EDITORIAL

Influencing Health Policy for the Imminent Health-Care Crisis: A Task for Informed Citizens, Proactive Nurses, and Committed Researchers

As we write this editorial we cannot help but reflect on how much has happened in the past 6 weeks. In the autumn of 2008 we stand in a familiar place, with some continuity, many changes (some of which promise to be dramatic), and a nagging feeling that a profound and transformative shift in our societies is imminent. In Canada we have re-elected a minority government. In the United States a charismatic new president is preparing to take the helm, promising a dramatically different new era in American politics. We are now well into what threatens to be a deep and painful world economic crisis.

And in the midst of all these changes health care continues to top the list of urgent issues that many, across all countries, would really prefer to avoid.

Every society in the West is confronting what health economists call the "iron triangle" of cost, access, and quality — meaning that it is difficult if not impossible to either change or hold constant any one of the three without affecting the other two. Even countries with universal health-care systems are struggling with the burden of growing demand and rising costs. Researchers are showing us again and again that safe health care, the implementation of evidence-based practices, and the impact of care on quality of life fall well short of what they could and should be. But even these suboptimal conditions are not sustainable — they could not be sustained if resources and demand were to remain constant (and we all know that they will not).

The population of Canada, like that of most Western countries, is aging. People are living longer and birth rates are dropping. And this is just the beginning. We are still waiting for the real impact of the "pig in the python" or the "grey wave" — the shifts that will occur when the postwar baby boomers leave the workforce and enter the high-dependency phase of their lives in terms of health and social services.

Increased demand is already producing strains: The costs of care are rising, albeit faster in some countries than in others. In many areas, hospitals, clinics, and agencies are already overwhelmed. What will happen as patient needs mount and flood our system? Will emergency departments end up turning away the majority of patients who appear at their doors? Will types of care that are expensive to deliver overwhelm others to the point where some hospitals, clinics, and home care agencies will have to shut down in order to provide them? Will a lack of resources affect our ability to care for patients in crisis — or to attend to anything other than crises, often too late?

Can we have infinite resources for health promotion, cutting-edge medical technology, happy, healthy, fulfilled health professionals, and patients equipped with all the tools they need to take control of their health care and remain autonomous in the community as long as possible? Will we be able to meet the demands for a "full service" health-care system without raising taxes? Will there be growing disparities, in terms of service access, between those who can afford to pay and those who cannot? How will facilities and institutions and groups of workers and professionals who lose some or all of their resources reinvent themselves?

These are but some of the questions we face. Health care is rife with complex issues for which the easiest short-term approaches and the best long-term approaches are at odds. The issues are overwhelming, the solutions elusive. It is no wonder so many of us shut down before discussions even start. Yet avoiding, retreating, sitting on the sidelines, and maintaining our distance are neither acceptable nor viable responses.

In my (Sean Clarke's) "home base" in scholarship, research on hospital quality of care, a concept called "failure to rescue" gets discussed regularly. Failure to rescue refers to those situations where no one picks up on and treats the early signs of deterioration in a patient's condition and needless suffering, irreparable harm, or even death occurs. Researchers consider it the end result of a system of care that is poorly structured and resourced for the needs of the patients it treats. Perhaps it is time to worry that we may be failing to rescue our health-care system — a system that, albeit imperfect, has many virtues and reflects laudable values of equity and fairness. Yet we need to look carefully at what in the health-care system is worth rescuing and what is not working and should be modified or let go. We all need to take on this responsibility, as citizens, nurses and health professionals, and nurse researchers. Many of us occupy all three roles.

Where should we start?

We could begin by becoming better-informed citizens. Most of us have avoided becoming informed about health-care financing and policy,

beyond what we might hear or read in passing. Most of us have a limited understanding of how money gets spent in the health-care system, of what value we are getting for the resources invested, and of where compromises are being made and where best-case scenarios might lie. And those of us who *are* well informed are more knowledgeable about what the problems are than about possible solutions. For many of us, the process of getting involved and securing relevant information is too complicated and too time-consuming. Because the issues are so difficult, many find the prospect of digging into them too depressing. Even as nurses, we stand back and shake our heads as our patients and families endure the stresses that the health-care system imposes on them, then quietly go on with our lives. Yet we must make a point of getting involved and learning. We have access to information within our local communities, from the Internet, through our Members of Parliament, or from interest groups, and we can make our voices heard and influence others using a variety of media, including the latest modes of communication (think Facebook and YouTube).

Health professionals need to lead the way, by reading and listening, reflecting, discussing, and ultimately acting as change agents with respect to key issues in the health-care system — and role-modelling this pro-activity for their friends, family members, colleagues, and fellow citizens. In this country nurses outnumber physicians five to one. Although this ratio has been constant for some time, until recently nurses never used their inherent power. Nurses are just beginning to recognize their power by virtue of their numbers and their role as the glue that holds the health-care system together. What we learned during the past decade of upheaval and nurse firings is that no health-care system can function without knowledgeable, skilled, and compassionate nurses. During the past 10 years nursing and nurses have found voice and discovered they can be agents of profound change.

Keeping silent is no longer an option. Silence is not a virtue when the safety and health of our patients are at stake. We must raise issues in public and in private, form coalitions with other health professionals, work with our professional associations and demand that they become players at the table, and ensure that the issues receive thoughtful attention by organizing and getting involved at the grassroots. The new modus operandi in politics is bottom up *and* top down action, to ensure that citizens, health professionals, and politicians are influenced by and accountable to each other.

How can researchers, particularly researchers in nursing, help to renew health care and preserve its values? They could begin by helping decision-makers to see how nurses have the potential to play an enor-

mous role in resolving the quality-cost-access problem. Decision-makers need to be encouraged to move beyond seeing nurses as nice people who toil on the frontlines of health care and bear witness to the human side of the system at its best and worst. The public and policy-makers must come to view nurses as well-informed stakeholders with critical perspectives, astute observations, and concrete suggestions for resolving the looming health-care crisis. Researchers must show, with facts and specific details, how nurses make important ideas come to life in health-care delivery: cost-effective, high-quality care provided by teams that include patients and families and a balanced approach to the use of technology, one that recognizes both the positive contributions and the limitations of technology. Data in hand, nurses and nurse scholars can show how care at its best focuses on helping patients and their families pass safely through our networks of professionals and agencies — and, to the greatest extent possible, on their own terms.

The critical mass of well-prepared nurse researchers in Canada and elsewhere must strive to keep the focus of policy debates on supporting patients and families with the resources that are at hand. They must collaborate with researchers in other disciplines to ensure that the evidence they are gathering is complete and speaks directly to policy-makers. They must use every chance they get to create ever more opportunities to produce data that will guide policy action and to offer evidence-based solutions and clear thinking on deeply emotional issues.

Our predicament is probably nothing compared to that of politicians — who are faced with what they believe to be a no-win situation. So high are the stakes and so loud the voices of the various stakeholders that even raising the questions will win them enemies. We must support and reward politicians who take on difficult questions in health policy, and we must defend those who are prepared to make unpopular choices in the short term to meet long-term goals. We can further support them by providing them with perspective and suggestions as defenders of the public good rather than as lobbyists for our own self-interest as an occupational group.

Hard and uncertain times are in store for health care, and avoiding the problems ahead will not save an effective and cherished if imperfect system. The absence of dialogue among stakeholders about the choices ahead is a near guarantee that the solutions will be inequitable and may even represent an abandonment of our society's values and the five core principles upon which the *Canada Health Act* is premised (public administration, comprehensiveness, universality, portability, and accessibility). The dialogue will be tough, demanding, and risky. To be productive it must carefully weigh fact, conjecture, and deep reflection on personal and shared values and beliefs. And it will certainly entail compromise.

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This is a time for creative thinking — an opportunity to restructure and transform the health-care system. This is a time to get involved, to be proactive, to seek solutions and influence new health policies. This is nursing's time to make its mark. Keeping the welfare of patients and the well-being of society front and centre in our actions as citizens, nurses, and researchers is more likely to result in viable, fair solutions than trusting others to take up the charge or leaving developments to fate and chance.

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