

- C) The re-emergence of some old enemies have occurred over the past decade -- tuberculosis, malaria, dengue fever, among others in both the developing and the developed worlds. New transmission patterns and viruses have produced variant strains resistant to current prophylaxis treatments. These are probably going to continue to re-emerge with the ease of global travel, the speeding-up of telecommunications, and the heightening of global warming
- D) The spread of food linked diseases caused by new agricultural techniques has evolved from societies that ate food produced by known processors nearby to societies that eat food produced many thousands of miles away by unknown processors or various uncertified distributors. For example, in North America, several recent outbreaks of cyclospora found in raspberries grown in Guatemala underscore the volatility of food borne diseases that can wreak havoc in today's modern economies. Other similarly new threats could possibly be the result of new production techniques in the food industry altered by genetic manipulation and mutation, helped along by pesticides, fungicides, etc. -- mad cow disease, the Hong Kong flu, et al.
- E) The demographic transition will bring new challenges: by 2020 **non-communicable** diseases will account for seven out of 10 deaths in the developing world; today the toll is less than half.
- F) Mental illness is a rising problem with which the world copes badly not only in treatment and in understanding, but in acknowledgement as well.
- G) The powerful force of globalization and the consequent need to compete on a national basis with low taxes has moved every country to reduce or eliminate deficits and cut taxation. Since health care systems are often at least partly taxpayer funded, these systems have absorbed a large share of the deficit reduction impetus.
- H) The pressure on costs have never been higher. The more we discover we can do, the more systems are pressed to make technological advancements and pharmaceutical discoveries improving medicines to render relief more efficiently. While these are cost effective at the level of the individual, and often reduce therapeutic expenses, they are immediate cost drivers if looked at systematically.
- I) Canadians are among the healthiest people in the world, and have probably reached the health status where increases in health spending will have not produced commensurate increases in health status.
- Our society, as well as the medical profession in general, has encouraged the "medicalization" of social ills. It is less complicated than addressing the real problems. But it is precisely the breakdown in social factors such as housing, employment and education that lead to an increased use of the medical system.
 - The medical care system is made responsible for treating irritable bowel syndrome, fibrosis, headaches, low back pain, fatigue, low birthweight babies, and fetal alcohol effects that result from lifestyle behavioural ills. So where do we put investment to curb the rise of these undoubtedly medical problems?