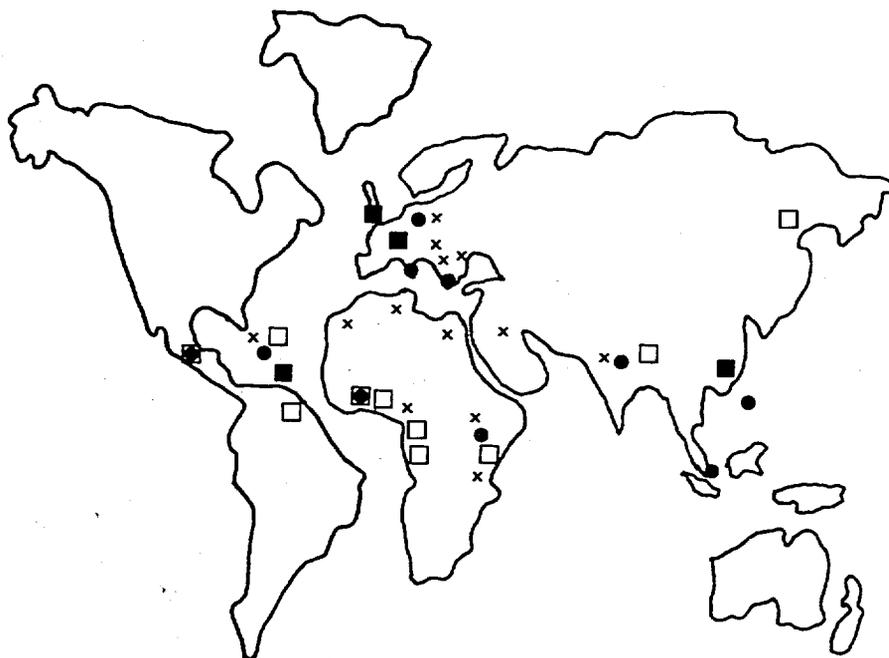


PUBLIC SERVICE HEALTH PROGRAMS ABROAD ARE THEY ENDANGERED?



■ Zone Directors
● Regional Medical Officers

x Nurses on contract
□ Mini clinics

by Dr. Alan M. Elliott, Zone Director, located in Hong Kong.

Until recently Canadian Public Service Health (PSH) Programs abroad were designed primarily to provide preventive health care services in order to fulfill our Minister's responsibility under the National Health and Welfare Act "to promote and conserve the health of civil servants and other employees". The programs varied from post to post depending on health risks and availability of local medical services, and always the concept of comparability with Canada formed the basis of program planning.

However, to remain effective, programs must adapt to the times, and with the release of the Report of the Royal Commission on Conditions of Foreign Service in 1981 it became obvious that foreign service personnel desired change. Concerning health care the report concluded that:

"The importance of adequate health care facilities and preventive services, especially at hardship posts, must not be overlooked. Future planning must be aimed at establishing the credibility of and confidence in the Canadian health care services available to members of the foreign service, and at providing treatment oriented service wherever possible. Spending on health, like spending on other areas that effect daily life abroad, cannot be considered discretionary."

Health and Welfare Canada's response to the Commission's recommendations was swift and to the point. Since 1981 ten overseas vacancies have been filled with clinically-current physicians and the great majority of the 22 present-day Medical Attachés are experienced medical practitioners first, and medical administrators second. Mini-clinics have been established as part of a pilot project involving ten of the more medically-disadvantaged posts, additional nurses have been recruited on contract at others, and wherever possible Canadian physicians have included a treatment component in the services they offer. And throughout this process of evolution, the more traditional preventive medical and advisory services have been retained and strengthened since their value has already been proven beyond question.

Those of us who have been intimately involved in the development of the expanded PSH Programs are convinced that services offered have vastly improved since 1981 and that their cost-effectiveness is second to none. We are also witnessing a renewal of confidence in the Canadian health care services on the part of members of our foreign service, and are grateful for that recognition. Moreover, we are committed, as resources permit, to further improve and adapt health care services to meet the changing needs and expectations of our clientele.

However, there are indications that the character of PSH Programs abroad may change drastically during 1986, as a result of the implementation of resource reductions by the Department of External Affairs.

Thoughtful planning and collaboration will be required by everyone concerned to ensure that the quality of present and future PSH programs is not jeopardized, and this will only be possible if the guiding principle continues to be that "spending on health, like spending on other areas that effect daily life abroad, cannot be considered discretionary".

MEDICAL INSURANCE: ARE YOUR CHILDREN COVERED?

Administrative Notice 49, December 9, 1985. Employees are reminded that dependant children 21 years of age or over are not eligible for coverage under family provincial health insurance plans. These children must apply for their own coverage under a provincial plan (i.e. OHIP).

Administrative Notice 47, November 25, 1985. ...A dependant remaining in Canada (other than on a temporary basis), is considered to be "resident of a province" and therefore must be insured under the applicable provincial health insurance plan as of April 1, 1985. Such dependants will no longer be automatically covered under the Comprehensive Group Surgical Medical Insurance Plan of the employee.

GSMIP COVERAGE

Administrative Notice 49, December 9, 1985. Group Surgical Medical Insurance Plan coverage for a child automatically terminates when the child reaches age 21, unless application is made for an "overage dependant" and providing that they are single, between the ages of 21 and 25, and full-time students at school or university. Employees who are already covering dependant children over 21 years of age by paying an extra premium on their GSMIP are reminded that this insurance must be terminated by them when the dependant graduates from university, marries or reaches 25 years of age.

For further information call Health Plans Section (ABMH) at 992-9828.