



INSIGHTS

NOVEMBER 2007

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Looking Good Times Four

It's puzzling to me that a local newspaper Headline "Black Eye For Universal Health Care?"- about a woman forced to go to the United States for a multiple birthing because there were not enough natal beds available in Alberta caused the stir that it did. The headline echoed the sentiments of American critics of Canada's public health-care system.

To hear the detractors tell it, the fact that a pregnant Calgary woman had to be flown to a hospital south of the border to have her quadruplets delivered last month is all the evidence needed to condemn this country's approach to medical care as a total and abject socialistic failure. The incident proves nothing of the sort. Instead, it is actually an example of Canada's health-care system achieving its most important mandate - meeting the patient's needs and paying for them.

Let's quickly review what happened to Karen Jepp, her husband J.P. and their four daughters, Autumn, Brooke, Calissa and Dahlia on August 12. Calgary is a city with an economy and population that are booming. The constant influx of newcomers puts huge pressure on the city's social services - including its health-care system. This in itself isn't new. But it explains in part why there was a shortage of neonatal nursing staff in Calgary on the particular day when doctors decided Karen Jepp's quadruplets should be delivered by caesarean section.

Calgary health officials concluded they lacked the staff to provide the care needed by so many premature babies at one time. The birth of quadruplets is, after all, an extremely rare occurrence. So, when a cross-Canada check showed there were not four available beds of the kind needed, the Jepps were flown to a hospital in Great Falls, Montana. There, the tiny babies were safely born. And there they remained for a short time before being flown back to a hospital in Calgary for further care.

From the perspective of all of the Jepps, Canada's public health-care system came through for them. They received the high-quality medical treatment they needed, when they needed it and with their substantial medical bill paid by the public purse.

Had the Jepps been American, the outcome might not have been nearly as happy, or healthful. More than 50 million Americans, roughly a sixth of the population, lack health insurance of any kind. And while such individuals would not likely be turned away from a hospital in an emergency, they would have no claim for receiving the high quality health care that would be

dispensed to their wealthier fellow citizens. After that, they might have to sell their home to pay their hospital bills, or go bankrupt. Tens of millions of

other Americans are insured but have to fight with their insurers to obtain the care to which they feel entitled.

Before anyone bashes the Canadian model, they would be wise to read about the nightmares dished up by the U.S. private care system in a book by Jonathan Cohn, entitled, Sick: The Untold Story of America's Health Care Crisis. Amongst others, Cohn cites the case of Neline Fox, a California woman who died of breast cancer after her insurance company turned her down for a bone marrow transplant. As well, he writes about Bryan Jones, a New York infant who died of a heart defect that went undiscovered because his insurance company discharged him and his mother from the hospital 24 hours after his birth, before tests that might have detected his ailment could be carried out.

No health-care system is perfect. There are faults in all of them, but by and large, the Canadian system provides comprehensive health for all Canadians, even if that occasionally means seeking care beyond our borders. We can only pity many American families in a situation like the one the Jepps found themselves in, but unable to buy the health care they need.

It would be better if Canadians could receive the care they require in a Canadian hospital. We could puff our chests out a bit I suppose, and we certainly would save some money. The Calgary Health Region paid more than \$200,000 to the Montana hospital to take care of the Jepps. The same delivery would have cost just \$66,000 in Canada.

I think the American critics of Canada's public health-care system need to take a look at their own model. Maybe, just maybe, those critics should examine the cost discrepancy and start asking more penetrating questions about how they could improve their own system.

We know ours isn't perfect, but for a family from Calgary, it's pretty close.

Until next time...



The Canadian system provides comprehensive health for all Canadians, even if that occasionally means seeking care beyond our borders.

Flu Pandemic What you should know...

An influenza pandemic is a flu outbreak distinguished from seasonal influenza by its scope and seriousness. It becomes a worldwide epidemic, or pandemic, when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population where it spreads.

Talk of an influenza pandemic has occupied the media of late. During the 20th century, the world faced three flu pandemics. The most deadly, the "Spanish Flu" in 1918 and 1919 killed over 20 million people.

Public health experts tell us that another flu pandemic could happen anytime. They also tell us that if we are prepared, we can reduce the number of people who become infected and the number who die. And since pandemic flu spreads the same way as seasonal flu - through droplets contained in sneezes and coughs and by hand contact, basic precautions can greatly reduce its spread.

The viruses that cause ordinary/seasonal influenza - or "flu" - are constantly changing. An influenza pandemic starts when a new strain of flu virus emerges, and is different from common strains. Because people have no immunity to the new virus, it can spread quickly and infect hundreds of thousands of people. Influenza pandemic strains can develop when an animal or bird virus mixes with a human virus to form a new virus.

Influenza can be contagious for one or two days before any symptoms arise and for five days after the onset of symptoms. This means you could spread the virus without knowing you are infected. In addition, the contagious period may be longer in the very young and those with weakened immune system.

The symptoms are the same: fever, headache, aches and pains, tiredness, stuffy nose, sneezing, sore throat and cough. However, they can be much more severe with a pandemic influenza and affect people who do not normally suffer as much from the seasonal flu - such as younger, healthy adults. For example, in the 1918 and 1919 pandemic, the death rate was highest among healthy, young adults in their 20s and 30s. It is important to note that the young and old may not have all the usual flu symptoms.

ORDINARY FLU	INFLUENZA PANDEMIC
Seasonal flu happens every year.	An influenza pandemic happens only two or three times a century.
Seasonal flu is usually around from November to April – and then stops.	An influenza pandemic usually comes in two or even three waves several months apart. Each wave lasts about two months.
About 10% of Ontarians get ordinary seasonal flu each year.	About 35% of Ontarians may get the influenza over the course of the full outbreak.
Most people who get seasonal flu will get sick, but they usually recover within a couple of weeks.	About half of the people who get influenza during a pandemic will become ill. Most will recover, but it may take a long time. And some people will die.
Seasonal flu is hardest on people who don't have a strong immune system : the very young, the very old, and people with certain chronic illnesses.	People of any age may become seriously ill with influenza during a pandemic. This depends on the virus.
In a normal flu season, up to 2,000 Ontarians die of complications from the flu, such as pneumonia.	During an influenza pandemic, Ontario would see many more people infected and possibly many more deaths.
There are annual flu shots that will protect people from seasonal flu.	There is no existing vaccine for an influenza pandemic. It will take four to six months after the pandemic starts to develop a vaccine.
There are drugs that people can take to treat seasonal flu.	These same drugs may also help people but we will not know their full effectiveness until the virus is identified.

Here is what you should know about an influenza pandemic:

It is anticipated that a flu pandemic will be able to make its way around the world within three months.

Once an influenza pandemic virus arrives in Ontario, it will likely spread quickly. Many people will become ill, and there will be a lot of pressure on our health care services.

Depending on how widespread the influenza pandemic is, our daily routines will be disrupted from time to time. For example, companies may have to close down some of their operations. Cities may decide to provide essential services only in some areas. Public health officials may cancel public gatherings, such as concerts and sporting events, where the influenza virus can spread easily. They may close schools.

We are all at risk of getting an influenza pandemic virus. Some groups of people - such as the very young or very old - may be more at risk than others of getting seriously ill or dying. But everyone must be careful and aware.

Of the 35% estimated to get pandemic influenza, roughly half will require a visit with their family doctor or nurse practitioner. The other half will need information and advice to help them take care of themselves at home. Depending on the severity of the symptoms, some will need to be admitted to hospital for care.

If an influenza pandemic spreads to Ontario, you can reduce your risk by doing the same things you do to protect yourself and your family from ordinary/seasonal influenza and other infections :

- 1 Get your seasonal influenza shot every year - the "flu" shot will not protect you from an influenza pandemic virus, but it will protect you from getting ordinary/seasonal flu, which could weaken your immune system or resistance.
- 1 Wash your hands with soap thoroughly and often and keep an alcohol-based sanitizer (gel or wipes) handy at work, home and in the car.
- 1 Stay home when you are sick.
- 1 Follow any instructions given by public health officials.

The Chief Medical Officer of Health and the Ministry of Health and Long-Term Care are working with local public health units, primary care providers, hospitals, long-term care homes, home care providers - all parts of the health care system - to prepare for a flu pandemic. The goal is to limit the spread of an influenza pandemic and provide the health services Ontarians will need.

They are:

- 1 Monitoring flu in Ontario and in the rest of the world
- 1 Stockpiling antiviral drugs and equipment
- 1 Setting up distribution systems so we can get drugs and protective equipment to where they are needed quickly
- 1 Developing emergency plans so we can maximize the number of health care providers and facilities able to provide care
- 1 Ensuring we can supply a lot of vaccine quickly as soon as one has been developed

The Ontario Ministry of Health and Long Term Care have set up communications systems that are focused, timely and accurate so that Ontarians have regular updates on how to protect and care for themselves and their families. They have also developed planning information and guidelines for specific communities beyond the health care sector, including business and faith communities, as well as the general public. Materials and planning guides are posted on the ministry web site at www.health.gov.on.ca so that they are easily accessible.

