THE DEEP

▸ *Continued from page 40*

A strange calm washes over me. *I can do this.* Five feet. Six. Sixteen. And then, finally, my feet touch the ocean floor.

There is a wonderful feeling of weightlessness underwater and, for me, it carried onto dry land. I left the dive shop after the course ended with a newfound lightness in my step, the burden of fear lifted; a slip of paper — my diving certificate — in hand. When I look back on my experience, I can still see Nick and I staring into each other's eyes at the bottom, two strangers in a surreal blue world. This is what trust feels like, I remember thinking: in a fellow human being, in myself, in the beauty of life in general. Z

ANSWERING THE CALL

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beginning to experiment with technologies that allow home-care nurses to remotely monitor their patients' health status using in-home devices such as blood sugar monitors for diabetes patients. But such trials often turn on provincial funding to cover equipment costs. The CNA points to other innovations that allow specialized community nurses to attend to more patients. In one pilot project in Ontario, home-care nurses carry digital cameras and email images of patient wounds to a wound specialist, who can make assessments remotely and provide insight and instruction. No longer wasting time in transit between home visits, the wound specialist can now see three times as many cases a day.

6. BOLSTERING FACULTIES

Judith Oulton, from U of T, says that in many countries, current and future shortages are symptoms of previous cuts to higher education budgets and seats in nursing or pharmacy faculties: "Many countries, such as Canada and the U.S., cut seats in the 1990s and lack the faculty needed to scale up quickly."

Despite the revelations about mature workers and productivity gains, it's not clear where the HHR debate will go next. "For the immediate to mid-term," says Shamian, "we need to accelerate the production line." In the early 1990s, Canada turned out 10,000 nursing graduates a year, but the numbers fell to 4,000 to 7,000 during the lean years of fiscal restraint. While those figures have crept up again, reductions in the number of spaces in nursing schools over the next several years will create long-term effect.

There's also a need to improve incentives for unpaid caregiving, so family members, friends and volunteers — who together represent a large but unacknowledged part of the health-care labour force — aren't penalized by their employers for taking time off to care for aging relatives.

But the big question remains: how largely will HHR figure in the next round of federal/provincial/territorial health negotiations? Arthur Sweetman points out that "the planning has already started." Shamian wants to see more leadership from the federal government. The CNA and other national health professional groups have proposed the establishment of a national think tank, or observatory, to support pan-Canadian HHR planning. Two years ago, the Health Action Lobby even proposed the establishment of a $1 billion, five-year National Health Human Resources Infrastructure Fund, modelled on a similar pot of cash earmarked in the mid-1960s to encourage the training of health professionals.

Sweetman feels we should find out which strategies work before committing dollars to such a fund. He says that among senior government health officials at both levels, there's a broad recognition of the issues. Government planners, health authorities and hospital administrators must begin driving ahead with hundreds of local experiments designed to boost productivity, innovation and employee retention. "Scattershot is the right way to go," he states. "I'm confident there's no one silver bullet. A large number of small, incremental improvements are where the most fertile ground will be." Z

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