



## Editorial

**A**s I write this editorial, SARS is no doubt top of mind for many, many readers. The ramifications of the outbreak – both in the short and long term – are profound, complex and will change the nature of health service delivery forever. In future issues of *Hospital Quarterly*, we will cover a range of topics related to public health, the hospital sector and healthcare workers, offering analysis, evidence and lessons learned. In this issue, the *Longwoods Review* deals extensively with prevention and offers insights into why preventive principles have not been adopted by consumers and healthcare practitioners – recommended reading.

We also begin a focus on public/private partnerships. There is a continuous debate in both theory and practice about the extent to which the private sector should have an increasing role in health services delivery. The first feature in this issue from Montague et al. discusses the outcomes of the ICONS (Improving Cardiovascular Outcomes in Nova Scotia) project, a major public/private health partnership of physicians, nurses, pharmacists, patients and their advocacy groups, government and industry. The authors suggest that the model developed through ICONS could be expanded to other diseases in the future. Next, Hutchison's paper focuses on the ethical dilemmas of public-private partnerships in dealing with uninsured services in Canadian hospitals. In 2001, on average, each province spent 28% of their total health expenditures on private sector services – making the ethical issues critical.

Wilson et al. offer analyses of the proposed blood products chargeback system. With chargeback, hospitals would purchase blood products from Canadian Blood Services (CBS) and be reimbursed by governments rather than the current system in which government funds CBS directly. The authors explore the possible impacts – both negative and positive – on funders, hospitals and patients.

Government relations are critically important for all healthcare organizations and should be managed with as much concern and care as relationships with other stakeholders. My colleague, Joseph Mapa, and I had the opportunity to delve into the topic of government relations as editors of the book, *Government Relations in the Health Care Industry*. There are many factors and strategies about which senior managers should be aware, and over the next few issues we will share some of the key messages. In this first instalment, Longest describes the interrelationship between strategic management and the development of public policy.

Later in this issue, Hundert continues the series on hospital governance with a paper on financial oversight and the implications and responsibilities for trustees. Salvador et al., at the Ottawa Hospital, describe the recent evaluation of an antenatal home-care service for high-risk women. They provide quantitative and qualitative analysis to suggest that this type of home care is both safe and cost-effective. However, they recommend conducting a broader scale research project on this issue.

In honour of nursing, we're pleased to have an editorial from Judith Shamian, Executive Director of Health Canada's Office of Nursing Policy, whose philosophical piece compares the nursing profession's progress with the challenges of climbing Mount Everest. Lots of determination, strength, team spirit and stamina needed there! We are also pleased to profile the Hon. Gary G. Mar QC, MLA for Calgary Nose Creek, and Alberta's Minister of Health and Wellness, who describes some of the challenges and the future directions for healthcare in that province.

Finally, food for thought – a short paper outlining a variety of unconventional programs that some hospitals offer to attract more patients – anyone for cooking, birdwatching or belly dancing?

**Peggy Leatt, PhD**