DALHOUSIE UNIVERSITY
Inspiring Minds

POLITICAL SCIENCE

POLITICAL SCIENCE 4260/5260:

THE POLITICS OF HEALTH CARE

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Fall 2020

Because of its nature both as a public institution and as a political icon, the Canadian health care system is an inherently political institution which cannot be understood without a clear comprehension of both its composition and its relationship to the broader political landscape in Canada. This class will provide a survey of the political and theoretical debates within the area of health care in Canada, including discussions of funding, federalism, and governance. The class will also include a comparative survey of health care systems in other countries.

By the end of this class, students should be able to understand how the Canadian health care system works and to identify the key policy debates and political issues surrounding the provision of health care. Students should be able to describe various policy options and to analyze the advantages and disadvantages of each. The final goal is to understand the political context underlying these policy alternatives, and to comprehend how political obstacles can undermine constructive policy objectives.

Covid-19 class: online only for 2020

The University has mandated that classes for Fall 2020 will be offered in an online-only format regardless of the size of the class. While this is obviously sub-optimal for a small seminar, needs must. Consequently, the format for this seminar will be as follows:

- Each week is a separate module. There will be a lecture posted for each week's topic for you to view in your own time.
- We will meet synchronously on Microsoft Teams for approximately 90 minutes of the regularly-scheduled class time (1-2.30 pm each Wednesday). You are expected to have completed the readings and to have viewed the lecture.
- You will also be responsible for one live presentation (as noted below). A sign-up sheet for this will be posted on Brightspace.

Texts

1. Primary text: K. Fierlbeck, *Health Care in Canada* (available as hard or electronic copy)
2. Secondary readings are available online or via Binder (on your Brightspace web page)

Assignments

Class presentation:	20% (synchronous)
Book review	20% (either written or asynchronous presentation)
Policy brief	20% (due Nov 5th)
Research paper:	30% (due Dec 9th)
Attendance and participation:	10%

Please see the "Assignments" tab on Brightspace for more detailed information regarding assignments. Graduate students should read "additional information for graduate students," also on Brightspace.

ASSIGNMENTS

1. **Class presentation (20% - use the signup sheet on Brightspace)**

   For your in-class assignments, you are asked to present a book review to the class in real time. This is not recorded, and you do not have to submit written material. You have approximately 15-20 minutes, and you may use slides or prezzies if you like, although you are not obliged to do so. Your presentations should include:

- a succinct account of what the book is about
- a clear account of the underlying politics or power relationships presented by the author (why/how is this topic "political")?
- an analysis of the author's solution to the problem s/he presents
- a critical evaluation of the book's strengths and weaknesses

2. **Book review (due October 14th)**

   Your second book review can also be a presentation, as above, but posted to the website rather than presented live. OR, it can be a written book review. The submission tab for both is "Second Book Review". The review should be around 300-400 words. There is a sample book review posted on the website to give you a sense of what a well-written book review is like.

For both assignments, the books you may choose from are:

- **Harvey Lazar et al**, *Paradigm Freeze: Why It Is So Hard to Reform Health-Care Policy in Canada*
- **Gerard Boychuk**, *National Health Insurance in the US and Canada: Race, Territory, and the Roots of Difference*
- **Elisabeth Rosenthal,** *An American Sickness*
- **Steven Brill,** *America's Bitter Pill*
- **Shannon Brownlee**, *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer*
- **Jeanne Lenzer**, *The Danger within Us: America's Untested, Unregulated Medical Device Industry and One Man's Battle to Survive It*
- **David Wootton**, *Bad Medicine: Doctors Doing Harm Since Hippocrates*
- **Richard Harris,** *Rigor Mortis: How Sloppy Science Creates Worthless Cures, Crushes Hope, and Wastes Billions*
- **Harriet Brown**, *Body of Truth: How Science, History, and Culture Drives Our Obsession with Weight*
- **Wendy Mitchinson,** *Fighting Fat*
- **Nina Teicholz,** *The Big Fat Surprise: Why Butter, Meat, and Cheese Belong in a Healthy Diet*
- **Anthony Warner:** *The Bad Chef: Bad Science and the Truth about Healthy Eating*
- **Meredith Wadman,** *The Vaccine Race*
- **Vinay Prasad and Adam Cifu,** *Ending Medical Reversal*
- **Marc Lewis**, *The Biology of Desire: Why Addiction is Not a Disease*
- **Joel Lexchin,** *Private Profits vs Public Policy*
- **Joel Lexchin,** *Doctors in Denial*
- **Sharon Batt,** *Health Advocacy, Inc.: How Pharmaceutical Funding Changed the Breast Cancer Movement*
- **Ruth Whipman,** *America the Anxious*
- **Edward Shorter**, *How Everyone Became Depressed*
- **Courtney Davis and John Abraham**, *Unhealthy Pharmaceutical Regulation: Innovation, Politics, and Promissory Science.*
- **Joanna Moncrieff**, *The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment*
- **Allen Frances**, *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*
- **Peter Gøtzsche**, *Deadly Medicines and Organized Crime: How Big Pharma Has Corrupted Health Care*
- **Arthus A. Daemmrich,** *Pharmacopolitics: Drug Regulation in the US and Germany*
- **David Healy**, *Pharmageddon*
- **Robert Whittaker**, *Anatomy of an Epidemic*
- **Jacob Stenenga:** *Care & Cure: An Introduction to Philosophy of Medicine*
- **Ben Goldacre**, *Bad Pharma*
- **Light and Matura,** *Good Pharma*
- ***Carolyn Hughes Tuohy**, *Remaking Policy: Scale, Pace, and Political Strategy in Health Care Reform* (because of the length of this book, it counts towards *both* book reviews)

Please use the sign-up sheet on your Brightspace website. There is a limit of one person per book (first come, first serve).

2. Policy Brief (20% - due November 5th)

Topics:

1. The Minister of Health in [select province] wants to know whether the province should promote private health insurance for publicly insurable services. What would be the advantages and disadvantages of such a strategy? What kinds of obstacles would the province face in attempting to facilitate private health insurance?

2. The provincial Minister of Health wants to know whether the province should ignore the Canada Health Act and follow its own health care priorities. What do you advise?

3.The federal Minister of Health wants to know whether the government should overhaul the Canada Health Act. What is your recommendation?

4. You are asked to present a brief on reforming the province's Long Term Care system (including home care and nursing care) for seniors.

5. In 2009 a writ was filed with the British Columbia Supreme Court by a number of private clinics (most of whom had already been given intervenor status in the 2005 Chaoulli case). Their position is that the 2005 judgment should be applicable in British Columbia, and that the province's Medicare Protection Act violates the Section 7 rights of those who wish to purchase private health insurance where health care is not provided in a timely manner. You represent the plaintiffs. Present a brief outlining your case to the BC Supreme Court.

6. The province is concerned that the incoming Minister of Health is a bit naïve on the way in which pharmaceutical companies may be targeting him/her through their lobbying and other means of influence. Write a document explaining to the new Minister how pharmaceutical companies may attempt, directly or indirectly, to influence health policy in the province.

7. The Minister of Health for [select jurisdiction] wants to know what the best way to address the physician shortage would be, both in the short term (~1 year) and in the longer term (10+ years).

8. The province wants to tackle the problem of diabetes. You have been asked to address this issue using non-medical determinants of health. Explain how you would design this project. Include obstacles (social, political, economic, technological, etc) that you would encounter, and strategies for dealing with these obstacles.

9. The opioid epidemic is rising in your province. At the same time, a sizable number of those suffering from chronic pain are worried that their condition may not be adequately addressed if opioids are restricted too severely. What is the best way to find a balance?

10. The provincial Minister of Health wants a briefing note to understand what s/he should know about health care in the African-Nova Scotia communities (the Prestons, Cherry Brook, Lake Loon), what kinds of policies should be undertaken, and what the politics surrounding such policy reform would be.

11. The Canadian Mental Health Association (CMHA) has asked you to advise them on the best way to address mental health care in rural areas. What are the particular problems facing these regions, and what is the best strategy to address it?

12. The federal Minister of Health wants to know whether the regulatory reforms brought in by Vanessa's Law are sufficient, or whether Canada ought to do more to address pharmaceutical regulation in Canada.

13. The federal Minister of Health is interested in the idea of a national pharmacare system, but is worried that it may too expensive. Is she right?

14. Design an information session for medical students explaining what they should know about pharmaceutical companies and conflicts of interest.

15. The provincial health minister wants to know if there is a "high performing health care system" that the province would do well to emulate. What would you suggest, and what caveats would you offer?

16. The First Ministers' Conference will be discussing whether Canada should introduce a system of health insurance based upon the concept of "social insurance." Prepare a briefing document, based on the experiences of France and Germany.

For more information on format, deadlines, and how to write a policy brief, see your "Policy Brief" folder on Brightspace.

3. Research Paper (30% - due December 9th)

Topics (*please note – you must choose a topic that is different from the one selected for your policy paper):*

1. Evaluate how public health (not "the public health system") has been addressed at the federal or provincial level since 2003 (ie, in the wake of SARS). Were we ready for the COVID-19 pandemic? Why or why not?

2. To what extent could Canada have a better system of health care if the provinces cooperated more across provincial boundaries? What are the political barriers to such cooperation?

3. Do a critical analysis of primary health care in a province of your choice. Explain what the problems are, why these problems (structural and political) exist, what can be done about them, and what the cost (financial or otherwise) of such solutions would be.

4. Is non-face-to-face (ie, "virtual") health care here to stay? What are the political and administrative barriers to NF2F care?

5. Evaluate LTC in the province. What are the biggest problems facing LTC reform, and what are the obstacles to change?

6. Is one amalgamated health board at the provincial level better than several discrete health districts?

7. Why is it so difficult to integrate all the different health care "silos" (primary, acute, emergency, mental health, LTC, etc)?

8. Evaluate the provincial health data system. What works well? What doesn't? Why?

9. Ought there to be more private funding of health care in Canada? If so, what form should it take?

10. To what extent does constitutional responsibility over health care rest legally with the provinces? What responsibility (if any) should Ottawa have regarding health care in Canada?

11. Can traditional approaches to aboriginal health care be reconciled with evidence-based medicine?

12. Are the implications of the Chaoulli decision generally positive or generally negative?

13. Describe the Cambie case still before the courts, and explain what is at stake in the decision.

14. Ought health care to be governed by Charter rights? (ie, should we have a "right" to health care?)

15. If the social determinants of health are so important, why is there so little policy progress in this area?

16. Are doctors in Canada more or less politically powerful than they were 20 years ago?

17. If "patient-oriented health care" is important, then does it matter how patients are selected?

18. Evaluate the role that health care played in the 2017 provincial election in Nova Scotia. How important will it be in the next provincial election?

19. Evaluate how the government of NS handled the COVID-19 pandemic in the province. Be sure to include epidemiological and political arguments. To what extent is there a conflict between the two?

20. How do the politics of mental health care reform differ from the politics of general health care reform?

21. Which regulatory agency is doing the best job: the FDA, the EMA, or Health Canada?

22. Evaluate the attempts over the past decade to increase transparency and accountability in the pharmaceutical industry.

23. To what extent should we worry about conflicts of interest in medicine?

24. Australia has just ordered an inquiry into the relationship between antidepressant use and teen suicide. Others claim that there was evidence of such a link for years. To what extent has Canada investigated this link?

25. Why is Canada one of the few countries without a national pharmacare system? How likely is it that we will ever have one?

26. Why do drugs cost so much in Canada? What can be done to address this?

27. To what extent can we depend on technological advances to improve health care *systems*?

28. Evaluate federal health policy in the US under the Trump administration.

29. What are the lessons that Canada can learn from the health care system of another country [choose one]?

30. Explain the EU health care "system". To what extent is giving Brussels more authority over the health care of member states a good or bad thing?

For more information on format, requirements, and deadlines, please see the "Specifications" document in the "Research Paper" folder on Brightspace.

4. Attendance and Participation (10%)

Students are expected to attend seminars and to arrive in class having read each week's readings and listened to each week's asynchronous lecture. Those who do not come to class, or who come to class unprepared, will lose grades.

CLASS OUTLINE

WEEK ONE (9 September, 1pm): Introduction & discussion of class format; getting to know the Nova Scotia health care system; how is health care "political"?

Note: there is no recorded component for this week, but please ensure you have done the readings and are ready to discuss them.

Readings:

1. David Hunter. 2015. "The role of politics in understanding complex, messy health systems," in *BMJ* 9 March.
2. *Nova Scotia: A Health System Profile,* chapter 2. Available open-access at https://ihpme.utoronto.ca/wp-content/uploads/2019/06/Open-Access_Fierlbeck_Nova-Scotia_5532-compressed.pdf

Questions for discussion:

What do we want from a health care system?
How should political scientists approach the study of health care systems?
How does Nova Scotia's health care system work?

WEEK TWO (September 16): What are the component parts of health care systems?

Readings:

1. Greg Marchildon. 2020. "Comparative Health Care Systems in North America and Europe: Similarities and Differences," in Fierlbeck and Cayon de las Cuevas, eds. *Health Law and Policy from East to West: Analytical Perspectives and Comparative Case Studies. London: Thomson Reuters*. In press.

Additional Readings:

2. Caroline Hughes Tuohy. *Remaking Policy: Scale, Pace, and Political Strategy in Health Care Reform,* Chapter Two: Defining the scale and pace of policy change. (UTP, 2018)
3. Claus Wendt, Lorraine Frisina, and Heinz Rothgang. 2009. "Healthcare System Types: A Conceptual Framework for Comparison." 43 *Soc Pol Admin* 70.
4. Katharina Böhm, Achim Schmid, Ralf Götze, Claudia Landewehr, Heinz Rothgang. 2013. "Five Types of OECD Healthcare Systems: Empirical Results of a Deductive Classification." 113 *Health Policy* 258.

Questions for discussion:

How should we classify health care systems?
Are health care systems converging or diverging?
Why and how do health care systems change?
Why is it so difficult to change some systems?

WEEK THREE (23 September): The debate over funding

Readings:

1. *Health Care in Canada,* chapter 1
2. *Nova Scotia: A Health System Profile,* chapter 3

Additional Readings:

1. King's Fund, "How health care is funded," 23 March 2017 at https://www.kingsfund.org.uk/publications/how-health-care-is-funded
2. CIHI, National Health Expenditure Trends, 1975 to 2019 https://www.cihi.ca/en/national-health-expenditure-trends-1975-to-2019
3. Seth Klein and Andrew Leyland, "5 reasons why private surgeries won't shorten waits in the public system." *Policynote*, 7 Sept 2016 http://www.policynote.ca/5-reasons-why-private-surgeries-wont-shorten-waits-in-the-public-system/

Questions for discussion:

What is meant by "private" and "public"?
What are some examples of privately-funded and publicly-funded health care in Canada?
What are the advantages and disadvantages of public and private funding models?
Explain the relationship between funding models and political interests (who benefits from what kind of system? why?)

WEEK FOUR (30 September): Health Care Federalism

Readings:

1. *Health Care in Canada*, chapter 2
2. Fierlbeck and Lahey, eds. *Health Care Federalism in Canada* (MQUP 2013), Chapter 3 (Fierlbeck), 8 (Boessenkoel), and 9 (Marchildon)

Additional readings:

1. Amir Attaran and Adam Houston, "Pandemic Data Sharing: How the Canadian Constitution Turned into a Suicide Pact"; Colleen M. Flood and Bryan Thomas, "The Federal *Emergencies Act*: A Hollow Promise in the Face of COVID-19?"; and Katherine Fierlbeck and Lorian Hardcastle, "Have the Post-SARS Reforms prepared us for COVID-19? Mapping the Institutional Landscape" in *Vulnerable: The Policy, Law, and Ethics of COVID-19.* 2020. Colleen Flood, Vanessa MacDonnell, Jane Philpott, and Sophie Theriault Sridhar Venkatapurum, eds. (Ottawa: University of Ottawa Press). Open access at https://ruor.uottawa.ca/handle/10393/40726
2. Cristina A. Mattison, Kody Doxtater and John N. Lavis, "Care for indigenous peoples," in *Ontario's Health System: Key Insights for Engaged Citizens, Professionals and Policymakers* (online open access, 2016)

Questions for discussion:

To what extent does federalism impact health care?
Should provinces be more responsible for health care funding, or should the federal government play a larger role?
How does federalism affect the delivery of health care to indigenous peoples?
How does federalism impact public health governance during a pandemic?

WEEK FIVE (7 October): Health Administration and Governance

Readings:

1. *Health Care in Canada,* chapter 3
2. Gregory Marchildon, "Regionalization: what have we learned?" and "Where are we going from here?"; Fierlbeck, "The politics of regionalization," all in *HealthcarePapers* [note: no space!] 16/1, 2016.

Additional readings:

1. *Nova Scotia: A Health System Profile,* chapter 7
2. K. Chessie, "Health care regionalization in Canada's provincial and territorial health systems: do citizen governance boards represent, engage, and empower?" *International Journal of Health Services* 39/4, 705-724.

Questions for discussion:

Why did all provinces move to a system of regionalized governance? Why are so many now moving to a single provincial health board?

What are the advantages and disadvantages of a regionalized or amalgamated system of governance?

WEEK SIX (14 October): Health Care and the Courts

Readings:

1. *Health Care in Canada,* chapter 4
2. Karen S. Palmer, "Backgrounder: a primer on the legal challenge between Cambie Surgeries Corp. BC – and how it may affect our health care system." EvidenceNetwork 8 August 2017 at http://evidencenetwork.ca/archives/25738

Additional readings:

1. Martha Jackman, "The Last Line of Defence for [Which] Citizens: Accountability, Equality, and the Right to Health in *Chaoulli*." 44 *Osgoode Hall L.J.* 349 (2006)
2. Amy Kapczynski, The Right to Medicines in an Age of Neoliberalism. *Humanity: An International Journal of Human Rights, Humanitarianism, and Development*, Volume 10, Number 1, Spring 2019

Questions for discussion

To what extent are "human rights" a useful framework within which to discuss health care?

WEEK SEVEN (21 October): Public Health and Health Promotion

Readings:

1. *Health Care in Canada,* chapter 5
2. *Greer et al,* Political analysis in public health: middle-range concepts to make sense of the politics of health. *European Journal of Public Health*, Vol. 28, Supplement 3, 2018, 3–6

Additional readings:

3. Ak'ingabe Guyan et al. "The weakening of public health: a threat to population health and health care system sustainability." *Canadian Journal of Public Health* 108/1, e1-e5.
4. Thomas R. Oliver, "The politics of public health policy." *Annual Review of Public Health* 27 (2006), 195-233.
5. France Gagnon et al. "Why and how political science can contribute to public health. *International Journal of Health Policy Management* 6/9 (2017), 495-499.
6. CHPA, Public health in the context of health system renewal in Canada. 2019. https://www.cpha.ca/sites/default/files/uploads/policy/positionstatements/phhsr-backgrounddocument-e.pdf

Questions for discussion:

What are the political dynamics that make health promotion so difficult to operationalize?

Discuss the relationship between the agri-food industry and provincial/federal governments in Canada (or other countries). How do the interests of this industry undermine health promotion goals?

To what extent does the wider political environment (eg, economic polarization) affect a nation's health?

To what extent do the "disease surveillance" and "health promotion" functions of public health conflict?

WEEK EIGHT (28 October): Health Human Resources and Primary Health Care

***Readings**:*

1. *Health Care in Canada,* chapter 6
2. *Nova Scotia: A Health System Profile,* chapter 5

Additional readings:

1. Evans & McGrail, "Richard III, Barer-Stoddart, and the daughter of time," in *Healthcare Policy* 3(3) 2008.

2. Grant and Hurley, "Unhealthy pressure: how physician pay demands put the squeeze on provincial health-care budgets." University of Calgary School of Public Policy Research Papers. Available at http://policyschool.ucalgary.ca/?q=content/unhealthy-pressure-how-physician-pay-demands-put-squeeze-provincial-health-care-budgets

3. Marco Chown Oved, "Paid per procedure, many Ontario doctors are incentivized to always do more. But it's not the only way to pay." *The Star* 17 August 2020 https://www.thestar.com/news/gta/2019/08/17/paid-per-procedure-many-ontario-doctors-are-incentivized-to-always-do-more-but-its-not-the-only-way-to-pay.html

Questions for discussion:

Evaluate the political power of Canadian physicians.

Should some of the traditional duties of doctors be transferred to other health care professions (nurse practitioners, pharmacists, midwives, paramedics, etc)?

What determines whether "collaborative care" works or not?

Is our current model of primary care obsolete? What should replace it? What are the political barriers to change?

WEEK NINE (4 November): Mental Health Care

Readings:

1. *Health Care in Canada,* chapter 8
2. David Rochefort, "Making single-payer reform work for behavioral health care: Lessons from Canada and the United States." *International Journal of Health Services*, 2020.

1. Additional readings:

a. Marcia Angell, "The epidemic of mental health: why?" and "The illusions of psychiatry", *The New York Review of Books*, 23 June and 14 July 2011
b. Allan Horwitz, "How an age of anxiety became an age of depression," *The Milbank Quarterly* 88/1 (2010)
c. Francesa Grace et al. "An analysis of policy success and failure in formal evaluations of Australia's national mental health strategy (1992-2012). *BMC Health Services Research* 17/374 (2017).

Questions for discussion:

Why is mental health sometimes called the "orphan cousin" of health policy?
What are some examples of mental health strategies that seem to work well (especially at a local or provincial level)? What are the barriers to expanding these programs more widely?
What are the power dynamics underlying the diagnosis and treatment of mental illness?
To what extent does the diagnosis of mental illness depend on a highly subjective framework? Are there relations of power inherent in the process of determining what constitutes a mental illness?
What are some reasons that mental health services seem to be consistently underfunded in most jurisdictions?

WEEK TEN (18 November): Drug Policy and the Politics of the Pharmaceutical Industry

Readings:

1. *Health Care in Canada,* chapter 7
2. Steven Lewis, "It Won't Be Easy: How to Make Universal Pharmacare Work in Canada." *International Journal of Health Policy and Management*, 9/1, 2020.

3. Light, Lexchin, and Darrow, "Institutional corruption of pharmaceuticals and the myth of safe and effective drugs." *Journal of Law, Medicine, and Ethics* (Fall 2013), 590-600.

Additional readings:

1. John Abraham and Courtney Davis, "International and temporal comparative analysis of UK and US drug safety regulation in changing political contexts." *Social Science and Medicine* 255 (2020).
2. Joel Lexchin, "Health Canada's Proposal to Accelerate New Drug Reviews." *Healthcare Policy* 15/4, 2020.
3. Thomas Jefferson, "Sponsorship bias in clinical trials: growing menace or dawning realisation?" *Journal of the Royal Society of Medicine* 113/4, 2020.
4. Katharine Eldar et al., "Reporting of financial conflicts of interest by Canadian clinical practice guideline producers: a descriptive study." *CMAJ* 2020 June 8.

Questions for discussion:

Can we afford to have a National Pharmacare Program? Can we afford not to?
Are drugs approved too quickly? Does this present a safety hazard?
What are the ways in which pharmaceutical industries get approval for, and continue to market, drugs that are either ineffective, or cause serious adverse events?
What are the different types of conflict-of-interest involving pharmaceuticals that exist in health care systems?

WEEK ELEVEN (25 November): Comparative Health Care Systems I: Beveridge and Bismarck Models

Readings:

1. *Health Care in Canada*, chapters 9 and 10

Additional readings:

1. Or et al, "Are health problems systemic? Politics of access and choice under Beveridge and Bismarck systems." *Journal of Health Economics, Policy, and Law*. July 2010 5 (Special Issue 3). See also comment by Weale.
2. John Furse, "The NHS dismantled." The London Review of Books. Vol. 41 No. 21 · 7 November 2019
3. R. Busse, "Statutory health insurance in Germany: a health system shaped by 135 years of solidarity, self-government, and competition." *The Lancet* 390/10097 (2017), 882-897

4. M. Steffen, "The French Health Care System: Liberal Universalism," *Journal of Health Politics, Policy, and Law* 35/3, 2010

Questions for discussion:

What are the most pressing issues facing health care in the UK? To what extent are these issues specific to the UK, and to what extent are all countries grappling with them?

What are the advantages and disadvantages of a social insurance system?

France and Germany both have a social insurance system, which places them in a similar category. What are the key differences between France and Germany?

How important is the funding system of a state when attempting to address other structural problems in health care?

WEEK TWELVE (2 December): Comparative Health Care Models II: The EU and the US

Readings:

1. *Health Care in Canada*, chapter 11
2. K. Fierlbeck, "Health care and the fate of Social Europe". *Journal of Health Politics, Policy, and Law*, January 2021
3. Jonathan Oberlander, "The Ten Years' War: Politics, Partisanship, And The ACA." *Health Affairs* 39/3, 2020

Additional readings:

4. Scott Greer, "Health, federalism and the European Union: lessons from comparative federalism about the European Union." *Health Economics, Policy, and Law*, DOI: https://doi.org/10.1017/S1744133120000055, Published online 30 April 2020
5. Sarah Kliff, "8 facts that explain what's wrong with American health care." *Vox* 20 January 2015 at https://www.vox.com/2014/9/2/6089693/health-care-facts-whats-wrong-american-insurance
6. Uwe Reinhardt. "Republicans can repeal Obamacare. They can't repeal the logic of health insurance." *Vox* 20 November 2017 at https://www.vox.com/the-big-idea/2016/11/23/13719388/obamacare-health-insurance-repeal-trump
7. Vann R. Newkirk, "The fight for health care has always been about civil rights." *The Atlantic* 27 June 2017 at

https://www.theatlantic.com/politics/archive/2017/06/the-fight-for-health-care-is-really-all-about-civil-rights/531855/

Questions for discussion:

What has the ACA accomplished, and what has it not accomplished?
Map out the power interests in US health care.
Why is the US so different from all the other OECD countries on health care?
How has the Trump administration shaped health care in the US?

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POLICY ON ACCOMMODATION

Students may request accommodation as a result of barriers related to disability, religious obligation, or any characteristic under the Nova Scotia Human Rights Act. Students who require academic accommodation for either classroom participation or the writing of tests, quizzes and exams should make their request to the Office of Student Accessibility & Accommodation (OSAA) prior to or at the outset of each academic term (with the exception of X/Y courses). Please see www.studentaccessibility.dal.ca for more information and to obtain Form A: Request for Accommodation.

A note taker may be required to assist a classmate. There is an honorarium of $75/course/term. If you are interested, please contact OSAA at 494-2836 for more information.

Please note that your classroom may contain specialized accessible furniture and equipment. It is important that these items remain in the classroom so that students who require their usage will be able to participate in the class.

STATEMENT ON ACADEMIC INTEGRITY

"At Dalhousie University, we are guided in all of our work by the values of academic integrity: honesty, trust, fairness, responsibility and respect (The Center for Academic Integrity, Duke University, 1999). As a student, you are required to demonstrate these values in all of the work you do. The University provides policies and procedures that every member of the university community is required to follow to ensure academic integrity."

What does academic integrity mean?

At university we advance knowledge by building on the work of other people. Academic integrity means that we are honest and accurate in creating and communicating all academic products. Acknowledgement of other people's work must be done in a way that does not leave the reader in any doubt as to whose work it is. Academic integrity means trustworthy conduct such as not cheating on examinations and not misrepresenting information. It is the student's responsibility to seek assistance to ensure that these standards are met.

How can you achieve academic integrity?

We must all work together to prevent academic dishonesty because it is unfair to honest students. The following are some ways that you can achieve academic integrity; some may not be applicable in all circumstances.

- make sure you understand Dalhousie's policies on academic integrity (see http://academicintegrity.dal.ca/Policies/)
- do not cheat in examinations or write an exam or test for someone else
- do not falsify data or lab results

Be sure not to plagiarize, intentionally or unintentionally, for example…

- clearly indicate the sources used in your written or oral work. This includes computer codes/ programs, artistic or architectural works, scientific projects, performances, web page designs, graphical representations, diagrams, videos, and images
- do not use the work of another from the Internet or any other source and submit it as your own
- when you use the ideas of other people (paraphrasing), make sure to acknowledge the source

• do not submit work that has been completed through collaboration or previously submitted for another assignment without permission from your instructor (These examples should be considered only as a guide and not an exhaustive list.)

Where can you turn for help?
If you are ever unsure about any aspect of your academic work, contact me (or the TA):
• Academic Integrity website (see http://academicintegrity.dal.ca/) - Links to policies, definitions, online tutorials, tips on citing and paraphrasing
• Writing Centre (see http://writingcentre.dal.ca/) - Assistance with learning to write academic documents, reviewing papers for discipline-specific writing standards, organization, argument, transitions, writing styles and citations
• Dalhousie Libraries (see http://www.library.dal.ca/) - Workshops, online tutorials, citation guides, Assignment Calculator, RefWorks
• Dalhousie Student Advocacy Service (see http://www.dsu.ca/services/advocacy)
Assists students with academic appeals and student discipline procedures.
• Senate Office (www.senate.dal.ca)
List of Academic Integrity Officers, discipline flowchart, Senate Discipline Committee

What will happen if an allegation of an academic offence is made against you?
As your instructor, I am required to report every suspected offence. The full process is outlined in the Faculty Discipline Flow Chart (see http://senate.dal.ca/Files/AIO_/AcademicDisciplineProcess_Flowchart_updated_July_2011.pdf) and includes the following:
• Each Faculty has an Academic Integrity Officer (AIO) who receives allegations from instructors
• Based on the evidence provided, the AIO decides if there is evidence to proceed with the allegation and you will be notified of the process
• If the case proceeds, you will receive a PENDING grade until the matter is resolved
• If you are found guilty of an offence, a penalty will be assigned ranging from a warning, to failure of the assignment or failure of the class, to expulsion from the University. Penalties may also include a notation on your transcript that indicates that you have committed an academic offence."

Grade Scale and Definitions (Undergraduate)

Letter grades have a grade point assigned that is used to calculate your **GPA (Grade Point Average)**. The following table explains and defines Dalhousie's grading system and shows the GPA value that corresponds with each letter grade.

Grade	Grade Point Value		Definition	
A+ A A-	4.30 4.00 3.70	90-100 85-89 80-84	Excellent	Considerable evidence of original thinking; demonstrated outstanding capacity to analyze and synthesize; outstanding grasp of subject matter; evidence of extensive knowledge base.
B+ B B-	3.30 3.00 2.70	77-79 73-76 70-72	Good	Evidence of grasp of subject matter, some evidence of critical capacity and analytical ability; reasonable understanding of relevant issues; evidence of familiarity with the literature.
C+ C C-	2.30 2.00 1.70	65-69 60-64 55-59	Satisfactory	Evidence of some understanding of the subject matter; ability to develop solutions to simple problems; benefitting from his/her university experience.

D	1.00	50-54	Marginal Pass	Evidence of minimally acceptable familiarity with subject matter, critical and analytical skills (except in programs where a minimum grade of 'C' is required).
FM	0.00		Marginal Failure	Available only for Engineering, Health Professions and Commerce.
F	0.00	0-49	Inadequate	Insufficient evidence of understanding of the subject matter; weakness in critical and analytical skills; limited or irrelevant use of the literature.
INC	0.00		Incomplete	
W	Neutral and no credit obtained		Withdrew after deadline	
ILL	Neutral and no credit obtained		Compassionate reasons, illness	
P	Neutral		Pass	
TR	Neutral		Transfer credit on admission	
Pending	Neutral		Grade not reported	

Graduate Grading Scale

Letter Grade	Numerical (%) Equivalent
A+	90-100
A	85-89
A-	80-84
B+	77-79
B	73-76
B-	70-72
F	< 70

Graduate Grading Rubric:

i. Student Essays

A+ Papers that earn the highest grade are usually somewhat rare; they are original and innovative, and add to the scholarly discussion on the topic(s) at hand. They also show considerable command of critical and other secondary material. Depending on the type of assignment, these papers could, with no or minor revisions, be considered publishable in academic journals specific to the field.

A These essays constitute excellent graduate work. They are original and strongly written, and show considerable command of critical and other secondary material, but would need significant revision before being considered publishable.

A- These essays are very good graduate level work, and are well written and researched, offering a good understanding of the primary material and the scholarly discussion thereof.

B+ Essays in the B+ range may be considered good graduate work, but show weaknesses in terms of research, argumentation or writing.

B These essays are satisfactory graduate work, but with substantial flaws in one or more areas of research, argumentation or writing. They may indicate difficulty in moving beyond undergraduate-level work.

B- Essays in this range are minimally passable graduate work, showing considerable weaknesses or errors in research, argumentation, and writing. These essays demonstrate difficulty in moving beyond undergraduate-level work.

ii. Participation Grades

F Absent.

A Demonstrates excellent preparation: has analyzed case exceptionally well, relating it to readings and other material (e.g., readings, course material, discussions, experiences, etc.); offers analysis, synthesis, and evaluation of case material, e.g., puts together pieces of the discussion to develop new approaches that take the class further; contributes in a very significant way to ongoing discussion: keeps analysis focused, responds very thoughtfully to other students' comments, contributes to the cooperative argument-building, suggests alternative ways of approaching material and helps class analyze which approaches are appropriate, etc.; demonstrates ongoing very active involvement.

A- Demonstrates good preparation: knows case or reading facts well, has thought through implications of them; offers interpretations and analysis of case material (more than just facts) to class; contributes well to discussion in an ongoing way; responds to other students' points, thinks through own points, questions others in a constructive way; offers and supports suggestions that may be counter to the majority opinion; demonstrates consistent ongoing involvement.

B+ Demonstrates adequate preparation: knows basic case or reading facts, but does not show evidence of trying to interpret or analyze them; offers straightforward information (e.g., straight from the case or reading), without elaboration or very infrequently (perhaps once a class); does not offer to contribute to discussion, but contributes to a moderate degree when called on; demonstrates sporadic involvement.

B Present, not disruptive; tries to respond when called on but does not offer much; demonstrates very infrequent involvement in discussion.

iii. In-Class Presentation Grades

Seminar Component	Outstanding	Good	Average	Weak	Very weak	Poor	Maximum Points
Presentation	Content is complete, relevant & accurate. An exceptional command & depth of the material is presented in a logical & organized manner. More than one aspect of the content shows good critical thinking or an original perspective. Outstanding oral presentation skills and	Content is complete, relevant & accurate. A few minor pieces of information may be missing, but command & depth of the material is presented in a logical & organized manner. Some aspect of the content shows good critical thinking or an original perspective. Very good oral presentation	Content is appropriate. Although some pieces of information may be missing, or irrelevant material included, adequate command of the material is demonstrated. The content may not be demonstrated in a way that maintains focus and may be disorganized. The content shows that the	Some content is inappropriate. Marginally adequate command of the material is demonstrated. Important pieces of information are missing, or irrelevant material included. The content is disorganized and is not presented in a way that maintains focus. Weak oral presentation	Content is weak because material is omitted, inaccurate or marginally relevant, demonstrating limited understanding of the material and/or limited ability to apply the material. Organization is a problem. Major deficiencies in oral presentation skills. Class is	Lecture component absent.	10

	engagement of class.	skills and engagement of class.	person thought about the information. Adequate oral presentation skills and engagement of class.	skills and engagement of class.	not engaged.		
Facilitation of Class Discussion	Preparation, understanding of content, discussion / debate methods, and communication skills are outstanding.	Preparation, understanding of content, discussion / debate methods, and communication skills are very good.	Preparation, understanding of content, discussion / debate methods, and communication skills are adequate.	Preparation, understanding of content, discussion / debate methods, and communication skills are weak.	Preparation, understanding of content, discussion / debate methods, and communication skills have major deficiencies.	Class discussion component absent.	5