Award winners

UG Essay: ***Free at point of care but not at point of need: Income-related health inequity in a universal health care system***

Yan Xu
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Abstract:
While the principles of accessibility, comprehensiveness and universality are enshrined in the Canada Health Act, inequity in health outcomes persists among Canadians. In fact, Canada ranks poorly among comparator countries with respect to equity, and low-income segments of society continue to suffer from high chronic illness burden, sporadic attention to person-centred health services, misalignment of primary care provision, and limited health literacy. Furthermore, socially deprived Canadians are geographically situated in areas with poor access to healthy living, while current health policies, especially pharmaceutical policies that leave substantial out- of-pocket expenses in the hands of the working poor, continue to self-perpetuate the difficult choices between individual finances and health. In order to move the dial on social determinants of health and health equity, societal-, community- and individual-level interventions are essential, and these are explored in turn. Given Canada's $151 billion in annual public spending on health, there is urgency to generate the political will to rigorously address the health disparities plaguing our most vulnerable citizens living in poverty.

Master's Essay: ***Improving access to after-hours primary care in British Columbia***

Harriet Ho
School of Population and Public Health (Health Economics), University of British Columbia, Vancouver BC

Abstract:
British Columbia (BC) currently lacks a coordinated strategy to provide after-hours primary physician care for patients who need immediate attention, but their illnesses or injuries are not life-threatening or serious enough to need care from emergency departments. After-hours care covers evenings and weekends outside of usual business hours. Failing to deliver after-hours care may be seen as violating the principle of accessibility in the Canada Health Act, where health services should be available to patients when necessary. The College of Physicians and Surgeons of British Columbia has outlined in the standards of the profession that all physicians have an ethical, professional, and legal obligation to provide after-hours care for their patients, either directly or indirectly. However, enforcing these standards is a challenge. Initiatives, such as the Primary Health Care Transition Fund, had intentions to improve after-hours care, but with few tangible results. The General Practice Services Committee was formed by the Ministry of Health and the British Columbia Medical Association (now Doctors of BC) to focus on working within the existing system and to provide financial incentives for general practitioners, but none of the agenda have addressed after-hours care. In order to transform after-hours care, BC must break out of the current fee-for-service system, and move toward novel multidisciplinary practices, where physicians and other professionals deliver care in collaboration. The key challenge exists in the transition between these models, and further policy development is required to adapt the current system and train new physicians in the new model.

PhD Essay: ***Obstetric evacuation policy in Inuit communities: An ethical assessment***

Helen Cerigo
International Research Infrastructure on Social Inequalities in Health (IRIS)
McGill Department of Epidemiology, Montreal QC

Abstract:
In most Inuit communities, all pregnant women, regardless of risk, are flown to southern cities to deliver approximately four to six weeks prior to their due date. While this policy respects the Canadian Health Act's principles of universality and comprehensiveness by ensuing women in remote areas have access to necessary care, it does so at the expense of the accessibility principle. The costs of this policy are high in terms of emotional, social and cultural costs to mothers and their communities, and financial costs to the health care system. This paper seeks to explore the ethical issues of the obstetric evacuation policy in Inuit communities using a feminist ethics framework. Feminist ethics is a form of moral reasoning that stresses consideration of oppression imposed by unequal power structures. Using this lens, this essay demonstrates that this policy has roots in colonization and acts in a coercive manner that perpetuates unbalanced power relationships between Inuit and non-Inuit. While there is no clear evidence that obstetric evacuation improves birth and maternity outcomes, evidence of continued disparity in these outcomes between Inuit and non-Inuit populations in Canada is strong. Further, evidence suggests that a community model of midwifery clinics is safe and acting on determinants of infant mortality can potentially improve birth outcomes. From a feminist perspective, given that alternatives to this model of care have been proven to work, the ethical limitations of this policy suggest that action should be taken to repatriate birth to the community where possible.