

The consensus? There is no consensus

The Conversation on Health was launched by Premier Gordon Campbell in September 2006 and concluded 1 year later.

During that time the process involved 78 meetings with virtually every group that has a stake in health care, including health care professionals, patients, and the public, and received over 12 000 submissions.

The 1500-page summary of input report was released by the government 30 November 2007. It is important to realize that this is purely a compilation of the input and does not contain specific recommendations. The government is now having internal discussions about the report and we expect to hear recommendations in the spring of 2008 and going forward.

In reviewing the summary of input, the consensus is that there is no consensus. A wide range of opinions and proposed solutions are included, but no clear direction is provided. Having said this, several important themes in the summary bear serious reflection in terms of the potential impact on health care for our patients and on our profession.

The issues around access are obviously of primary importance. Whether talking about wait-list guarantees or building more infrastructure, British Columbians tell us that they want better, faster access to care. From this there needs to be real progress on maximum wait times for procedures, emergency care, and primary care.

Concerns in the area of acute care

and long-term care capacity are also of prime importance and consistent with the recommendations in the BCMA submission to the Conversation.

In terms of sustainability we recognize that tough decisions will need to be made in the years ahead. Indeed our submission strongly suggests that the principle of sustainability be added to the original five principles of the Canada Health Act. Sustainability, in our recommendations, means determining the scope of publicly funded services, implementing cost-sharing arrangements on a fair and equitable basis, and taking a hard look at support for informal and family caregivers.

Personal responsibility for health care and costs is a significant element in both the summary report and the BCMA submission that includes health promotion and prevention initiatives.

Scope of practice has its own section in the report, and specifically nurses and pharmacists are identified by the public as key professionals best qualified to assist in alleviating physicians' workload. We know that government is seriously looking into scope of practice regulations and we anticipate changes in the months and years ahead.

It is gratifying to see that many of our recommendations have been quoted or referenced, however time will tell just how far the government will move on these issues or will be constrained by political expediency.

—**Geoffrey Appleton, MB**
BCMA President