

ACCESSIBILITY TO HEALTH CARE

The accessibility principle, as defined in the *Canada Health Act*, requires reasonable access by Canadians to insured health services unimpeded by charges or other factors. Pursuit of the objective of equal access to medically necessary hospital and physician services has been a dominant feature of Canadian health policy since the Second World War. Under the *Hospital Insurance and Diagnostic Services Act* of 1957 and the *Medical Care Act* of 1966, federal funds were made available for provincial health insurance programs if certain criteria were met, i.e., comprehensive coverage, universality, portability, non-profit administration. These principles were reaffirmed in the *Canada Health Act* of 1984. This means that all citizens of Canada should have access to health care services on the basis of need rather than ability to pay. Nevertheless, in the opinion of some witnesses to the Committee, problems of accessibility continue to exist.

The Committee heard reports of cases where patients had difficulties accessing acute care facilities, particularly for certain high technology procedures such as cardiac surgery. Witnesses representing the elderly and the physically and mentally disabled reported problems in accessing the community, homecare, social and support services which they require. The Committee was also informed of the unmet health needs of women, children and the poor. Despite the fact that Canadians have access to most hospital and medical services without direct financial burden, there are still differences in the relative use of health services by rich and poor Canadians, as well as differences in health status and life expectancy. Similar differences exist between aboriginal people, immigrants and cultural minorities and the general population. In these cases, witnesses urged that considerations of access should go beyond the question of who pays at the time of the service to include cultural barriers to care. Finally, those less-populated geographical areas farthest removed from urban centres have their own particular problems of accessibility.

A. ACUTE CARE FACILITIES

Universal health care, as currently provided for under the *Canada Health Act*, has succeeded in bringing about a high degree of equality in access to and utilization of hospital and medical services. Recent media reports, however, suggest there are