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E-mail: dkent@longwoods.com

Publisher

W. Anton Hart

E-mail: ahart@longwoods.com

Associate Publisher/Administration

Barbara Marshall

E-mail: bmarshall@longwoods.com

Associate Publisher/Media

Susan Hale

E-mail: shale@longwoods.com

Design and Production

Yvonne Koo

E-mail: ykoo@longwoods.com

Copy Editors

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Adversaria

In this issue of the *Longwoods Review* we present a paper by Motiwala, Flood, Coyte and Laporte that explores the First Ministers' 2003 Accord and its impact – or lack of – on home care. The paper is critical of the home-care initiatives outlined by the First Ministers as they do not address issues of access to long-term care or to non-professional home care – services that are critical to the elderly who wish to stay at home and who represent an increasing proportion of the country's population. The authors also point out that the Accord does not establish legislative protection or separate funding for home care services, both of which are necessary to ensure that home care as a whole receives an adequate share of public resources and political attention over the medium-and long-term. The authors point out that failing to address these concerns may lead to increasing privatization as public services will be inadequate to meet the demand.

We are also pleased to recommend two on-line papers; the abstracts of which are featured in this issue. In the first, Thompson writes on cost containment issues in Alberta. He raises some controversial issues and asserts that in fact Alberta's healthcare costs have not actually risen in the last 30 years. In his analysis, Thompson shows that when cost data are adjusted for population growth, inflation and shift in age distribution increases in healthcare costs have been quite modest. The main issue from Thompson's viewpoint is that healthcare policy makers have been setting direction for healthcare in Canada based on inappropriate assumptions. Using Alberta data on its expenditures for healthcare, Thompson shows that increases in expenditures have been minimal and in fact the general public would be willing to accept higher taxes for better health services.

In the second paper, Nyhof-Young, Friedman, Wiljer and Catton discuss the increased risks faced by cancer patients when making their first visit to Toronto's Princess Margaret Hospital during the Severe Acute Respiratory Syndrome (SARS) outbreak. These patients were considered highly vulnerable to negative effects of the SARS-related disruptions. Semi-structured interviews were conducted by telephone with 42 patients and eight family members about how SARS affected their treatment experiences at the hospital. Results of the interviews suggested that good communication between patients and the staff at times of crisis are essential and contribute to the overall coping experiences of patients and their families. Recommendations are provided for the development of patient-centered emergency policies.

Peggy Leatt, PhD



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