LETTER TO THE EDITOR

Let’s stop calling it a “health system”

Dear Editor:

Can we please stop using the term “health system” to refer to the health care system?

The recent Patients First document in Ontario highlights this semantic challenge: the report makes 18 references to the “health system” and lists its parts as “hospitals, primary care and specialized offices and clinics, home and community care, long-term care homes, LHINs, CCACs and other health service organizations that provide care to Ontarians”.1

If one considers just these components alone, one quickly sees that these would have a limited overall impact in achieving optimal population health. Arguably, many of these are services that are accessed once health has been compromised – hence, a “health care system”.

If we define a “system” as a set of components that achieve a goal, then the system that grows, maintains and promotes health – the real “health system”, as it were – is actually society writ large. This is reflected in an infographic from the Canadian Medical Association (entitled “What Makes Canadians Sick?”, but perhaps more aptly should be called “What Keeps Canadians Healthy?”)2 which suggests that 75% of the underlying factors that affect the health of Canadians lie outside of the health care system and within the wider societal realm (e.g., housing, access to food, education, social services, connectedness, and access to work.)

Additional confusion exists in Canada and other countries in which the public sector plays a notable role in health care delivery; we see misguided references to a “public health system” when one actually means “public health care system”.3 Certainly, Canada’s universal, publicly-funded health care system is a population health asset, especially around the provision of preventive services and needed clinical care. However, mistakenly calling it a “public health system” confuses the health care system with the work of public health agencies, which are arguably more involved in promoting and protecting health at a community level.

Thus, it is high time we banish the misnomer “health system” from our vocabulary. Equating “health” with “health care” has confused us and led many to overlook what truly influences the health of Canadians; contemporary discussions around Patients First and other initiatives demonstrate the critical need for clarity in definitions. If one is talking about providers, insurance, payments, tests, treatments, hospitals and clinics, let us call it a health care system, which provides health care services; if it happens to be publicly funded, then it is a public health care system. The public health system should be referred to when discussing the work of public health agencies, especially given the historically less visible profile of public health.

Achieving optimal population health requires us to heed the Ottawa Charter4 these 30 years later and recognize that the system that grows health (perhaps the true “health system”) is really our broader societal context. Success thus lies beyond the health care system and services alone; it will depend on the broad work of public health professionals working in concert with non-traditional health actors to craft policies, programs, standards and norms that impact positively on overall social determinants of health and health equity.

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REFERENCES