

Today's Canadians are remarkably long-lived. The average Canadian boy born yesterday should live to the year 2048, the average girl to 2055. (She should live longer than any other average girl baby alive, except an average Netherlander, Norwegian or Swede.)

This is true in spite of the fact that Canadians, in general, take poor care of themselves. Over half are overweight, and they have all kinds of vitamin and mineral deficiencies. They smoke, drink and eat too much and drive automobiles recklessly.

What keeps them alive so long? The answer is uniform, high-standard health care: Over 99 per cent of all Canadians are covered by comprehensive government health insurance plans. They are served by highly qualified doctors and have easy access to well equipped hospitals.

Still, they have problems. Many are concerned about steadily increasing costs. Medical costs are lower in Canada than in the United States, though higher than in England; but there is reason to believe that something close to the optimum in effective broad scale patient care has been reached. Some suspect that Canada now has more doctors and hospital beds than it needs.

In this issue of CANADA TODAY/D'AUJOURD'HUI we give some examples of Canada's health and medical achievements and some musings about the cost.

Health Coverage from Sea to Shining Sea

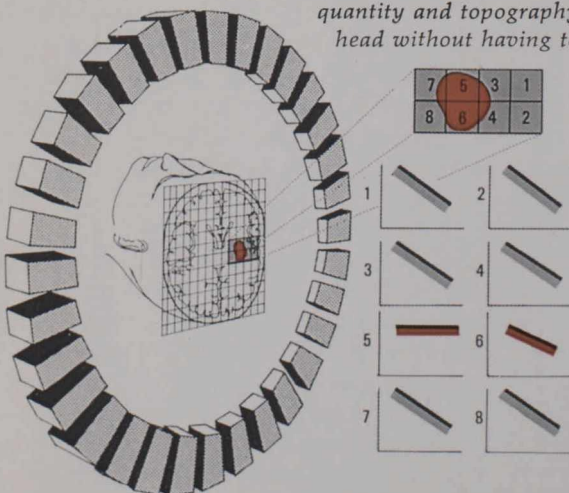
Four Canadian provinces—Newfoundland, Saskatchewan, Alberta and British Columbia—provided government-funded hospital insurance during the late 1940s and early 1950s. The federal government became involved in 1958 through the Hospital Insurance and Diagnostic Services Act. Some ten years later, the national coverage was extended, with the Medical Care Act, to cover physicians' fees. Under both acts, the federal government sets standards and covers about half of the cost, but because health care is constitutionally a provincial responsibility, each province controls the details of its own programs. Prov-

inces must provide basic services, without dollar-limit or exclusions, to all eligible residents on uniform terms and conditions. Benefits are portable: Residents keep their coverage when they are temporarily out of their home province or in the process of moving to a new one.

Hospital services are fairly uniform, but outpatient services vary. Virtually every province provides all services to outpatients that are available to inpatients, and some include extras, such as the cost of ambulances and prescription drugs.

The Medical Care Program, medicare, is more complex. It covers all medically required services

The Montreal Neurological Institute's Circular Position Emission Tomographer (cover) can measure the quantity and topography of the flow of blood in any cross-section of a person's head without having to be rotated. Developed in cooperation with Brookhaven National Laboratory in the US, it uses inhaled Krypton-77 to locate cerebrovascular disease, arteriovenous malformations and brain tumors. The diagram (left) shows the region examined. The images (below) show blood flow before (left) and after microvascular surgery between a scalp artery and an intracranial artery.



The diagram (left) shows the region examined. The images (below) show blood flow before (left) and after microvascular surgery between a scalp artery and an intracranial artery.

