

C IDEOLOGIES IN CONFLICT:

HEALTH CARE IDEAS (case study)

SOURCES OF FUNDING AT THE PRESENT TIME

- *federal gov't. transfers
- *provincial tax revenues
- *individual premiums

**Health care is an example of a "shared-cost program"--this means that the provincial gov't. is legally responsible for providing health care to the people, but the federal government has contributed some money in order to create similar levels of care across the nation

THE PUBLIC (Command) Model

- *facilities are publically owned (doctors and nurses are gov't. employees who provide a public service)
- *there is one standard of care for all irregardless of wealth or status
- *health care is paid for by tax dollars from all; each citizen uses as much/little as he/she needs



Public Health Care System

- *doctors, nurses, hospital care, supplies, etc. (for essential services)
- "PRINCIPLES"
- *universality
- *portability
- *accessibility
- *comprehensive

Private health care aspects: prescriptions, ambulance, alternative methods, "non-essential" service (private insurance plans)

HYBRID SYSTEM ("two-tiered system")

- * a basic level of health care services are provided for all equally; individuals can go to private facilities and pay an extra charge for the better/faster care (from their own pockets)

**ways of decreasing costs in Alberta (proposed for discussion by Mr. Klein)

1. reducing the list of essential services to be publically paid for
2. allowing private clinics to "extra bill" (eg, Gimbel clinic)
3. charging a small user fee for every service
4. instituting a "smart-card" to reduce abuse

BILLING CONTRACTING OUT

THE HEALTH CARE "Crisis"

RIISING COSTS

DROPPING FUNDS

- *open-ended system (no limits)
- *rising expectations
- *aging population
- * new technology
- *abuses??
- *federal and prov. govts. are reducing funds in order to reduce their deficits; they do not want to raise taxes
- *waiting lists
- *delays
- *overcrowding

THE PRIVATE (market) MODEL

- *facilities are privately owned as businesses and operated for a profit
- *there is a wide standard of care available depending on income
- *health care is an individual responsibility (pay out of pocket or by private insurance)

RALPH KIEN'S MEDICAL DICTIONARY

ARTERY.....	THE STUDY OF PAINTINGS
BACTERIA.....	THE BACK DOOR OF A CAFETERIA
BARIIUM.....	WHAT DOCTORS DO WHEN A PATIENT DIES
BOWEL.....	A LETTER LIKE A, E, I, O, OR U.
CAESAREAN SECTION...	A NEIGHBORHOOD IN ROME
CAT SCAN.....	SEARCHING FOR KITTY
CAUTERIZE.....	MAKE EYE CONTACT WITH HER
COLIC.....	A SHEEP DOG
D & C.....	WHERE BILL CLINTON LIVES
DILATE.....	TO LIVE LONG
ENEMA.....	NOT A FRIEND
FESTER.....	QUICKER
GENITAL.....	NOT A JEW
G. I. SERIES.....	SOLDIER'S BALL GAME
HANGNAIL.....	COAT HOOK
IMPOTENT.....	DISTINGUISHED, WELL KNOWN
LABOR PAIN.....	GETTING HURT AT WORK
MEDICAL STAFF.....	A DOCTORS CANE
MORBID.....	A HIGHER OFFER
NITRATES.....	CHEAPER THAN DAY RATES
NODE.....	WAS AWARE OF
OUTPATIENT.....	A PERSON WHO FAINTED
PAP SMEAR.....	A FATHERHOOD TEST
PELVIS.....	A COUSIN TO ELVIS
POSTOPERATIVE.....	A LETTER CARRIER
RECOVERY ROOM.....	A PLACE TO DO UPHOLSTERY
RECTUM.....	DANG NEAR KILLED 'EM
SEISURE.....	ROMAN EMPEROR
TABLET.....	A SMALL TABLE
TERMINAL ILLNESS....	GETTING SICK AT THE AIRPORT
TUMOR.....	MORE THAN ONE
URINE.....	OPPOSITE TO YOUR OUT.
VARICOSE.....	NEARBY
VEIN.....	CONCEITED