



RESPONSE TO PROPOSED HEALTH CHARTER

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Is the development of a health charter a good idea? Why or why not?

The Foreword and Introduction state that the proposed Health Charter has two purposes: to clarify expectations and to identify responsibilities. This is further expanded into providing “the residents of the province with a better understanding of both the philosophy and goals of the health and community services system, as well as the shared responsibility that we all have for furthering the health and well-being of Newfoundlanders and Labradorians.” The Health Charter itself consists of fourteen expectations and five shared responsibilities.

Is this a good idea? As an integrated component of the Strategic Health Plan (SHP), and, by extension, with the Strategic Social Plan (SSP), a Health Charter could offer a synopsis of the principles underpinning the SHP as an easy reference for the people of the province. In this model, the Health Charter would consist of the rights and responsibilities arising from the SSP and the SHP. It would be clearly linked to the goals and objectives of the SHP and the major initiatives of wellness, primary health care reform and sustainable health services. A stand-alone document without this linkage would be less effective and could confuse the public with separate messages from the health system.

As an example of an integrated model, the Government of New Brunswick presented a plan for a Charter of Rights and Responsibilities in their *Health Renewal* document, January 2002. Their vision for the Charter was that it should stem from the overall vision of the renewed health system and should include rights and responsibilities at every level, including individual, health professional and health system. This Charter was seen as the centre of an accountability framework that would promote collaboration and cooperation towards shared responsibility for the health system and enable monitoring and evaluation, amongst other benefits. On April 8, 2003 Bill 60, the *Health Charter of Rights and Responsibilities Act* was introduced to the New Brunswick legislature. It calls for the appointment of a Health and Wellness Advocate to promote the principles and practice of the new legislation. The New Brunswick government, however, has included in section 5

of the Bill an interpretation framework which mandates that the named rights and responsibilities shall be interpreted with regard to existing provincial legislation, the financial, human and material resources available, a type of health 'reasonable person' standard, and, with regard to an individual's right, whether that individual has discharged his or her responsibilities under the legislation. It remains to be seen whether the Bill will die on the order paper, or if it does become law, whether the restrictions in the interpretation section will render the rights virtually meaningless.

What are the potential benefits of a health charter from your perspective?

Potential benefits, to continue the discussion above, could be the public's understanding and ownership of the major implications of health system reform and their own part in the health system of the future. The recognition of individual responsibility for personal health and wellness is a theme underlying the SHP. Missing from the proposed Health Charter is the recognition in the SSP of the collective responsibility of communities for health and social wellbeing, not only with respect to children in poverty but also in such initiatives as smoking cessation or recycling programs which spring from responsible individuals working together for the benefit of their communities and building capacity in the community. A carefully-drafted and well supported Charter, launched with a comprehensive communications plan, would support these provincial themes. Without wide-ranging support mechanisms to clarify the rights and responsibilities of the Charter for all parties, there is a danger that it will be seen as irrelevant, an empty gesture, both within the health system and to the public. This happened in the United Kingdom, where the Patient's Charter was launched in the 1990s with the aim of improving the quality of care delivered to patients, by recognizing the importance of identifying and being responsive to patients' needs. The Patient's Charter has now been superseded by a document entitled *Your Guide to the NHS* (National Health Service), because the overwhelming view was that the Charter was of limited usefulness.

What other key issues need to be added to the health charter?

Key issues related to integration within the planning context of the health system will need to be clarified, as indicated earlier in this discussion. Another important area for investigation is the legal force of such a Charter. What is meant by a “right” or a “responsibility?” Can this be taken to the bank, as it were, and are these rights and responsibilities legally enforceable? In her examination of the concept of a patients’ bill of rights,¹ Carolyn Shusheski defines a legal right as involving a person’s entitlement to call upon the law and its powers of enforcement to ensure that the expectations raised by the right and the consequent obligation it imposes on others is met, or to provide some other remedy in lieu of meeting that expectation. She points out that where there is no entitlement to enforcement or an alternative remedy, the expectation cannot be defined as a legal right, arguing that patients’ rights created by legislation are not rights at all, but service aspirations without means of redress for lack of service delivery. There will therefore need to be an unambiguous statement on what is offered by this Charter, the reasons for which it was decided to develop a Charter rather than work through the widely-supported Strategic Health Plan, and the proposed strategies for enforcing the rights and responsibilities.

There is some risk in the Charter being too simplistic in its division of responsibilities between the province and the individual. It is also society’s collective responsibility to ensure appropriate resources are available to enable individuals and families to make healthy choices or good decisions for their health (e.g. healthy eating is dependent on adequate financial resources). Without reference to this collective responsibility we run the risk of "blaming the victim," the most vulnerable individuals, for their poor health and poor health practices.

¹ Shusheski, Carolyn “Patients’ Bill of Rights”, *Hospital Quarterly*, Fall 1999 Vol. 1 No. 4 p. 51

Comments on specific health charter statements

As they are now defined, the expectations (the “rights” part of the Charter) are unexceptionable motherhood issues, and as such will not attract criticism or blame to the health system. The only item that could cause trouble is number 10, “Reasonable access to frequently used health services that are close to where people live.” From the perspective of the Health Boards, this could inhibit policies that affect such services as Primary Health Care, since public expectations could be increased by this “right.”

In the “Shared Responsibility” section, the preamble does not really clearly set out the most important issue, that people have a responsibility for their own health to live as healthily as possible in order to achieve maximum wellness and that they must take a collective responsibility for their community health and wellbeing. It is particularly important to be clear on this point in view of the constantly increasing public expectations on Government’s role in health. Clarity is necessary in order to re-educate people over the actions they should be taking in their own lives and restore their sense of control over their own wellness. That knowledge leads to a population health approach that offers individual and community protection for the most vulnerable. A community response, for example, to mentally-ill individuals, will improve the health of both individuals and the community. As it stands, the document avoids a plain statement about individual responsibilities for health and the role of each person in enhancing and maintaining his or her own health and that of the community. Until it is unambiguously stated, however, people are not going to fully understand the concept, and will continue to have unrealistic expectations from the health system. It might be helpful to cite some specific examples, such as the frequent use of emergency services for family medical services as a clear example of how not to use the health system in a responsible fashion, or the expectation that there is no community role required towards someone receiving home support services.

Conclusion

If the concepts are clarified so that the Charter has meaning for the Newfoundland and Labrador public, and if the Charter is integrated into the goals of the SHP, the Charter would be a useful strategic tool for the overall planning of the health system. It should be considered, however, whether the time and resources for planning a Charter would be better spent on developing materials to inform the public about the health system, what to expect and how best to use the system. 