

## Editorial

A University Hospital for Dalhousie? Apparently not. The Federal Government recently made a retreat on its original plans to turn over the control of Veterans' Hospitals to suitable civilian agencies. It now intends to retain operational control of these hospitals. Originally Ottawa announced that it was planning to "unload" the eleven DVA hospitals. They felt that a program had been produced which would safeguard the legitimate interests of the veterans wounded or suffering illness as a result of military service. The hospitals with a staff of 10,000 and having 9,000 beds were to be handed over to civilian agencies to aid in coping with the serious shortage of hospital beds. It was hoped that where possible they would go to universities.

Several conditions were laid down which were to be followed by the agency taking over. They were to:

- (1) guarantee that the veterans wounded in action or ill as a result of their action would be looked after.
- (2) find accommodations for War Veterans Allowance patients elsewhere.
- (3) continue services such as paraplegic centres while they are in demand for veterans care.
- (4) maintain the rights of hospital employees.

Such a plan would mean the end to the increasingly serious misuse of the hospitals. More and more they are becoming convalescent homes for veterans who are not ill as a result of war service.

In the past fifteen years more people, who have no statutory rights to be there, are taking up valuable hospital space. A large number are there, not as a result of illness connected with military service. Although paying their own way, others escape a long waiting list for admission into a general public hospital.

Only about fifteen percent of the patients have a right to be in these Veterans Hospitals across Canada. Forty-five percent occupy "active" beds that they do not need. This is costing the taxpayer money, but more important it is keeping many people out of hospitals who need active treatment and cannot enter because of limited space. By usage, not by law, the DVA recipients have become a privileged group.

Under the proposed new scheme the government would pay medical and hospital bills of these patients who could be placed in other hospitals or convalescent homes.

It would not be an easy task for the government to get rid of the eleven hospitals. When nearby universities have medical schools, it was hoped by Ottawa that they would take over the hospitals. Dalhousie would stand to obtain the 410 bed Camp Hill Hospital which is in a good location to become a university hospital.

Only three universities, including Dalhousie, would be able to take over a hospital. The other eight are not suitable either because there is no university medical school in their city or the hospitals are too far from the campus.

Thus the original plan to hand the hospitals over to the universities is not possible except in these three cases. There would be the problem of finding suitable agencies to take over the others. This would be difficult matter and perhaps it was the spark which caused the government to revise its plans.

However, there is no obvious reason why separate agreements could not be made concerning the hospitals which could readily be taken over by universities such as Dalhousie.

If an agreement could be worked out this would not only be a great contribution to Dalhousie Medical School but also a great service to Camp Hill and the Atlantic Provinces. Such a changeover would be a boon to research and would allow more people to obtain the services of the increasing number of specialists in the Halifax area.

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