# Editorial

Entering the seventh year of editing *Hospital Quarterly*, I am reminded of a conversation I had with publisher Anton Hart when he first approached me about the idea of a new journal for the health management field. I must admit to having had a high level of skepticism at that time, wondering if another journal was necessary and that one would actually sell. Well, I was wrong! Thanks to Anton Hart and the group at Longwoods, this journal and the others are going strong! I mention this story simply to acknowledge what great difficulty we sometimes have in predicting the future, and in making rational and complex decisions about future strategy.

Let's take for example the national health council for Canada – the focus of Decter's article. Experiences in the United Kingdom, the United States and Australia would suggest that the formation of health councils can force governments to establish standards and goals for health and healthcare. They also demonstrate the importance of accurate health information for decision-making. Health councils have been implemented in several provinces in Canada, and a quality council is a vital part of Cancercare Ontario's strategy. As Decter points out, there are many excellent reasons to develop a health council for Canada and some pitfalls to avoid but it's definitely time to move ahead with it.

In this issue, an article by McGowan describes a unique partnership in which a publicly funded department of radiation oncology was managed by a private organization. The goal was to decrease the need to send Canadians to the United States for radiation treatment. While the goal was achieved successfully, the approach met with a great deal of resistance within the system. There was great discomfort with the idea of private sector involvement in the delivery of services. Despite all my years of experience as first a direct participant in health services delivery and later as an academic observer, I still cannot grasp the difference between this approach to providing radiation services and how the average physician in private practice conducts her or his work. Nor can I understand the discomfort many people have with the idea.

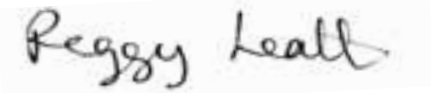
Rightly or wrongly, we seem to have greater success with experiences with disease management. Perhaps it is because we can more easily conceptualize what care could or should be like for a group of individuals with common health problems – such as diabetes, asthma or cardiovascular diseases. Certainly experiences in Canada and elsewhere have shown that increased implementation of clinical guidelines can be realized if they are specific for disease populations and for specific stages in the disease process. In this issue, we report on the experiences of Black et al. with the Ontario Stroke Strategy which undertook to change the way stroke was viewed and treated in the province. Part of the foundation's strategy was to convince the government of the enormity of the stroke problem and increase the focus on the associated issues.

Earlier this year, the Canadian Institute for Health Information released its annual report on our healthcare system. Working from data in the report, Zelmer and Lewis provide an analysis of the current state of primary healthcare, while Decter and Alvarez offer opinion on what needs to change in the system for reforms to move ahead.

We are also pleased to offer a series of essays and papers on lessons learned from SARS. Maunder at Toronto's Mount Sinai Hospital, which was one of the hardest hit by the epidemic, discusses the extraordinary stress that SARS placed on healthcare workers and offers suggestions on how to assist them. His colleague, McBride, describes the critical importance of communicating with staff and what steps the institution took to maintain the ongoing communication despite quarantines and other disruptions. McLeod offers his analysis of the impact that SARS will have on the overall system. Beard and Clark in Edmonton provide an overview of how their health region adapted lessons learned from other out breaks to dealing with SARS. Again, communication was a critical factor in dealing with uncertain and fearful stakeholders.

Continuing a theme of quality, we have the fourth in the series of articles by Hundert and Topp on the governance of Canadian hospitals. The article stresses the governing board's critically important responsibilities and accountabilities to the public. Next, Craighead offers a fascinating perspective on the diminishing of public trust in our healthcare system and what this may mean in the long term to the system and to the county. The final feature is a think piece outlining a new concept for hospital architecture – the healthcare village – which would foster a holistic and integrated approach to delivering services.

Of course, there are many other items of news, information and updates that we trust will keep you engaged and reading. Enjoy.



***Peggy Leatt, PhD***