

## The Alberta Health Act and the Development of a Health Charter

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## Chronology

- September 1, 2009: Minister of Health and Wellness establishes the Minister's Advisory Committee on Health with a mandate to "focus on a framework for legislation"
- January 20, 2010: Minister's Advisory Committee on Health releases "A Foundation for Alberta's Health System"

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## Chronology cont'd

- February 4, 2010: Speech from the Throne states that the government will act on the recommendations of the Minister's Advisory Committee on Health

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## Chronology cont'd

- February 5, 2010: Minister of Health and Wellness appoints MLA Fred Horne to "coordinate an inclusionary consultation process with Albertans regarding overarching principles to be included in the *Alberta Health Act*, the proposed patient charter, evidence-based decision-making, and mechanisms for ongoing consultation and dialogue with the public."

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## Chronology cont'd

- September 16, 2010: *Putting People First* is released
- October 28, 2010: The *Alberta Health Act* ("AHA") receives First Reading

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## Chronology cont'd

- December 2, 2010: The AHA receives Royal Assent (coming into force on proclamation)
- End of 2011: Anticipated date for the establishment of the Health Advocate and development of the Health Charter

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## Alberta Health Act - Contents

- Preamble contains what “Albertans acknowledge” and principles to guide, measure and sustain “policies, organization, operations and decisions about Alberta’s health system”
- Establishes “Health Advocate”
- Establishes “Health Charter”
- Sets out Roles and Responsibilities of regional health authorities, provincial health boards, professional colleges, and the Minister of Health and Wellness
- Sets out process for public input into Regulations

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## Health Charter

Focus of Presentation: Health Charter

- Presentation will examine:
  - Purpose of Charter
  - Contents of Charter
  - Method of Enforcement of Charter
  - Development of Charter

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## Health Charter - Purpose

- Charter will guide the actions of:
  - Regional health authorities, Provincial health boards, Operators, Health providers
  - Professional Colleges
  - Albertans
  - Other persons specified in the regulations

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## Health Charter - Contents

- Must recognize that health is a partnership among individuals, families, communities, health providers, organizations that deliver health services, and Government of Alberta
- Must acknowledge the impact of an individual’s health status and other circumstances on the individual’s capacity to interact with the health system
- Must not be used to limit access

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## Health Charter – Enforcement

- Person may complain to the Health Advocate regarding a failure to “act in a manner consistent with the Health Charter”
- Health Advocate shall refer complaints that are within the jurisdiction of other bodies
- Health Advocate may submit a report to the Minister if a person fails to comply with a recommendation
- Health Advocate’s annual reports are submitted to the Legislative Assembly

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## Health Charter - Enforcement

Minister may, by order, direct a regional health authority, health provider, professional college or operator or any other person involved in the provision of a health service to:

- report to the Minister on compliance with the Charter
- comply with the Charter
- develop and adopt a charter consistent with the Charter
- modify bylaws, codes of conduct or other documents to make them consistent with the Charter

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### Health Charter - Enforcement

- Failure of a person to act in a manner consistent with the Charter “does not in itself give rise to: a cause of action or other enforceable claim, OR proceedings in any court or before any body or person having the power to make a decision under an enactment”.

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### Health Charter - Development

The Lieutenant Governor in Council may make regulations:

- respecting the establishment and review of the Health Charter
- respecting the powers and duties of the Health Advocate

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### Health Charter - Development

Process for Obtaining Public Input: s. 14

- Minister publishes a notice that includes: a summary of the proposed regulation and the proposed text; time period and format for submission of written comments
- Minister reports to the Executive Council on any changes
- The Minister or the Lieutenant Governor in Council “without further notice may make the proposed regulation”

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### Health Charter - Development

- News Release: December 1, 2010: “A draft health charter was included in the *Putting People First* report. The next steps are to review the draft health charter, and to make improvements to it with input from the public, health providers and health organizations. Following this feedback, the health charter will be finalized and made available to the public.”

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### Health Charter - Development

- Proposed Charter – *Putting People First*
- Expectations include: being treated with respect and dignity; having access to team-based primary care services; having the confidentiality and privacy of health information respected; having timely and reasonable access to safe, high quality health services and care; having timely and reasonable access to personal health information

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### Health Charter - Development

*Putting People First* - Understand will be asked to, for example:

- respect the rights of other patients and health providers
- ask questions and work with providers to understand the information being provided
- treat health services as a valuable public resource
- learn how to better access health services
- make healthy choices in my life

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## Health Charter - Development

- consultation ahead?
- comments on earlier consultations (submissions posted on web):
  - must be adequate access to information in order for meaningful consultation to occur i.e. specific information about proposals
  - detailed information informing the consultation process provides transparency and accountability
  - attempts should be made to obtain input from marginalized and vulnerable groups (e.g. persons with mental health problems or illnesses)
  - important part of any consultation is a response from government regarding the recommendations and comments made during the consultation

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## Health Charter - Development

Top 10 health care ethics challenges facing the public (taken from an article that explores the views of bioethicists: *BMC Medical Ethics* 2005, 6:5)

1. Disagreement between patients / families and health care providers over treatment decisions
2. Waiting lists
3. Issues related to access to needed health care services for the aged, chronically ill, and mentally ill (i.e. marginalization of populations due to negative attitudes; and historical lack of priority)

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## Health Charter - Development

4. Shortage of family physicians or primary care teams
5. Medical error (i.e. "Although medical errors do not in themselves represent an ethical challenge per se, they do carry with them serious ethical implications. For instance, the prevalence of medical errors raises such ethical questions as if, under what circumstances, and how medical errors should be disclosed to patients and / or families.")
6. Appropriate use of pain medication in the terminally or chronically ill

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## Health Charter - Development

7. Challenge of obtaining informed consent in the health care setting
8. Participants involvement in research (i.e. "obtaining informed consent, the balance between providing participants with fair compensation and the risk that the compensation will be a coercive influence, the challenge of balancing benefits and risks of research, issues around patient privacy and confidentiality, and the ethical appropriateness of involving in research participants who are not capable of giving an informed consent.")

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## Health Charter - Development

9. Challenge of substitute decision-making (i.e. "When there is no guidance from the patient, conflict often ensues between the health care providers and the family / substitute decision makers as to what would be in the patient's best interests.")
10. Surgical innovation (e.g. "what protections should be in place to ensure that innovative techniques or procedures can be developed while the risks to patients are minimized")

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## Health Charter

### • Questions

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