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Op Ed: Dr. Andreas Laupacis explains why he resigned from the AHS Board

By Dr. Andreas Laupacis, edmontonjournal.com November 29, 2010

This past weekend I submitted my resignation from the Alberta Health Services Board to Health Minister Gene Zwozdesky.

When former health minister Ron Liepert asked me to serve on the board two years ago, I understood that AHS was to be responsible for the delivery of health care in Alberta's hospitals, chronic care facilities, and public health units. The board would report to the minister of health who would set AHS's budget, establish its strategic priorities, and hold it accountable for its performance. However, neither the minister nor his department would interfere with the operational decisions of AHS.

I agreed to serve because this approach made sense. Health is of paramount importance to the public, and their elected representatives should establish the priorities and performance targets for health promotion and health care. And because their resources are finite, governments should also determine how much will be spent on health care, compared with other priorities such as education and social services.

However, governments have little expertise in the actual delivery of health care, and their decision-making processes tend to be slow, especially when MLAs are advocating for the allocation of health care resources to their region, and not the region of their fellow MLAs. As well, because of the relatively short election cycle, governments and opposition parties sometimes find it difficult to take the long-term view that is needed in health care. Therefore, it made sense to empower AHS with the authority to make independent decisions about the delivery of health care.

Let's be clear — handing over decision-making authority about the delivery of health care to an independent entity is a very brave and nerve-racking thing for a government to do. Joey Smallwood,

the first premier of Newfoundland and Labrador, apparently once remarked that he never had a conversation about health care that didn't lose votes.

The combination of the importance of health care, seemingly insatiable demand, limited resources, the need to make difficult choices, numerous competing special interest groups, a voracious media, the advent of social media, and opposition parties ready to pounce at any perceived misstep, makes health care a political minefield for any government.

In many ways, the relationship that was to be established between AHS and the government was not much different than the relationship that previously existed between the government and Alberta's nine previous health regions. However, expenditures of many of the previous regions had been allowed to increase by more than 10 per cent each year and accountability was lacking. They did not consistently and broadly report on the quality of care they provided, and what they did report suggested considerable variability across the province. Taken together, the previous regions spent more per age-adjusted capita on health care than any other Canadian province. Their performance, measured in life expectancy, wait times and other important measures was often below the Canadian average, notwithstanding many pockets of excellence.

I was not involved in the decision to establish AHS, but I can only assume that the government felt that accountability for budget and outcomes would be easier to enforce if the whole province was one region. AHS would reduce duplication of some services, have the ability to purchase services at lower prices, decrease unhelpful competition between regions for resources and people, and institute similar standards of practice across Alberta. These struck me as reasonable assumptions, which is why I agreed to join the board of AHS.

So, what has led me to resign?

Zwozdesky's interference in the AHS board's decision about how to deal with Stephen Duckett's recent episode of unprofessional behaviour when interacting with the media (for which Duckett

immediately apologized) clearly violated the board's independence. However, even more importantly, it was the dramatic culmination of a gradually increasing blurring of the roles between AHS and Alberta Health and Wellness.

For example, the minister was increasingly asking that the public release of strategic documents passed by the board be delayed. The AHS 2010-2015 Strategic Plan was approved by the board last June and still has not been released. Brief delays to obtain ministry input that might improve plans are acceptable. Prolonged delays are not.

It is also my impression that the blurring of the boundary between AHS and Alberta Health and Wellness led individuals who did not get the answer they wanted from AHS to approach the minister for a second chance. Even the perception that the minister might reverse an AHS decision undermines the work that AHS does. This situation also creates confusion as to who is actually making decisions.

In the absence of a clear, public indication from the government that this situation will change, I felt that I could not fulfil my responsibilities as a member of the AHS board, and I therefore resigned.

Let me say a few words about Stephen Duckett. He is highly competent, exceptionally bright, decisive, energetic, and has a large and varied experience in health care. He isn't perfect, but neither am I.

Upon his arrival in Alberta he took over an exceptionally difficult situation. AHS had been virtually rudderless for almost a year. The workforce was disgruntled, morale was poor, and the population suspicious. The financial situation was bleak, and Alberta's economy was in the worst state since the great depression. Within a year, Duckett had led the development of a strategic plan, decreased the deficit, started to establish clinical networks across the province, and developed the capacity to measure and report on the quality of care across the province. I believe this progress was at least partially responsible for convincing the government to commit to five years of funding for AHS. This was a bold and wise decision, since it allows AHS to plan over the long term, rather than be stuck in the annual budget uncertainty that characterizes health care in most other Canadian provinces.

Of course, AHS still has much work to do, particularly in arriving at the right balance between provincewide planning and accountability on one hand, and the ability to be responsive to local needs on the other. However, Duckett deserves our thanks for what he has done.

What will happen next? AHS has a highly experienced and thoughtful new leader in Dr. Chris Eagle. Many of my former colleagues continue on the board and will provide wise stewardship to the organization. Most importantly, the 90,000 employees of AHS will continue to provide excellent care, while at the same time wondering whether the government and AHS leaders will ever get their act straight.

My hope is that at the upcoming public board meeting of AHS on Thursday, a memorandum of understanding between AHS and Alberta Health and Wellness will be signed, which clearly establishes the independence of AHS. Of course, it is the government's right to decide to run health care in Alberta itself. If that is what it wants to do, I hope it will make its position clear. The current state of confusion is the worst state of all.

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