

dentists, optometrists, psychologists, chiropractors, podiatrists, naturopath physicians, osteopaths as well as home care services, drugs, and general preventive medical services. In order to be eligible for health insurance coverage of these additional benefits, patients must normally be referred by a medical doctor. Canadians may also purchase, on an individual fee-for-service basis, health services or other alternate therapies not available through their particular provincial plan.

**Health service networks.** Smaller hospitals typically provide the core hospital services of medical/surgical, obstetrics, pediatrics, and possibly intensive care and psychiatric services. Secondary and tertiary referral hospitals, providing a broader range of specialized and intensive services, are most frequently located in larger population centres. Hospitals providing services requiring close affiliation with research and advanced technology are generally affiliated with university health sciences centres. Health professionals similarly extend primary health care services in Canadian communities, with additional health specialities made available as required through collaborative regional referral plans under provincial co-ordination and occasionally involving interprovincial co-ordination for the more specialized or rare treatment requirements.

Health care services are extended to Canadians in remote areas through a diverse network of decentralized services including, for example, regional flying ambulance services; in some areas flying health teams consisting of a variety of specially trained health professionals; training programs for community health aides; and extensive health promotion, accident prevention and health education programs. These decentralized community and outreach services are integrated with networks of basic and specialized medical and hospital services, organized regionally under provincial co-ordination.

**Primary health care and evolving patterns of health services.** Changes in morbidity and mortality patterns worldwide, along with changing aspirations and values relating to personal, social and environmental well-being, have highlighted the importance of well-being and the quality of life, health promotion and disease prevention. Thus, concerns for health and well-being now focus on responsible health behaviours, safer environments, and on patient awareness and participation in health matters, particularly in health care choices. Primary health care at the community level embraces a comprehensive range of public, voluntary, professional and consumer health organizations. These new partners in health are dedicated to such

concerns as health education, early detection, accident prevention, mental health, reproductive health, palliative care, women's health, occupational health, environmental health, neglect and family violence, the health of immigrant and refugee groups and many others.

**Standards.** The provincial and territorial responsibility for health sciences and educational programs, certification of health personnel, allocation and management of health care resources and delivery of health care services creates a decentralized health care delivery system at the provincial and territorial level. This decentralized responsibility requires national networking, co-ordination, information-sharing, as well as joint planning and standard-setting, which are developed under the aegis of the federal and provincial committee structure and the professional associations.

To improve quality of care across Canada and establish national frameworks of common goals, policies and procedures, guidelines are developed for institutional and other professional health services, and clinical guidelines for various disciplines. These guidelines address a wide range of health concerns including infection control, vital organ transplantation, periodic health examinations, newborn care, dental hygiene, occupational therapy and physiotherapy.

#### 3.2.4 Health protection

Federal and provincial programs protect the public against unsafe foods, drugs, cosmetics, and medical and radiation-emitting devices, against harmful microbiological agents, technological and social environments, against environmental pollutants and contaminants, and against fraudulent drugs and devices.

**Food safety,** cleanliness and nutritional quality standards are developed through laboratory research and evaluation of data produced by private and public sectors, and international sources. Standards are maintained by inspection and analysis of foods of both domestic and imported origins. Regulations prescribe maximum levels for residues of agricultural chemicals in foods and use of food additives. Both are subject to pre-market evaluation before they can be used in food sold in Canada.

**Drugs.** On the principle that Canadians should have access to drugs that are both safe and effective, new drugs are cleared for marketing and post-marketing surveillance is maintained. Manufacturers of new drugs with unknown properties are required by law to submit evidence of the safety