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## **Citizen Participation in Just Canadian Health Care**

“Who gets what and why” characterizes most contemporary ethical discourse about just health care. Yet this distributive paradigm of justice neglects important and prior decision-making (participatory) dimensions of justice. “Who decides who gets what and why” more fully describes the pressing ethical task at hand.

Two starting points frame this analysis: first, health care is a social good dependent upon interpersonal, group, and institutional relations within and among a nation and its regions, states, and communities. Many relationships most central to health care are found in a variety of sub-national communities. Second, justice obliges fairness (non-oppression) throughout health care’s multi-layered decision-making processes and distributive outcomes (allocation). To the extent that health care involves sub-national relations, just health care must include sub-national participation.

Canada’s Medicare system illustrates the multi-layered complexity of health care. In the early 1990s, partial federal and provincial/territorial governance of health care was devolved to the district/sub-provincial level. The mixed lessons of that effort contributed to the 2002 Romanow Report and the 2003 First Ministers’ Accord calling for greater accountability through a new Health Council comprised of government, expert, and public members and associated new transparent reporting requirements. In late 2003/early 2004, Health Council members were appointed and the Council’s mandate clarified.

This paper explores proposed and actual citizen and sub-provincial participation in creating this ostensibly more just and trustworthy system. Further, it argues that just health care in Canada will require additional institutional supports for effective citizen and sub-provincial participation.