

**POLITICAL SCIENCE 4260/5260:**

# **THE POLITICS OF HEALTH CARE**



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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.



2023.01.01

## ASSIGNMENTS AND EVALUATION

Book review	10%	(in-class presentation)
Policy brief	20%	(written submission; due Mar 14 <sup>th</sup> )
Canada's other hc systems presentation	10%	(in-class team presentation Feb 28 <sup>th</sup> )
Country analysis	20%	(in-class presentation Mar 28 <sup>th</sup> & April 4 <sup>th</sup> )
Research paper:	30%	(written submission; due April 4 <sup>th</sup> )
Attendance and participation:	10%	



## DESCRIPTION OF ASSIGNMENTS

### 1. Book Review Presentation (10%)

Choose a book from the list in Appendix A. You will be presenting a 10-minute review of this book verbally to the class (please time yourself beforehand: you really will be strictly limited to 10 minutes!). You may use slides, but you do not have to. Please sign up on the Discussion board via Brightspace. You can choose a presentation date any week until and including March 21<sup>st</sup>. There are only two slots per class available, so first come, first served (check the threads on the Book Review Forum to see who has already claimed which book and timeslot). All reviews should include the following:

- *a succinct account of what the book is about. Do NOT give a chapter-by-chapter description of the contents. This descriptive component should be no more than 25% of the presentation.*
- *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. Policy Brief (20% - due March 14<sup>th</sup>)**

The template and topics for the policy brief can be found in Appendices B and C. Appendix D is a Practical Guide for Writing Briefing Notes. The official it is designed for should be able to read the document and get the key points within a **10-minute read**. Be sure to fill out the “Evaluation and Performance Measurement Appendix”. You do NOT have to fill out the Financial Impact Assessment form, but do have a look at it so that you have a sense of what a formal policy brief entails. Submit to Brightspace.

**3. Team Presentation on one of Canada’s “other” health care systems (10% - Feb 28<sup>th</sup>)**

Find two partners and choose one of the following “systems”:

- Health care provided under Worker’s Compensation
- Canadian Armed Forces/ veterans’ health care
- Health care in penitentiaries
- Health care for migrants
- Indigenous health care
- Virtual health care

Each team will have 20 minutes to explain to their classmates how this system works, including the tensions and politics underlying each system, and its relationship to the *Canada Health Act*. No written submission is required, but a visual presentation (eg powerpoint or keynote) is strongly recommended.

**4. Individual Presentation on country analysis (20% - March 28<sup>th</sup> and April 4<sup>th</sup>)**

Each person will choose one country listed in Appendix E. You will have 20 minutes to:

- explain how the country’s health care system works, using an avatar. How is the health care system funded? How is it regulated? How are services provided?
- what are the strengths and weaknesses of this system?
- Should Canada adopt this system, or is the one we have, on balance, preferable?

Select your topic and date on the appropriate Brightspace discussion forum. No written submission is required, but a visual presentation (eg powerpoint or keynote) is strongly recommended.

5. **Research Paper (30% - due April 4<sup>th</sup>)**

This assignment is a formal research paper. It should be around 8-10 pages long (double spaced) and show evidence of research utilizing published academic papers or books on the subject. Specifications for the paper, as well as topics, are available in Appendix F. Please note that the content of these papers will be screened by Urkund.

6. **Attendance and Participation (10%)**

Students are expected to attend seminars and to arrive in class having read each week's readings and viewed the videos. Those who do not come to class, or who come to class unprepared, will lose grades. Attendance is taken every week. Engagement in class discussions will also be evaluated.

## **TEXTS**

1. K. Fierlbeck, *Health Care in Canada* (available as hard or electronic copy; available in library as hard or e-copy)
2. K. Fierlbeck, *Nova Scotia: A Health System Profile* (open access; posted on Brightspace)
3. Secondary readings are noted in your outline.

## **APPENDICES**

**All appendices are posted on Brightspace**

**Appendix A: Book review titles**

**Appendix B: Policy brief template**

**Appendix C: Policy brief topics**

**Appendix D: Practical guide to writing briefing notes**

**Appendix E: Eligible countries for analysis**

**Appendix F: Information on research paper**

**Appendix G: various other bits of university policy**

**These course materials are designed for use as part of the 4260/5260 course at Dalhousie University and are the property of the instructor unless otherwise stated. Copying course material for distribution (e.g. uploading to a commercial third-party website) may lead to a violation of Copyright law. Recording any aspect of this class, either in-person or virtually, is prohibited.**

## CLASS OUTLINE

### Week One (Jan 10<sup>th</sup>): Introduction to the study of health policy and politics

- *Introductions/backgrounds*
- *Objectives and expectations*
- *Explanation of assignments*
- *What's the difference between "health policy" and "health politics"?*
- *How does one "do" health policy analysis?*

#### **Readings:**

1. David Hunter. 2015. "The role of politics in understanding complex, messy health systems," in *BMJ* 9 March.
2. deLeeuw et al., "Health policy – why research it and how: health political science" <https://health-policy-systems.biomedcentral.com/track/pdf/10.1186/1478-4505-12-55>
3. Understanding Policy Developments and Choices Through the "3-i" Framework: Interests, Ideas and Institutions [http://www.ncchpp.ca/docs/2014\\_ProcPP\\_3iFramework\\_EN.pdf](http://www.ncchpp.ca/docs/2014_ProcPP_3iFramework_EN.pdf)

#### **Additional Readings:**

4. David Wilsford. 1995. "States Facing Interests: Struggles Over Health Care Policy in Advanced, Industrial Democracies." *J Health Polit Policy Law* 1 June 1995; 20 (3): 571–613. doi: <https://doi-org.ezproxy.library.dal.ca/10.1215/03616878-20-3-571>

### Week Two (Jan 17<sup>th</sup>): Public vs. private - the debate over health care funding

- *What do we mean by "public" and "private"?*
- *What kinds of "public" and "private" systems are there?*
- *What are the advantages and disadvantages of public vs private funding models?*
- *Who are the winners and losers in each kind of system?*

#### **Readings:**

1. Katharina Böhm, Achim Schmid, Ralf Götze, Claudia Landwehr, Heinz Rothgang. 2013. "Five Types of OECD Healthcare Systems: Empirical Results of a Deductive Classification." 113 *Health Policy* 258.

2. *Health Care in Canada*, chapter 1
3. Seth Klein and Andrew Leyland. 2016. "5 reasons why private surgeries won't shorten waits in the public system." *Policynote*, 7 Sept  
<http://www.policynote.ca/5-reasons-why-private-surgeries-wont-shorten-waits-in-the-public-system/>

### ***Additional Readings:***

4. *Nova Scotia: A Health System Profile*, chapter 3
5. Evans, R. G. 2004. Financing health care: Options, consequences, and objectives. In *The Fiscal Sustainability of Health Care in Canada: Romanow Papers, Volume 1*, ed. G.P. Marchildon, T.A. McIntosh, & P-G. Forest. Toronto: University of Toronto Press, 139-196.
6. Reinhardt, U. 2014. Why we should bend the cost curve and how we could do it. In *Bending the Cost Curve in Health Care: Canada's Provinces in International Perspective*, ed. G.P. Marchildon & L. Di Matteo. Toronto: University of Toronto Press, 3-33.

## **Week Three (Jan 24<sup>th</sup>): The Canada Health Act, courts, and the "right" to health care**

- *How does the CHA constrain reform of Canadian health care?*
- *Should the CHA itself be revised? What are the politics underlying reform of the CHA?*
- *What were the Chaoulli and Cambie court decisions? Why did they arise? And what effect did they have on the health care system?*
- *Do we have a "right" to health care? Should we?*

### ***Readings:***

1. *Health Care in Canada*, chapter 4
2. Collen Flood. 2021. "Two-tier healthcare after Cambie" *Healthcare Management Forum* 34(4) 221-224.
3. Canada Health Act Annual Report 2021 (<https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/canada-health-act-annual-reports.html>) (scan)

### ***Additional readings:***

4. Martha Jackman. 2006. "The Last Line of Defence for [Which] Citizens: Accountability, Equality, and the Right to Health in *Chaoulli*." 44 *Osgoode Hall L.J.* 349
5. Lorian Hardcastle, Private Health Care and the Law Part 1: Litigation Challenging Limits to Private Care. University of Calgary Law Blog, 14 Sept 2020 <https://ablawg.ca/2020/09/14/private-health-care-and-the-law-part-1-litigation-challenging-limits-to-private-care/>
6. Amy Kapczynski. 2019. The Right to Medicines in an Age of Neoliberalism. *Humanity: An International Journal of Human Rights, Humanitarianism, and Development*, Volume 10, Number 1, Spring

### **Week Four (Jan 31<sup>st</sup>): Health care federalism**

- *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?*
- *What are some of the best and worst examples of federal dynamics in health care (case studies: HTA, data, dentalcare)?*

### ***Readings:***

1. *Health Care in Canada*, chapter 2
2. Fierlbeck and Lahey, eds. 2013. *Health Care Federalism in Canada* (MQUP), Chapter 3 (Fierlbeck), 8 (Boessenkoel), and 9 (Marchildon)
3. Tom McIntosh, "The disingenuous demands of Canada's premiers for \$28 billion in health-care funding"

### ***Video (optional):***

Bilateral Health Agreements between the Federal and Provincial/Territorial Governments in Canada <https://irpp.org/research-studies/insight-no13/> (60 min)

### ***Additional readings:***

1. Katherine Fierlbeck, Bill Gardner and Adrian Levy. 2018. "Is New Public Governance Useful in Thinking About Health Care? Health Technology Assessment in Canada." *Canadian Public Administration*, March
2. 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 Venkatapuram, eds. (Ottawa: University of Ottawa Press). Open access at <https://ruor.uottawa.ca/handle/10393/40726>

## **Week Five (Feb 7<sup>th</sup>): Provincial health care governance**

- *How is health care organized within provinces? What are the governance structures? How well do they work?*
- *What are different forms of accountability for provincial health systems?*
- *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?*
- *What are the metrics of good governance in a health care system?*

### ***Readings:***

1. *Health Care in Canada*, chapter 2
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.
3. Scott L. Greer, Matthias Wismar and Josep Figueras, *Strengthening Health System Governance Better policies, stronger performance*, chapters 1-3

### ***Video (optional):***

CMA, Bold Choices: it's time to stop pouring money into a broken health care system and invest in a new one <https://www.cma.ca/news/bold-choices-its-time-stop-pouring-money-broken-health-system-and-invest-new-one>

### ***Additional readings:***

1. *Nova Scotia: A Health System Profile*, chapters 2 and 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.



## **Week Six (Feb 14<sup>th</sup>): Health human resources and the problem of primary care**

- *Is our current model of primary care obsolete? What should replace it? What are the political barriers to change?*
- *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)?*
- *Why is “integrated care” so difficult to achieve?*

### ***Readings:***

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

### ***Video (optional):***

What's behind the shortage of family doctors in Canada?

<https://www.youtube.com/watch?v=C-qsnDLdq68> (6.51)

### ***Additional readings:***

1. Peckham, A., J. Ho, and G.P. Marchildon. 2018. Policy Innovations in Primary Care across Canada. Toronto: North American Observatory on Health Systems and Policy, Rapid Review 1. Available at: [https://ihpme.utoronto.ca/wp-content/uploads/2018/04/NAO-Rapid-Review1\\_EN.pdf](https://ihpme.utoronto.ca/wp-content/uploads/2018/04/NAO-Rapid-Review1_EN.pdf)
2. Evans & McGrail. 2008. “Richard III, Barer-Stoddart, and the daughter of time,” in *Healthcare Policy* 3(3).
3. Lewis, J. 2006. “Being around and knowing the players: networks of influence in health policy.” *Social Science & Medicine* 62 (9): 2125-36  
DOI: [10.1016/j.socscimed.2005.10.004](https://doi.org/10.1016/j.socscimed.2005.10.004)
4. 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>
5. Marco Chown Oved. 2020. “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>

6. Sung-Hee Jeon, Jeremiah Hurley. 2010. "Physician Resource Planning in Canada: The Need for a Stronger Behavioural Foundation". *Canadian Public Policy* Volume 36 Issue 3, September, pp. 359-375

## February 20-24: study break

### Week Seven (Feb 28<sup>th</sup>): Canada's other health care systems (presentations)

### Week Eight (Mar 7<sup>th</sup>): Public health and health promotion

- *What did Covid-19 teach us about public health?*
- *Is public health an "inherently conservative" field?*
- *What are the political dynamics that make health promotion so difficult to operationalize?*
- *To what extent do the "disease surveillance" and "health promotion" functions of public health conflict?*
- *To what extent does the wider political environment (eg, economic polarization) affect a nation's health?*

### **Readings:**

1. *Health Care in Canada*, chapter 5
2. Erica Di Ruggiero et al. 2022. *Governing for the Public's Health: Governance Options for a Strengthened and renewed and Public Health System in Canada*  
<https://nccph.ca/images/uploads/general/OCPHO-Report-Governance-2022-En.pdf>
3. Alejandro Jadad. 2021. "Leadership that kills." *Journal of Public Health Policy* (Nov 29) <https://doi.org/10.1057/s41271-021-00315-9>

### **Videos (optional):**

- "What is public health?" <https://www.youtube.com/channel/UC6lsKOED7uB6JbqBQDRROJA> (5.33) and "Social determinants of health" <https://www.longwoods.com/audio-video/Shorts/Youtube/7556> (6.28)
- "First Wave" Atlantic Canada's Chief Medical Officers discuss lessons from Covid-19 (90 min)

### ***Additional readings:***

4. 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.
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. The Institute on Municipal Finance and Governance (IMFG), The municipal role in public health [https://imfg.munkschool.utoronto.ca/wp-content/uploads/2022/11/imfgwdw\\_no4\\_publichealth\\_november\\_17\\_2022.pdf](https://imfg.munkschool.utoronto.ca/wp-content/uploads/2022/11/imfgwdw_no4_publichealth_november_17_2022.pdf)

### **Week Nine (Mar 14<sup>th</sup>): Mental health care**

- *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?*

### ***Readings:***

1. *Health Care in Canada*, chapter 8
2. David Rochefort. 2020. "Making single-payer reform work for behavioral health care: Lessons from Canada and the United States." *International Journal of Health Services*.
3. Shayla Love. 2020. The movement against psychiatry, *Vice* (Aug 26). <https://www.vice.com/en/article/qj4mmb/the-movement-against-psychiatry>

### ***Video (optional):***

Scientific censorship in psychiatry <https://www.cma.ca/news/bold-choices-its-time-stop-pouring-money-broken-health-system-and-invest-new-one> (27.28)

### ***Additional readings:***

4. Tristan Bronca, "Overdiagnosed, overtreated." *Medical Post*, 16 June 2020 at [https://www.tristanbronca.com/uploads/2/0/5/2/20523008/overdiagnosed\\_overtreated.pdf](https://www.tristanbronca.com/uploads/2/0/5/2/20523008/overdiagnosed_overtreated.pdf)
5. 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
6. Allan Horwitz, "How an age of anxiety became an age of depression," *The Milbank Quarterly* 88/1 (2010)
7. 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).

### **Week Ten (Mar 21<sup>st</sup>): Drug policy and the politics of the pharmaceutical industry**

- *How does the pharmaceutical industry exercise political power? Does it have too much power?*
- *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?*
- *Can we afford to have a National Pharmacare Program? Can we afford not to?*

### ***Readings:***

1. *Health Care in Canada*, chapter 7
2. 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.
3. Jon Jureidini and Leemon McHenry, 2022. "The illusion of evidence based medicine". *BMJ*. <https://www.bmj.com/content/376/bmj.o702>
4. Sharon Batt. 2022. "How Big Pharma took over patient groups to keep drug prices high". *The Breach* <https://breachmedia.ca/how-big-pharma-took-over-patient-groups-to-keep-drug-prices-high/>

### **Video (optional)**

The power of the pharmaceutical companies

<https://www.youtube.com/watch?v=2LelUHLL-xM> (42.26)

### **Additional readings:**

1. Steven Lewis.2020. "It Won't Be Easy: How to Make Universal Pharmacare Work in Canada." *International Journal of Health Policy and Management*, 9/1.
2. Joanna Moncrieff et al. 2022. The serotonin theory of depression: a systematic umbrella review of the evidence. *Molecular Psychiatry*.  
<https://www.nature.com/articles/s41380-022-01661-0>
3. Joel Lexchin.2020. "Health Canada's Proposal to Accelerate New Drug Reviews." *Healthcare Policy* 15/4.
4. Thomas Jefferson. 2020. "Sponsorship bias in clinical trials: growing menace or dawning realisation?" *Journal of the Royal Society of Medicine* 113/4, 2020.
5. Katharine Eldar et al. 2020. "Reporting of financial conflicts of interest by Canadian clinical practice guideline producers: a descriptive study." *CMAJ* June 8.

## **Week Eleven (Mar 28<sup>th</sup>) and Week Twelve (April 4<sup>th</sup>): Comparative health systems analysis (presentations)**

### **Readings:**

1. Marmor, T., Freeman, R. & Okma, K. 2005. Comparative perspectives and policy learning in the world of health care. *Journal of Comparative Policy Analysis*, 7(4), 331–348. doi: <https://doi.org/10.1080/13876980500319253>
2. Deber, R. 2004. Why did the World Health Organization rate Canada's health system as 30th? Some thoughts on league tables. *Longwoods Review*, 2(1), 2–7. doi:10.12927/hcq.2004.17238
3. Ehlke, D. 2011. The political abuse of international health system comparisons. *Journal of Health Services Research & Policy*, 16(3), 187–189. doi: 10.1258/jhsrp.2010.010141

### **Additional Readings:**

4. Marchildon, G., Cafaro, C., & Brown, A. 2018. Myths, misperceptions and policy learning: Comparing healthcare in the United States and Canada. *Journal of Law, Medicine and Ethics*, 46 (4), 833–837.



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