

Success of medicare in saskatchewan



Canada has taken pride in the healthcare that is provided in her country. It is considered to be the most valuable social programme in Canada today. An essential part of Canada's national identity is medicare which is a status that is known globally. Though the province that has pioneered this privilege is Saskatchewan. Thomas Clement Douglas, the leader of the Co-operative Commonwealth Federation (CCF) is contributed as the one who persuaded the idea of medicare. Douglas and the CCF won forty-three of the fifty-two seats in the Saskatchewan election on June 15, 1944. ^[1] This was the first social democratic government that was present in North America. Douglas' top priority was the idea of health and how it should be accessible to the population of Saskatchewan. A few days after the election, Douglas as he assumed the role of Minister of Public Health contacted Dr Henry Sigerist to lead a health study commission. ^[2] Sigerist is known for his knowledge on the social history of medicine and was seen as the perfect person to form the report of social medicine in Saskatchewan. Which Dr J. Lloyd Brown becomes the representative of the medical profession on the Sigerist Commission. ^[3] The government passed The Health Services Act in 1944, which provided the Health Services Planning Commission with duties that was present in the Sigerist report. ^[4] Then the Swift Current Health Region become , in the year of 1946, the first region in Canada to combine public health with medical care. From all of that, there was positive and successful outcomes and feedbacks. Universal medicare becomes a law in Saskatchewan on July 1 in the year of 1962. ^[5] Though, from the lack of communication and bad timing with both the government and the doctors: there was a withdrawal of services from the majority of the doctors or as commonly known as the

Doctors' Strike. However, a socialist and a medical doctor by the name of Lord Stephen Taylor settled the conflict between the government and the representatives of the Saskatchewan College of Physicians. ^[6] The result of that was an agreement that was signed in Saskatoon on July 23. ^[7] Then a few years later was when universal medicare went national after the seeing the success of Saskatchewan's medicare system. There is the question of how medicare in Saskatchewan worked and how it became a successful system in this province.

Universal medicare results were successful in Saskatchewan due to the strong organization and the desire and necessity of health being accessible. Having a socialist government, there is going to be a need to have a welfare system mixed within an economy. Which the main focus for Douglas was healthcare. One of the areas that is contributing to the success of universal medicare is The Sigerist Commission. This is a health service report that is the foundation of how Saskatchewan organized its health service system. Secondly there is the success of the Swift Current Health Region. This region was the first in Canada to have a mixture of public health with medical care. Thirdly is the eventual cooperation of the doctors in Saskatchewan. There was issues of regarding how the doctors should have what type of salary, there freedom and privileges for practice and more issues which results to the Doctors' Strike.

The Sigerist Commission is the foundation and the outline for the system of universal medicare in Saskatchewan. The organization of this health service report is one of the reasons why medicare has become a success in this province. Sigerist recommended the establishment of preventive medicine in

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district health regions. ^[8] In each district hospital, there should be a medical laboratory, an x-ray machine and an ambulance. ^[9] In rural areas, there hospitals should have eight to ten maternity beds, there should be one or more doctors and a registered nurse in staff. ^[10] Siegerist believed that the public should be educated to seek medical advice at the centre. Reasons for that is because doctors should not have to spend the majority of his time driving around the country. ^[11] The report also includes the idea of free hospitalization which would mean that it would cost \$3. 60 per person per annum. ^[12] With the idea of free hospitalization, this would need to include more hospital beds which would be around 1, 000 to 1, 500 and also 500 more beds in the university hospital. ^[13] Also recommended the construction of medical school which would be a five year program. ^[14] That would cost around \$2 million dollars and the operation cost which is annual would be \$150, 000. There was a few flaws in Siegerist's report as the small village hospitals would have been perfect in the 1930s but not so much in the 1950s and 1960s. The improvements to his plan would larger hospitals with better facilities with two or more doctors in the consideration of improved highways. ^[15] He also did not consider that doctors did not want to be on call for twenty-four hours, seven days a week. ^[16] Though Siegerist was a medicine historian, not a futurist and he was a bit naive with his report. However, the report is described to be “ one of the most advanced health services reports of its time” by Professor Milton Roemer of the University of California. ^[17] This report was a sort of a blueprint for medical care for about fifty years in Saskatchewan. ^[18]

Now that there is a plan like the Siegerist Commission and the social assistance health plan, it was time to have a region to execute the idea of universal healthcare which would be the Swift Current Health Region. This region is an experiment for the comprehensive hospital plan that includes universal and prepaid health services. ^[19] There was an agreement on January 17, 1946 of what the government will provide in this region; it would be hospital, medical and limited dental care. ^[20] The funds will be there since the land tax will be raised by 25 percent and 75 percent from personal tax. ^[21] The population in the region is 53, 597 with an area of 13, 932 square miles. ^[22] There was only nineteen doctors, including four specialists to start with but in 1947 it jumped to thirty-four doctors then thirty-six in 1948. ^[23] The reason for that was due to the assured payment which was promised to those who would return from the armed forces. All paid by the Saskatchewan government, there was a staff that consisted of seven public health nurses, three sanitary inspectors, a health educator and a medical health officer. ^[24] A personal tax is what paid for the Regional health scheme; \$15 for one person, \$24 for two, \$30 for three and \$35 for four or more people in a family. ^[25] There was more government paid services which the provincial contribution to the Swift Current plan comes up to \$63, 691 in 1948. ^[26] Unfortunately, it was underestimated by \$75, 000 but what saved the plan from going bankrupt was the advent of province-wide universal hospitalization in 1947. The Swift Current Health Region experiment with universal healthcare was a success. The reason for the success is because of the “ integrity, pragmatism and openness of all concerned” of everyone involved from the patients to the doctors. ^[27] This is a milestone since earlier <https://assignbuster.com/success-of-medicare-in-saskatchewan/>

experiments failed in the planning stage. ^[28] Though it was just the right timing for this experiment as the economy had a boost post-WWII, there was mutual trust between the regional board and the doctors and little to none failed communication. ^[29] The best results from this experiment was that the region had the lowest infant mortality rate. ^[30]

It is because the environment of births changed from a home birth to an environment that is sanitary which significantly decreased the infant mortality so more women had hospital births rather than home births. The doctors, the public and the small administrative staff felt a sense of being satisfied, of ownership and empowerment. ^[31]

The area of universal health care that was a challenge to form was the aspects concerning doctors. Whenever there is the topic of medicare in Saskatchewan, the doctors' strike seems to appear into the subject area. The doctors' strike occurred after medicare became a law in Saskatchewan and lasted for about twenty three days. In the Commission, Douglas did promise the doctors that “ a health insurance scheme shall be administered by a Commission which shall be free from political interference and influence”.

^[32] Doctors felt that they were not free from that due to the medicare being a law and felt restricted on how they practice medicine. ^[33] There was also the idea of there salary and how the government would control that. There was also the idea of who could practice and who could not practice. Overall, the doctors felt that they were not included into this law and felt that it was an unjust and an unfair law for them. That their rights and liberty as a doctor are threatened by the Act. That the previous promises from the government

were being thrown out of the window. Though both the government and the doctors felt that they were not in the wrong. However on July 23 was when there was the Saskatoon Agreement which gave doctors more freedom and a sense of security on their privileges concerning their career. In that agreement, Lord Stephen Taylor was the one who served as a mediator since he was a socialist and a doctor. [34]

Overall, the success of medicare in Saskatchewan is due to its organization and the cooperation of the public, the government and the doctors. The Siegerist Commission is what was the blueprint for medicare in Saskatchewan. The experimental success of the Swift Current Health Region displayed a promising road for medicare. The challenge of satisfying the doctors was resolved and they went back practicing after the strike. The success of medicare here in Saskatchewan is what one could compare to how it influenced how medicare went national in Canada. Having a socialist government is what influenced the idea of universal medicare in Saskatchewan. The province that has been hit the hardest with the depression is what is being aided the the aspect of health in the public's lives. That medicare improves the quality of people's lives and it does not just need to be for those with privilege but rather for everyone.

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[1] C. Stuart Houston, *Steps On The Road To Medicare Why Saskatchewan Led the Way* (Montreal and Kingston: McGill-Queen’s University Press, 2002), 69.

[2] Ibid, 69-71.

[3] Ibid.

[4] E. A, Tollefson, *Bitter Medicine The Saskatchewan Medicare Feud* (Modern Press, 1964), 34

[5] C. Stuart Houston, *Steps On The Road To Medicare Why Saskatchewan Led the Way* (Montreal and Kingston: McGill-Queen’s University Press, 2002), 126.

[6] Ibid.

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[7] Ibid.

[8] C. Stuart Houston, *Steps On The Road To Medicare Why Saskatchewan Led the Way* (Montreal and Kingston: McGill-Queen’s University Press, 2002), 72.

[9] Ibid.

[10] Ibid.

[11] Ibid.

[12] Ibid.

[13] Ibid.

[14] Ibid, 89.

[15] Ibid, 73.

[16] Ibid.

[17] Ibid.

[18] Ibid.

[19] Ibid, 77.

[20] Ibid, 80.

[21] Ibid, 80-81.

[22] Ibid, 82.

[23] Ibid, 82-82.

[24] Ibid, 83.

[25] Ibid.

[26] Ibid.

[27] Gregory Marchildon, *Making Medicare New Perspectives on the History of Medicare in Canada* . (Toronto: University of Toronto Press, 2012), 145.

[28] Ibid.

[29] Ibid.

[30] Ibid, 146.

[31] C. Stuart Houston, *Steps On The Road To Medicare Why Saskatchewan Led the Way* (Montreal and Kingston: McGill-Queen's University Press, 2002), 88.

[32] Ibid, 74.

[33] SAB, W. G. Davies papers, Call No: R-30. 1 “ The Doctors’ Position”: A *Presentation of the Saskatoon and District Medical Society*. Presented Over CFQC-TV Friday, June 1, 1962

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[34] C. Stuart Houston, *Steps On The Road To Medicare Why Saskatchewan Led the Way* (Montreal and Kingston: McGill-Queen's University Press, 2002), 124.