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John Milloy

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Book Review

Health for All: A Doctor's Prescription for a Healthier Canada

Jane Philpott

Toronto: Signal, 2024

It is all so straightforward. You move to a new town or even a new neighbourhood with young children, and within days they are heading off to the local elementary or high school. It would never even cross your mind that there may not be space for them.

Compare that situation to the problem of finding a family doctor. We wouldn't tolerate our children frantically searching for a spot at a public school, and yet millions of Canadians can't find a primary care physician and are forced to rely on emergency rooms and walk-in clinics for basic healthcare.

Why can't we create a system where all Canadians can automatically access a family doctor as they do so many other services like education?

This crucial question is at the heart of a new book by the head of the Queen's School of Medicine and former federal health minister, Jane Philpott. The book, *Health for All: A Doctor's Prescription for a Healthier Canada*, makes a strong case for developing a system that gives every Canadian access to primary care.

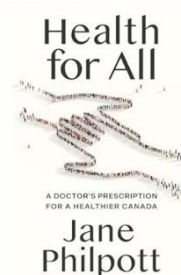
Healthcare in Canada is in trouble. Philpott doesn't pull her punches when she describes a system that is falling apart at the seams: a shortage of family doctors, overwhelmed specialists, exhausted and demoralized healthcare workers, and lack of access to homecare, palliative care, and mental health services.

Her argument, supported by numerous expert studies, is that primary care is the lynchpin in addressing this overwhelmed and fragmented system. As Philpott points out, primary care leads to the early detection of disease, diverts people from expensive and overcrowded emergency rooms, and simply keeps people healthy. It relieves pressure on an overburdened system, leading to significant cost savings.

Philpott proposes the creation of "primary care homes" accessible to every single Canadian based on where they live. As well as offering a team of primary care physicians, they would also include other healthcare professionals, offer clinics and classes on issues like nutrition or mental wellness, and serve as the hub for coordinating homecare and palliative care. They could even be expanded to offer a variety of other social services.

Although Philpott devotes some space to describing the mechanics of her proposed system, she doesn't believe that we should stop there: "The health of each person's soul or spirit should not be ignored in the considerations of what it takes to be a healthy society" (pg. 87).

This "spiritual" side of healthcare is the focus of the second part of the book, where Philpott shares candid details of her own faith journey and commitment to her Christian faith. The child of a Presbyterian Minister, she describes how she began to take her faith seriously while in university and the role it has played throughout her life: "faith has given me resilience. The choice to believe in something and someone beyond the material world has been a key to mental wellness for me. It gave me hope. On the worst days of my life, I had something and someone to believe in" (pg. 90-91).



To develop this call for spiritual well-being further, Philpott draws upon Indigenous wisdom using the First Nations Mental Wellness Continuum Framework developed by Dr. Carol Hopkins, CEO of the Thunderbird Partnership Foundation, in consultation with literally hundreds of Indigenous leaders and community members.

At its core are four key elements: hope, belonging, meaning, and purpose.

Devoting a chapter to each of these elements, Philpott explores their individual importance to building a healthy society. She shares details of her childhood, her medical work in Niger, Africa, and the heartbreaking death of her young daughter during her time there. She writes about the role that faith played in getting her through the tragedy, and although her goal is not to convert people, she outlines ways that we can work together to instill hope, belonging, meaning, and purpose to society.

Philpott continues to weave her own experiences, including during COVID, into the third section of the book, which explores the crucial link between building a healthy society and the social determinants of health. She explains how addressing poverty and the housing shortage, caring for those with disabilities, as well as the challenges faced by many Indigenous communities, including the broken child welfare system, must be part of an overall healthcare strategy. The book concludes with a fascinating section on politics including the way in which our political system could be improved by finding inspiration from healthcare practices.

The solutions outlined in *Health for All* are sensible, but the politics behind their implementation are very complicated. Although the problems may be national in scope, the constitution gives much responsibility for healthcare to the provinces, where a considerable amount of the expertise and policy levers reside. Philpott acknowledges this dynamic but believes that, with federal leadership and enough political will, governments at both levels can come together to solve the crisis. She concludes the book by telling the story of one of her predecessors as Minister of Health, Monique Bégin, and her heroic efforts to stabilize our healthcare system through the passage of the Canada Health Act in 1984 despite opposition from all ten provinces and much of the health establishment.

Although Philpott's call for us to adopt a similar approach to address the current crisis is attractive, it would have been beneficial for her to spend more time explaining how we sort through the current federal-provincial tension, particularly the question of Quebec's role in her proposal. We live in a country where asymmetrical federalism has become the norm, and it is quite common for Quebec to opt out of national initiatives while receiving full funding. How would it fit into her call for a national system of primary care?

None of this should take away from the fact that *Health for All* is a timely book that tries to provide some practical solutions to a system in crisis. One of its strengths is the author's use of her own personal experiences to support her arguments. As well as discussing her work as a physician, we learn about her entry into politics and some of the key files that she worked on as a federal cabinet minister. Although she makes passing mention of the SNC Lavalin Affair and her resignation from cabinet in support of her colleague Jody Wilson-Raybould, she provides few details, and this is not a book for those interested in political gossip.

It is, however, an important book for those interested in healthcare reform as well as those who believe that faith has a contribution to make to our public debates. A publicly funded universal healthcare system has been a continuing priority for people of faith and faith communities. The involvement of Canada's churches in providing healthcare stretches

back to the 1600s, and religious voices have continuously advocated for a strong public system and were influential in helping to shape the Royal Commission on the future of healthcare led by former Saskatchewan Premier Roy Romanow. There is much in Philpott's work to inspire further faith-based advocacy.

Health for All is also a story of the role that faith plays in the life of a public figure. It has become increasingly rare for politicians to comment on their own faith and how it guides their work, and it is refreshing to hear first-hand how it shaped Philpott's journey. Hopefully it will inspire others to share their stories and convince an often cynical public that faith can make a positive contribution to public life.

Jane Philpott is an extraordinary Canadian who continues to engage in public service. She has provided us with a thoughtful book that combines her personal, professional, and political experience to make a strong case for the reform of an aspect of our society that we hold dear—our healthcare system. Let's hope that Canadians pay attention.

John Milloy
Martin Luther University College
Wilfrid Laurier University