

Dieticians' services are in short supply in certain communities, medical clinics, in-home health care programs, private practice and school boards. There are also long waiting lists for the services of dieticians in hospitals,<sup>143</sup> and a shortage of pharmacists both in hospitals and in the community. Access to pharmaceutical services in rural areas is also a problem.<sup>144</sup>

The range of non-medical health professional services covered by provincial health insurance plans varies from province to province. For example, the Canadian Chiropractic Association said in testimony:

In . . . Newfoundland, Nova Scotia and New Brunswick there is no coverage from the government there at all. The fee that is paid for our services is paid directly by the patients, and 85% is covered by private insurance companies, so [in] effect most of the fee is paid by a private insurance company through their company plans or whatever. In the province of Quebec there is no coverage, and again it is private insurance companies that pay the percentage. I believe it is around 85% that is covered by a private insurance company. In the province of Ontario they cover for \$210 a year and in the province of Manitoba they are covered for 15 visits. In the province of Saskatchewan they have unlimited coverage. In the province of Alberta they are covered for around 20 visits per year. In the province of British Columbia they again are covered for 11 visits per year . . .<sup>145</sup>

Some professional associations are asking that their services be insured under the publicly-funded plans. According to some witnesses, this would not influence the demand for non-medical professionals' services, while others fear that costs would rise.

## E. HUMAN RESOURCE PLANNING

The Canadian Hospital Association noted that shortages and maldistribution of health human resources in general affect all the provinces and territories of Canada.<sup>146</sup> One result has been a lack of access to medically necessary services, especially in rural and remote regions, which have more difficulty attracting and holding their health care professionals, particularly in highly specialized disciplines. Waiting lists are common for specialized services, and patients often have to be transferred to other provinces or to centres far from their families and social support network. Another result is the substitution of one discipline for another, and the closing of beds and specialty units.

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<sup>143</sup> Canadian Dietetic Association, Brief.

<sup>144</sup> Canadian Pharmaceutical Association, Brief.

<sup>145</sup> *Minutes of Proceedings and Evidence*, Issue No. 40, p. 26.

<sup>146</sup> Brief, p. 5.