

NOUVELLES

Facing budget crunch, BC restructures health system

The BC government is pledging to overhaul its health care system "to fulfill a New Era promise to provide high quality, public health care services." However, for many the new era is starting to look a lot like the old one, with escalating labour disputes and disagreements over the provision and funding of care (see related article, page 1581).

And that is not exactly what Health

Minister Colin Hansen had hoped to hear in late April as he announced a restructuring plan after the province's health care budget increased by more than \$1 billion in the year since the Liberals took office.

The restructuring, which is supposed to save \$567 million, includes \$74 million over 4 years to bolster primary care by strengthening family practices and providing "teams of care" to reduce pres-

sure on the acute care system. Health Planning Minister Sindi Hawkins says this will reduce costs because patients receiving continuing care from the same doctors "are less likely to wind up in crisis or with complications that require specialized high-cost services."

Colleen Fuller, a health policy analyst in Vancouver, says the BC government supports a conservative, doctor-driven model of health care. She called for more salaried physicians, but they are not mentioned in the new plan, which concentrates on consolidating acute care, specialty and rehabilitation services in larger centres. Acute care services at the UBC hospital, for instance, will be transferred to the Vancouver General, and inpatient services for children at the Chilliwack General Hospital will be moved to Abbotsford. Some smaller hospitals will be converted to outpatient or community care centres, and rural hospitals in Kimberley and Enderby will close outright.

Opposition leader Joy MacPhail, a former health minister, says British Columbians will "see through the rhetoric [once] they arrive at their local emergency room to find that there's no longer a doctor on staff." A spokesperson for the Vancouver Coastal Health Authority says there are "no plans at this time to eliminate doctors in emergency rooms." Health regions will be required to guarantee 24-hour emergency service within a 1-hour (or 50 km) travel time. Although this will be supported by a \$30-million strengthening of the ambulance service, critics note that the same service was instructed earlier to trim \$13 million from its budget.

The government will also create 3500 "supportive-living units" for seniors and people with disabilities, but it will also cut 3000 extended care beds. Several facilities, including St. Vincent's Hospital in Vancouver, will be closed. Joyce Jones of the BC Seniors Network says the group wants the closures stopped pending a public consultation.

In one further complication, BC doctors are involved in a bitter disagreement over dispute resolution and the delay in disbursing additional funding. They promise escalating job action if the dispute is not resolved soon. — *Deb Ireland, Chilliwack, BC*

PULSE

The never-ending war against cancer

The Canadian Cancer Society estimates that 65 300 Canadians died from cancer in 2001 and another 134 100 developed the disease. Men developed it at a slightly higher rate than women (4.47 cases per 1000 population versus 4.17 per 1000). The death rate was also higher for men, 2.25 per 1000 compared with 1.96 per 1000. The deaths-to-cases ratio, a crude measure of disease severity, was slightly lower for women (0.47:1) than men (0.50:1).

In 2001, gender-specific cancers (breast and prostate) accounted for 28% of new cases and 15% of deaths. Lung cancer represented 16% of new cases, while colorectal cancer accounted for 13%.

In the last decade, age-standardized incidence rates decreased for men but increased for women. In 1991 the incidence rate for men was 469.0 cases per 100 000. It peaked at 493.5 cases in 1993 and decreased to 444.5 cases in 2001. For women, the incidence rate rose from 337.1 cases per 100 000 in 1991 to 343.9 per 100 000 in 2001. The incidence rates for both breast and prostate cancer have increased since 1991, as have both male and female rates for colorectal cancer. The lung cancer incidence rate for males decreased from 90.7 to 77.3 per 100 000 during the last 10 years, but the rate for females has moved in the other direction, increasing to 47.4 cases per 100 000 women from 37.7 cases. — *Shelley Martin, Senior Analyst, Research, Policy and Planning Directorate, CMA*

Age-standardized lung cancer incidence rates by gender, 1991–2001

