

THE HALL REPORT

by DR. T. GORMAN

ROYAL COMMISSION ON HEALTH SERVICES: VOLUME I.

The Hall Report is not a bible, nor is it the pronouncement of new Delphian Oracles; rather, it is a socio-economic document.

Order-in-Council, P.C., 1961 - 883 set up the Commission which was charged to "inquire into and report on the existing facilities and future need for health services of the people of Canada, the resources required to provide such services and to recommend such measures. as the Commission believed will ensure the best possible health care is available to all Canadians".

The Commission received briefs from 406 organizations and individuals. In addition, 26 special studies were prepared by outstanding scholars from universities and other organizations.

From perusal and collation of this mountain of information, the Commission compiled "a health charter for Canadians" and made 200 recommendations as "measures. . . . which they believe will ensure the best possible health care is available to all Canadians". Recommendations 1 - 123 are in the field of Health Services. Recommendations 123 - 189 in field of Personnel, Facilities and Research. Recommendations 190 - 200 deal with Financing and Priorities.

The above is the "bare bones" of the facts as set down in the Report. It might be well to bear in mind that many a good fact is ruined by being made into a theory. We must beware of turning facts into ideologies. If free enterprise is turned into an ideology that refuses to recognize social needs, the absolutized rights of private property can become a menace to society. Equally, public ownership is sometimes useful but if public ownership is imposed for ideological reasons, the result is likely to be totalitarianism.

The problems which the Report presents to me are in the realm of the philosophical in many ways. The problems resolve themselves into three considerations:

- (1). Is the provision of Health Services the responsibility of the individual or is this the responsibility of the community? Quoting from page 6 of the Report where Sir Arthur Newsholme is quoted, the Commission indicates clearly that there is no doubt in their mind the community must ensure the best care be available for all its citizens.
- (2). How do we pay for the Health Services?
 - (a). By subsidizing the insurance fund in the "health service approach", is the recommendation of the Commission.
or
 - (b). Subsidize the needy individual after identifying him by a means test is the recommendation of the Medical Profession, Insurance Companies and the Canadian Manufacturers' Association.
- (3). The Commission states that "the tax structure is the device to bring the direct cost of health insurance within the capacity of all citizens". This brings up the proposition of compulsion and the Commission adds "further that on this this very important issue (Compulsion), since it lies at the root of our democratic system, the essential point to be made is that society in its collective judgement has found it necessary to use the force of law to achieve a number of socially desirable objectives; attendance at school, payment of taxes to support schools, licencing of physicians, regulation of insurance companies, etc. The most relevant example is compulsory education, but compulsory education requires compulsory financing (taxes) and compulsory attendance at school. In contrast, a health program requires only payment of taxes; there is no compulsion on anyone to accept or obtain services - moreover, as long as the providers of the service remain an independent, self-governing profession, they are not the employees of the State. In fact, the Hospital Insurance System operative in all provinces

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of Canada has provided an extension of freedom — free access to facilities and freedom from the fear of the financial consequence.”

Thus, the problem becomes: do we accept the concept that the ensurance of adequate medical care is a community responsibility not an individual one? If we accept this proposition, then we are faced with another. Is this care to be financed by subsidizing the individual on the basis of a means test or is the subsidy to be paid to the insurance fund? Then, if the subsidy is to be paid to the fund — or even to the individual; we are faced with the proposition of whether or not we accept the concept of compulsion — must everyone contribute in order to make the program operative? These, it seems to me, are the key philosophical decisions that must be made by the government, by the people of the country and by the profession.

Statistical data amassed, particularly in the 26 special studies of the Commission, is impressive. This data represents great accumulations of facts — undeniable facts, brutal facts, intriguing facts, even questionable facts. Can it be said that, despite the “facts”, the Truth is lacking? Are the conclusions accurate? Is this whole proposition good and consistent with the dignity of man — all men, not just the government and the patients or the doctors? The answers to these questions must, of necessity, lie with persual of the Report itself and, perhaps, must even await the appearance of Volume II in which further documentation of the various reports will be made. In any event, for years to come this Report will probably become the source book of many of the plans and programs developed in the area of Health Services in Canada.

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