

There are inevitable struggles over who belongs (what practitioners are legitimate from the point of view of public safety and eligible for reimbursement from insurance schemes) and who controls.⁸⁵

The provinces have some latitude in determining which non-medical services should be provided to the insured population as part of the provincial health care system and, in fact, the range of such services covered under provincial plans varies considerably. In the view of some witnesses, the *Canada Health Act* does not go far enough in requiring the provinces to provide certain non-medical health personnel and services. These witnesses would like to see a broader range of services, including those of physiotherapists, chiropractors, psychologists, occupational therapists and nutritionists, integrated into health care insurance system. In addition, there are those who recommend that these non-medical health professionals be established, in addition to physicians, as points of access to the insured health care system. Groups representing hospitals and physicians, however, suggest a review and evaluation of the quality of care, liability and cost implications before opening the system to non-medical health personnel.

RECOMMENDATION

- 16. That the federal government, in cooperation with the provincial and territorial governments, evaluate the use of a wider range of health care professionals within the insured health care system.**

C. GEOGRAPHICAL DISTRIBUTION OF HEALTH CARE SERVICES

Uneven development and distribution of health care services create some problems of access in high density urban areas, as well as in some rural and less densely populated areas. Rural and remote areas and areas of low economic growth have more difficulty attracting and retaining health care professionals, particularly those in highly specialized disciplines. The Canadian Hospital Association acknowledges, however, that the major nursing shortages in Ontario are in urban centres, particularly downtown Toronto.

A need for well-coordinated primary, chronic care and geriatric services seems prevalent everywhere. Witnesses reported a lack of services in regions with low population densities and a shortage of adequate support services in local communities in every region (Consumers' Association of Canada, Canadian Dietetic Association, Victorian Order of Nurses, Canadian Pharmaceutical Association, National Advisory Council on Aging). In some regions, services are available only in hospitals. The

⁸⁵ *Ibid.*