



The price of research

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With global economic recession as a backdrop, now is not the best time for any sector seeking increased public funding to be overly demonstrative about its demands. On the other hand, now is a very important time to ask—and answer—critical questions about our nation's vision for the future and the strategic pathway and investments that we need to commit to today if we are serious about creating a better tomorrow.

Setting examples

Many developed countries have already defined the journey toward future economic stability as one that will include a diminished focus on traditional sectors in favour of investments in emerging and higher-technology fields, including the health sciences. At a minimum, every nation needs to study historic priorities, ask itself how it can do things differently and better, and introduce evidence-based changes to support the training and jobs required to meet the needs of tomorrow's population. Doing this will require spending now on the research and development, including the infrastructure, essential to defining and achieving this future.

In April 2009, US President Barack Obama announced a substantial increase in research and development spending that he said was vital to the health of America—a commitment that has already resulted in a dramatic surge in research initiatives, attracting interest and commitments from hundreds of researchers, including those in medicine and the health sciences from Canada and other countries outside the United States. This US strategy is seen as critically important both to stimulating the economy and to ensuring the best possible health care for the future.

North of the border

At the same time, the Canadian government announced freezes and cutbacks in funding for many of our research-granting councils, creating palpable disillusionment within our country's research community. Some Canadian researchers saw this as a final blow to an already underfunded sector, as Canada's percentage of gross domestic product spent on research has historically rested well below that of most industrialized nations.

In fairness, over the past few years the Canadian government has actually provided some increased funding support for research, and there might well be a plan to reverse some of its recently announced freezes and

cutbacks in upcoming budgets. All Canadians should encourage this—unless they prefer that we become a nation relegated to the sidelines in the pursuit and discovery of future advances, resulting in an out-migration of many of our best minds and an increasing dependency on other countries for the goods and services we need.

As our government and research-granting councils deliberate this challenge, they would be wise to ensure not only that the total amount of future funding for health sciences research be increased, but also that there be substantially enhanced support directed specifically toward studying the effectiveness of our delivery of health services. This support should be aimed particularly at primary care and the work of family doctors and other health professionals attending to the front-line, day-to-day needs of millions of Canadians—ie, the sector responsible for 80% of the medical care provided for our population. As landmark studies by Starfield and others have shown,¹ the health outcomes of populations are affected most positively by access to care provided by family doctors and primary care professionals. With the explosion of community-based preventive and ongoing medical care needed by patients outside hospitals for problems such as diabetes, hypertension, arthritis, mental illness, strokes, asthma, and other chronic diseases, it is essential that our research commitments recognize this reality.

Good news

Some recent news merits the attention of those involved in family medicine and primary care research. The Canadian Institutes of Health Research, through its Institute of Health Services and Policy Research, has announced funding opportunities aimed at building capacity in primary care for master's, doctoral, and fellowship grants, and catalyst research grants, the latter representing a first step toward more comprehensive research funding opportunities. More information can be found at www.cihr-irsc.gc.ca or by e-mailing stephanie.soo@utoronto.ca.

Despite the recession, Canada needs to follow the lead of our American neighbours and increase its funding commitment to research and development in the areas of science and technology, with health sciences and health services research as priorities.

The future physical, mental, spiritual—and even economic—health of our people and our nation are at stake. We cannot afford not to make this investment. 

Reference

1. Starfield B, Shi LY, Machinko J. Contributions of primary care to health systems and health. *Millbank Q* 2005;83(3):457-502.

Cet article se trouve aussi en français à la page 847.