)

¹² 1 Corinthians 12:21.