

**Well-Versed: About time : Your words on health care and universal pharmacare; Readers see significant gaps in Canada s health-care system and wrote to us to spotlight communities that they see as currently underserved.**

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## **Body**

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### **ABSTRACT**

**Readers** see significant gaps in Canada s health-care system and wrote to us to spotlight communities that they see as currently underserved.

### **FULL TEXT**

Hey! It's Samantha and Jack, the editors of Well-Versed. We'll be with you right up until the federal election. This week, we've got you well-versed on health-care policy in Canada in case you missed that edition, you can find it <https://www.theglobeandmail.com/politics/article-well-versed-your-health-is-important-so-this-is-a-long-newsletter/>.

We'll be rounding up the most thoughtful **reader opinions** every week and featuring them in Thursday's newsletter.

If you'd like to be part of the conversation, e-mail [wellversed@globeandmail.com](mailto:wellversed@globeandmail.com) include your first name, age and city, if you're comfortable with sharing.

**Reader** responses may be edited for length and clarity.

Well-Versed is The Globe and Mail's twice-weekly newsletter that aims to jump-start your conversations about the 2019 federal election. [wellversed@globeandmail.com](mailto:wellversed@globeandmail.com) about which issues you want to hear about and express your **opinion** on the policies and people we've examined. If you're reading this through a browser, you can <https://www.theglobeandmail.com/newsletters/>.

Here's what you had to say this week

Well-Versed **readers** see significant gaps in Canada's health-care system and wrote to us to spotlight communities that they see as currently underserved.

A 27-year-old speech-language pathologist who used to work in northern Canada wrote in from Ottawa.

"[Up north], they have many issues filling health-care positions with quality workers and still have a high turnover rate (many people come to northern cities for work experience and then leave). I believe this could be much improved with salary increases to offset the higher cost Northern communities deserve access to the same health care that southern communities have," they wrote.

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Will Shelling, a student from Vancouver, wrote to us about what he would like to see from all the federal parties.

"I would love to see platforms support women's [health] and mental health by supporting prescriptions in pharmacare to increase affordability and get people the support they need."

He also hopes parties will find ways to bolster student health care.

This week, we also went back to look at what readers have been talking about over the past few months when it comes to pharmacare and the parties' respective positions. As the parties have moved from research to planning and promises, Canadians have become more nuanced in their critiques.

<https://www.theglobeandmail.com/canada/article-federal-pharmacare-report-backs-single-payer-plan-to-mend-patchwork/>, an advisory council established by the Liberals in their 2018 budget recommended a universal single-payer public pharmacare program. The council predicted the overhaul would cost governments an additional \$15.3-billion annually by the time the plan would be fully implemented in 2027 (including a comprehensive master list of covered prescription drugs).

"About time. Add dental care. This will lead to better health outcomes at lower costs. We should up Canadian investment in basic science as part of this," Steven Forth wrote.

<https://www.theglobeandmail.com/canada/article-pitching-pharmacare-a-guide-to-what-the-main-federal-parties-are/>

Other readers were similarly enthusiastic.

"A national pharmacare program is absolutely needed as part of our existing health system. Reduced prescription-drug prices, availability to all Canadians and much-reduced hospitalization costs are just some of the benefits," user NS Bill wrote online.

"Done properly, this will save Canadians large amounts of money, the economy will benefit and families will be healthier. We ridicule the Americans for leaving 40 million citizens without health insurance meanwhile we leave millions of Canadians without drug coverage," wrote user Jodi7.

Others were skeptical of the very nature of pharmacare. They were skeptical about multiple levels of government working together and had questions about pouring money into an imperfect system.

"This plan requires the co-operation of the provinces and I don't see that happening at this time. I believe that the PM would have to give to get and he doesn't seem to want to do that," wrote user Ancientalso.

"First things first. We need to clean up our medical system, which is broken and in dire need of repair. Only then should we be discussing a national pharmacare plan," wrote user p cuevas.

User Eric de Kruyff99 called the pursuit of national pharmacare "senseless."

"Surely we could find a way to cover those falling through the cracks without implementing yet another big government spending program that will end up way overbudget, prone to abuse and end up paying for ever-shrinking number of drugs as the costs go up."

Fast forward a few months to the federal election campaign. The Liberals and the NDP <https://www.theglobeandmail.com/politics/article-liberals-promise-6-billion-in-health-care-funding-pledge-to-lower/> increased spending on health care. A lot of reader debate over this news focused on how the increased spending would affect them financially, rather than what services they would like to see covered and/or improved.

And while many readers were glad to see the Liberals placing an emphasis on pharmacare, some felt bleak about the probability of their plan getting fully implemented.

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"Various reports commissioned over the years have not indicated that just throwing more money at health care is the answer. We have money, we don't necessarily have efficiencies," wrote user JeffSpooner.

"For anyone who does NOT believe that money grows on trees, there's really no one to vote for," lamented Tim233.

Globe voices, community responses

Globe Editorials: Let's make 2019 the year Canada finally gets pharmacare

In a series of five editorials over five weeks earlier this year, The Globe's editorial board came out in support of establishing national pharmacare, endorsing a system of universal drug coverage to mirror Canada's free physician services.

<https://www.theglobeandmail.com/opinion/editorials/article-globe-editorial-lets-make-2019-the-year-canada-finally-gets/> made the case that a lack of universal drug coverage was harming the Canadians who need it most - those without private insurance. "While most Canadians have workplace drug insurance, part-time workers, the self-employed and the precariously employed or unemployed usually aren't among them. ... Government programs are limited and selective, creating a safety net that's filled with holes. As a result, many Canadians on medication don't take it as prescribed by their physician, for reasons of cost."

<https://www.theglobeandmail.com/opinion/editorials/article-globe-editorial-lets-make-2019-the-year-canada-finally-gets-2/> suggested that national pharmacare may actually save the government money, according to reports from the Parliamentary Budget Office. "National pharmacare could deliver real savings. Ottawa would have to up its spending, but that would be more than counterbalanced by lower costs for provinces, businesses and Canadians. Canadians will have to be persuaded that reform will improve their existing coverage, or at least leave it unchanged."

<https://www.theglobeandmail.com/opinion/editorials/article-globe-editorial-lets-make-2019-the-year-canada-finally-gets-3/> put forward three objectives for national pharmacare: "The number of Canadians without drug insurance should be lowered to zero The number of Canadians who, due to inability to pay, are not taking a prescribed medication should be zero And drug costs for the system as a whole, largely borne by businesses and taxpayers, have to be significantly lowered."

Debate among Globe **readers** over the merits of national pharmacare centred on three of the key issues of implementation: cost, existing systemic problems and provincial co-operation.

"A lot has been made of the increased taxes that will come as part of a pharmacare program," wrote user WhistlingInTheDark. "But those posters have either forgotten or are ignoring the increased costs associated with those who do not take their medications for financial reasons."

User RLP argued that the government should focus on increasing the effectiveness of national health care before looking toward expansion in the form of pharmacare. "People can't even get a new doctor in this country, and now you want to give them free meds. This is why I didn't vote for the Liberals in the Ontario election. I would prefer our government to fix the medical system we have, before starting anything new."

Another challenge to bringing in national pharmacare would be co-operation from the provinces, which are responsible for the administration of health care. "The proverbial elephant in discussion is that our provinces cannot sing from the same song sheet. We cannot agree on bringing a few cases of beer across a provincial border, nor a national securities regulator and, most of all, never let the federal government tread on provincial toes," wrote user S TW. "So we will have a dozen politicians backed by thousands of mandarins fishing in the pond each trying to outdo each other, and the drug manufacturers taking full advantage of the disarray."

<https://www.theglobeandmail.com/canada/article-putting-values-into-practice-on-pharmacare-will-come-at-a-cost/> : Putting values into practice on pharmacare will come at a cost

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The Globe columnist wrote on the high cost of enacting a national pharmacare program that would be in line with Canadian values.

"There would be a massive shift of drug costs from private plans to public plans, an 'incremental public cost' of \$15.3-billion. Practically, it also means the feds would have to raise taxes by at least \$15-billion a year. That, not poor values, is the single biggest impediment to national pharmacare. The other related hurdle is that a national plan would require an unprecedented level of federal-provincial-territorial co-operation."

The reactions of Globe readers to Picard's piece were mixed - though most people recognized the severity of existing barriers to prescription drugs. Many readers focused on how the need for federal-provincial co-ordination is a stumbling block to national reform.

"Just how would Justin Trudeau get the co-operation of the provinces, which would be necessary if this proposal is to move forward," user Ancientalso asked, "when he is at war with at least seven of the premiers now?"

User Pondus argued that such a shift in national policy would go beyond Ottawa's purview. "It's expensive and encroaches on an area of provincial responsibility Worst of all it will be run by the folks who can't make a payroll system work."

As for the cost, user John and Melanie, among others, found that the \$15-billion figure wasn't too daunting considering it would bring universal drug coverage. "The optics of the incremental \$15B will likely obscure the cost savings elsewhere that exceed that amount," they wrote. "Surely the insurers will fight to retain their sinecure, but we heard similar moaning when medicare was introduced. And the world did not come to an end."

<https://www.theglobeandmail.com/opinion/article-yes-to-national-pharmacare-because-we-already-paid-for-it/> :  
Yes, to national pharmacare - because we already paid for it

A Toronto-based gerontologist and consultant in chronic and palliative care, as well as the author of 14 books, including *Ethics in Everyday Places*, Koch wrote that pharmacare was a must because of how much public money goes into research and development.

"We are paying, in effect, three times: through federal research grants, through disease-focused charities and then at the pharmacy."

Koch proposes a costing strategy that he argues would both allow drug companies to continue to profit while granting Canadians access to affordable drugs. "Manufacturers would submit a funding history with a tentative pricing. A fair rate of return would be permitted for the life of a patent based on that information. If drug companies exceeded a fair price point, their patent would be shortened as a result, permitting others to produce it as well. Canada could do this on its own, setting pricing as a condition of federal drug approval. But, since Canada is not alone in its concerns, it could propose other countries join in on a multinational drug policy based on fair return."

Globe readers were particularly concerned with whether Koch's costing strategy holds water; in particular, readers were concerned whether it would incentivize drug companies to continue to do research in Canada.

"The vast majority of research money fails to find a new drug. Research is not a guarantee," wrote user Rsouthward. "Traditionally, the 'winners' have covered the 'losers.' So who will pay for that if the pricing of the few winners is seriously restricted? Will any pharmaceutical research be done in Canada in this environment?"

Headliners

During a campaign stop in Montreal on Monday, a man <https://www.theglobeandmail.com/politics/article-from-boxing-ring-to-markets-leaders-spend-day-in-montreal-preparing/> NDP Leader Jagmeet Singh and told him to cut off his turban in order to "look like a Canadian." Singh responded, "I think Canadians look like all sorts of people. That's the beauty of Canada." Singh has been outspoken in his opposition to Quebec's Bill 21, a law that restricts religious dress among some public servants. On Monday, the Conservatives

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<https://www.theglobeandmail.com/politics/article-conservatives-promise-to-cut-foreign-aid-by-25-per-cent-focus-on/> to foreign-aid spending if elected, proposing that Canada put less focus on supporting middle- and high-income countries and redirect funds to the world's poorest countries. Leader Andrew Scheer <https://www.theglobeandmail.com/politics/article-scheer-says-plans-to-cut-foreign-aid-wont-affect-funding-for-abortion/> that those plans wouldn't affect Canadian support for abortion abroad. After The Globe <https://www.theglobeandmail.com/politics/article-andrew-scheer-a-work-in-progress-where-the-conservative-leader-comes/> that it could find no evidence of the licence that Scheer would have been required by law to have to be an insurance agent, The Liberal Party is <https://www.theglobeandmail.com/politics/article-liberals-call-for-saskatchewan-oversight-authorities-to-investigate/> two oversight authorities in Saskatchewan to investigate. Scheer has said that he received accreditation through a broker program and left the insurance office before the licensing process was finalized.

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