

Nova Scotia, New Brunswick and Newfoundland, as well as Manitoba's advisory network, have given serious consideration to the future direction of health care programs and have already released reports. Moreover, a Royal Commission of Inquiry chaired by Dr. Robert Evans has been established in British Columbia. In Ontario, a number of task forces have been set up to look into the various features of the health care system. Furthermore, provinces conducting reviews of their health care system have met and shared their visions of health care. The Alberta Commission held a three day conference in April 1989 which was attended by representatives of many provincial committees and commissions. The conference gave participants an opportunity to exchange ideas and share their experiences about many aspects of the health care system.

While commissions and task forces were assigned different mandates all were asked to evaluate innovative approaches to meeting changing health care needs. In New Brunswick, for example, the commission examined ways of keeping costs under control in the three most expensive areas, namely: hospitals, medical care and prescription drugs. Newfoundland's Royal Commission focused its attention on hospital costs. The Commissions in Quebec, Alberta, Saskatchewan, Nova Scotia and British Columbia, along with the Manitoba advisory network, adopted a more global approach to analysing the current state of the health care system in their respective provinces.

B. SUMMARY OF THE PROVINCIAL REPORTS

The reports of the provincial commissions of inquiry and task forces acknowledge a number of facts. First of all, the residents of the provinces enjoy a relatively high level of health care and generally appear to be satisfied with their health care schemes. However, considerable inequities were noted among different population groups within the provinces. In all provinces, various regions do not benefit from the same level of health care services. The reports also raise some concerns about health care human resources, in particular shortages and geographic maldistribution. Mention was made of evolving health care needs and the many challenges which this situation presents. The relationship between the limited nature of the available resources and the virtually unlimited nature of the needs or wants places financial constraints on health care systems. Recourse to costly new technologies, duplication of services by institutions, the fee for service reimbursement scheme and the priority given to the institutional sector further add to the financial burden. All of the reports stress the need to maintain the quality and accessibility to services. However, the view is that changes are warranted if the needs of the population are to be met at the dawn of the 21st century. Of all the solutions advanced in the different reports, mention should be made of the following common recommendations: