

MPP examines health care issues

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HEALTH CARE

IN ONTARIO - PART I
The Report of the Liberal Committee on Health Care was released Aug. 25: its title, "On the Critical List", referred to the apparent condition of our health care system - a diagnosis endorsed by scores of witnesses during months of hearings in 11 communities. Clearly, the situation will deteriorate even further unless urgent attention is given to widespread and worsening problems and the declining morale of members of the health care team.

Almost without exception, strained hospital budgets have led to reduced numbers of beds and staff, growing waiting lists and delays in surgery. The Canadian Medical Association told the Committee that heart specialists maintain that in several parts of Canada a number of patients have died while awaiting heart surgery - patients who would otherwise have survived.

The Chief of Medicine at London's Victoria Hospital stated that hospital had lost 32 beds in February and would soon lose another 30 as part of a move to end deficits amounting to \$10.2 million over the past two years.

Almost every day, patients on stretchers line the corridors of Windsor's Metropolitan Hospital, awaiting admission - sometimes as long as three days. Those in need of elective surgery may wait six to eight weeks.

Chronic care needs are simply not being met, although according to the 1981 census, Canada's aged population will increase from about 8.1 per cent in 1971 to 16.1 per cent in 2031. Already, an estimated 70 per cent of inappropriately occupied active treatment beds in Toronto Western Hospital are allocated to seniors awaiting places in chronic care hospitals. In Windsor, some 25 of the Metropolitan Hospital's beds are filled by chronic care patients because that city's chronic care hospital awaits Ministerial approval.

The Ottawa General Hospital cited a minimum 192 bed deficit for Ottawa-Carleton in 1981, documented by the Regional District Health Council, pointing out that unlike other metropolitan areas, the Region does not meet the Ministry's 3.5 beds-1,000 population guideline. Since the OGH with its 449 beds occupied at a rate superior to 90 per cent is already underbedded, the situation will become extremely distressing unless corrective measures are rapidly taken.

As of March 1982, according to the Hospital Council of Metro Toronto, a total of 800 patients were inappropriately placed in 19 hospitals.

Across the province, emotionally disturbed patients are being released from institutions without the necessary assistance to tackle and resolve

their problems. Lack of aftercare and provincial follow-up on these discharged patients has seriously strained the resources of community agencies concerned with the welfare of these abandoned people. There is an urgent need to come to grips with the grave deficiencies in Ontario's mental health care, especially with respect to management of psychiatric hospitals and the provision of community-based after-care for ex-psychiatric patients.

Ottawa-Carleton emergency physicians want to save 20 to 25 additional lives each year, by instituting more complex medical procedures on ambulance runs - a program which they claim would cost the government little or nothing for the initial three years of operation. Ambulance attendants have twice the training of most U.S. paramedics, but have been effectively handcuffed, only allowed to function as first aiders.

Alcoholism and drug abuse is increasing, and there is little response from Queen's Park to the

need for more treatment facilities and educational programs. Preventive medicine is effectively ignored.



JULIAN REED

The Report of the Liberal Committee on Health Care in Ontario made 41 recommendations for action by the provincial government, as follows:

- Ontario Health Personnel**
1. Fund emergency paramedic programs immediately in communities where local initiatives have emerged, such as in Ottawa.
 2. Recognize ambulances by statute as emergency vehicles.
 3. Commit the Prov-

ince to training 1,000,000 Ontarians in Cardio-Pulmonary Resuscitation, starting with hospital staff, OPP officers and the Ontario Public Service, and make CPR a mandatory part of the high school curriculum.

4. Direct the Ontario Coroner's office to consider pre-hospital care standards in all investigations of deaths in order to focus attention on the lack of advanced emergency paramedic services.

5. Appoint a Select Committee on the Legislature on the status of physicians as a self-governing profession, including within the terms of reference: an appropriate negotiating structure for the profession; terms of work, including the issue of the right to withdraw services; alternatives to the fee-for-service model; implications of extra-billing; OHIP administration; the CPSO and Health Discipline Board roles, composition and procedures.

6. Maintain the existing number of training positions for interns and residents in Ontario teaching hospitals.

Hospitals

7. Establish a 1983-84 budget base for each public hospital, tailored to the specific circumstances of each institution, taking into account: (1) clearly identified and justified community needs; (2) physical characteristics and age of plant and equipment; (3) hospital management standards; (4) changes in the environment; (5) compensa-

tion required to recruit and retain staff at approved levels.

8. Adjust hospital budgets for 1983-83 to provide full funding for increased labour costs resulting from arbitrated settlements with unionized staff.

9. Accelerate approval of hospital capital works proposals.

10. Increase the supply of beds available for active treatment to reduce waiting periods for hospital admission.

11. Establish an Advisory Committee of representatives of the Ontario Hospital Association, Ontario Medical Association, Registered Nurses' Association of Ontario, patients' and consumers' organizations, to report publicly on the role and responsibilities of hospital boards.

Two Volatile Issues: Mental Health and Geriatric Services

12. Develop a compre-

hensive program of community-based psychiatric after-care, with the provision of significantly increased administrative support and funding to ensure effective implementation.

13. Review patient discharge planning and procedures to ensure: (1) proper follow-up; (2) that ex-psychiatric patients are not excessively concentrated in one part of

any community.

14. Appoint management boards representative of the community, to govern the Ontario psychiatric hospitals, as is now the case for public hospitals.

15. Revise and enforce nursing home standards, making public the results of nursing home inspections and altering the funding formula to provide for a negotiated budget base.

Harvest Fair

Autumn is upon us, and people everywhere will be taking time to get outdoors and view the colors changing of the leaves. Milton's Agricultural Museum, on the south side of Highway 401, celebrates a "Harvest Fair" Sept. 25 and 26 from noon to 5 p.m. As well as offering an excellent chance to see the autumn leaves, the occasion features corn husk dolls, a bale throwing competition, horseshoe pitching and hayrides. Call 878-8151 for more information.

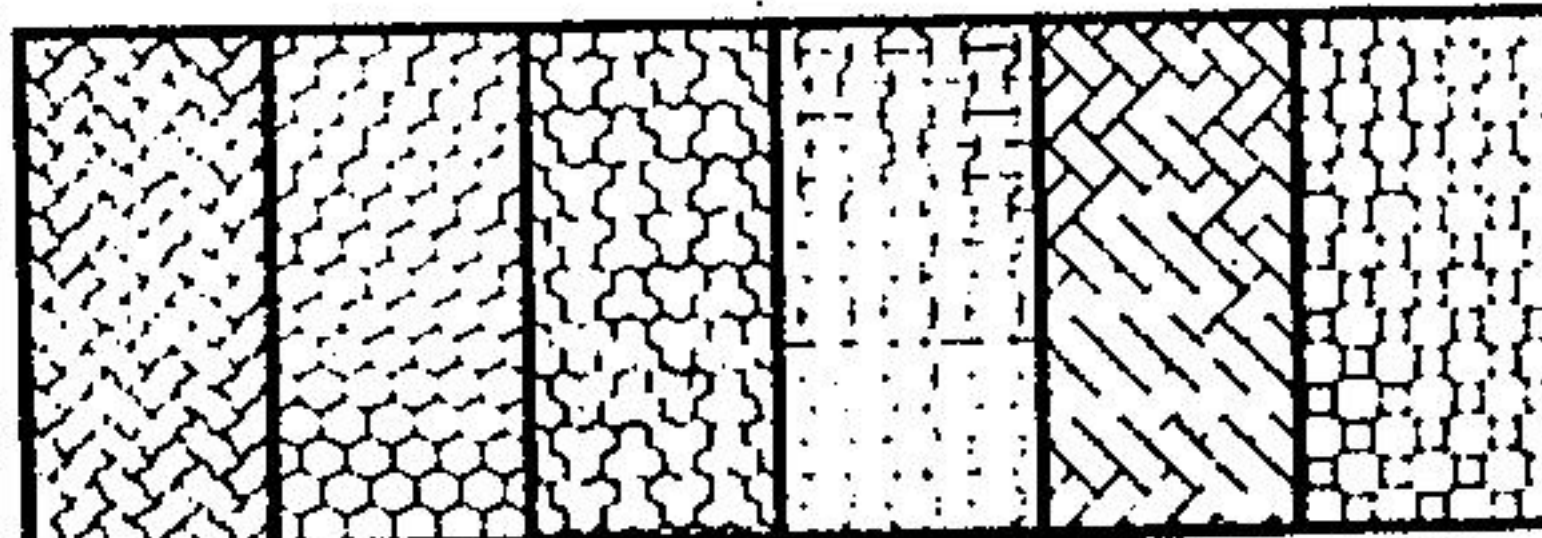
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