CHAPTER 3

DEATH, DISEASE AND HEALTH CARE

“VALIUM® (diazepam) adjunct in painful skeletal muscle spasm . . .

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug.”

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1. INTRODUCTION

If the first chapter is analogous to the foundation of a house and the second to its frame, then we are about to enter the kitchen. The study of death, disease, treatments and coping facilities is an absolutely essential feature of any worthwhile social report. After a brief overview of the relation between health and North American lifestyles in Section 2, I proceed to examine the general area of health along the lines of the four themes mentioned in the previous sentence.

Sections 3 to 6 are concerned with various causes of death. I suppose that the more one knows about how people have died, the more one knows about how they have lived, and the latter is probably more interesting than the former. However, since none of us is immortal, a perusal of the statistical chances of going out in one way or another has some interest in itself.

Sections 7 and 8 are concerned with infectious diseases. A thorough review of noninfectious illness and disability would have been vastly preferable to these sections, but such information does not exist in Canada yet.

In Sections 9 and 10 I consider health care that has actually been provided in the form of hospital occupancy, surgery and the prescription of drugs. This
is followed by two sections devoted to a review of facilities available to care for or prevent illness.

Since, unlike the previous chapter, there are several relevant expenditure figures available, it has been possible to make some rough cost-benefit assessments at various points in the chapter and in the concluding section. As before, the final section also contains a summary of my assessment of the comparative quality of life in both countries, their independent progress and their tendencies toward convergence. These assessments are made separately with the information contained in this chapter and in combination with the evidence from Chapter 2.

2. HEALTH AND LIFESTYLE

"Good health is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness."¹

Thus began the Preface by the Minister of National Health and Welfare to A New Perspective on the Health of Canadians. Coming even closer to the point of our story, Monroe Lerner has written that:

"Perhaps the measurement of quality of life can be approached from the point of view that the quality of life is high when the individual functions at a high level: when he is free of morbidity, impairment, or disability and when his vitality is high; when he fulfills his major social role obligations satisfactorily according to his own values and those of his group; when he has a high moral self-evaluation and evaluation by his group; finally, when he is emotionally healthy."²

The social implications of health and disease are unmistakable in these passages. One could, and indeed lots of people have, spilled lots of ink unpacking the philosophic niceties of the concepts of health and disease, but it seems unnecessary to take that route here.³

The World Health Organization came to the conclusion a short time ago that a healthy person should have “complete physical, mental and social well-being”, and this roughly suggestive but circular definition is adequate for our purposes. As long as the social implications of health and disease are recognized, nothing else has to be said to justify the inclusion of a discussion of these topics in a social report.

The main message of the Minister’s report cited above is that when the health of Canadians is viewed from the proper perspective, it becomes clear that they are their own worst enemies. "Marvellous though health care