

# Assignment 2B



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Sleep and I have never found a rhythm, I either sleep too much or not enough. Being [REDACTED] now, things have not improved. When I go to bed, as soon as I lay down, I begin wondering how I could ever fall asleep. When morning comes, I'm wondering how I could ever wake up. This morning I felt rested enough, so my day began, I rolled over and grabbed my kit as it's always within arm's reach. I unzip the little bag and pull out each device one by one, starting with the one I hate the most. Ever since I can remember it's always been my least favourite part. The blood doesn't bother me, it's the constant pricking of the same three fingers on each hand. It takes several tries on each finger to get enough blood. After twenty years my skin has had enough, and it shows. You can feel the scar tissue and see the resistance of the skin from needle during injections. If I were to change my needle tips and lancets more often that would help. Unfortunately, everything I need to live better or even remotely healthy comes with a price. Insulin, lancets, test strips, needle tips all get used daily and none of it is free, at least not anymore. The government does not cover the cost of prescriptions, or the dispensing fees associated with the pharmacy for people between the ages of 25-65. There are deductibles and exclusions of medications covered even if one is eligible for coverage at all. People with serious health concerns such as those that require IV or oral cancer medication are not covered. I've always hated how my medication falls under the expensive category. That is why they call it "dia-poverty" within my diabetic community. There is a group called Beyond Type 1 which I consider to be my diabetic community and they have taught me a lot of the lingo. I tested my blood sugar, and it told me there was an error. For years I've known my fingers don't bleed enough to get proper results so instead of wasting test strips and wasting money I don't have, I give up. I'll just wait until I feel dizzy or numb in my arms again and hope I bleed enough to test myself then. For now, I'll drink a cup of juice and try to not need insulin for it later. Before I turned [REDACTED], I didn't have to avoid taking care of myself like this. I would walk into the pharmacy and just ask for my prescriptions, and they were covered by the government. They set the criteria for coverage for people ages 24 and under and those 65 and older. One of the reasons for the

age restrictions is that it is supposed to benefit seniors so there can be more focus and funding for them. Being within the ineligible age group and working jobs without benefits and precarious work means no help from the Ontario Health Insurance Plan (OHIP) regarding prescriptions regardless of your health conditions. I used to appreciate that even though my mother used to say how much better the country would be with Pharmacare. When I asked what it was, she replied, "it is a universal benefit to all citizens especially those with low-income". She mentioned how it has been an option for decades and that growing up in Ontario, the government had criteria to cover certain prescriptions until I turned 25, unlike Pharmacare which is based off income. "It was different in the 70s, medication was affordable. Things changed in the 80s, suddenly there were all sorts of medicine available, and everything increased in price" my mother would go on. Pharmaceuticals represented the most increased growing factor in healthcare costs from the mid-1980s to the late 1990s. In 1997 they became the second-largest component of healthcare spending in Canada. This meant more was being spent on pharmaceuticals in healthcare than all the spending on physicians' services that year and every year since. After the Great Depression there was an uprise in the need for Medicare. Now that covid has caused another recession, the need for it is once again prevalent. Once I turned 25-years-old I wondered why Canada was this way, and to this day I still have a hard time understanding. "Why give up helping people manage their health at a certain age? How can Canada be the only country with a universal health care system that doesn't cover prescription medication? Should the cost of medication be based on the need of it not the ability to pay?", I ask myself. How can I keep a job without being healthy enough to do so? I just wish I could go back to work. There is a constant battle of needing a job for my medication and not being able to keep a job because of my health. Like many other individuals, my health suffers when I cannot work. I require more visits to the doctor and/or hospital. Not just my physical health, but my mental health suffers as well-meaning I need even more medication to stabilize my mood. Without work, my health decreases and the cost of medication goes up. The economy could benefit substantially by introducing Pharmacare

across Canada, less people would rely on government supports and be able to go back to work.

Pharmacare is a drug benefit program that would cover all of Canada's citizens. Currently each province and territory have its own source of government assistance. By having a system that is not divided throughout the country it would help every Canadian. The cost of prescriptions would be determined by focusing on each person's income unlike now where it is defined by a combination of public plans, private insurance plans, and out-of-pocket spending. The total amount prescription drug spending was \$36.6 billion in 2021-22. That was a 28 per cent increase compared to 2015-16. Of that amount, 46 per cent was covered by governments, 40 per cent by private insurers and 14 per cent was paid-out-of-pocket. Pharmacare would save money and lives of Canadians. It could save up to \$11 billion yearly spent by citizens, all of this is according to The Canadian Press. It's hard to not feel bitter when I think about how I got here. Losing access to affordable prescriptions means I have had to rely on assistance more. Whether its hospital stays, welfare, or housing, I use it all more than I should have to, like many other people. Previously I was healthy, had a job, and was able to be a contributing member to society. Pharmacare could have prevented this situation and my need for help and financial support, I could work and support myself again. Suddenly I can feel my mouth becoming dry and the nausea sets in. "High blood sugar," I tell myself. Usually, I can go for a day or two like this until I give in.

At least this place is nicer than the other shelters I stayed at. The last time I had to share a room with 2 other women, it was a small room with 3 cots and one dresser. We were told to put all our clothes in the dryer upon entering the shelter to get rid of bed bugs as that was a problem there. When one person got sick, so did the rest of us. Medications were stolen frequently without access to lock them away safely. The bathrooms or bedrooms were not cleaned regularly, causing more sickness. Being in a women's shelter meant children and lots of them. Kids just brought in more germs and spread them like wildfire as there was no supervision being enforced. You could hear the children in their rooms playing

and shouting as the walls were that thin. There was no privacy for anybody, it was a lot harder to fake being okay all the time. Finally, I have my own space. It's nice to feel some normalcy for once. I don't have to lock my things away or share a bathroom anymore, I can be sick in peace. I look around and try to find things to appreciate. There is a bunch of paperwork stacked on the dresser as my eyes wander. Before I got to this shelter, I had walked an hour and a half across town to get to an office where I was told I could get help from the government. It wasn't a nice-looking place. The people outside of the building were all smoking, some of them weren't coherent and seemed as if they didn't know where they were. I made my way into the office and registered at the front desk and was told to wait for my caseworker. After some time, I was brought into a room with a nice lady. I was given a few forms to fill out and was told I would be eligible for coverage for my medication as I fit all the criteria for Ontario Works because I was homeless, jobless, and had no assets. This was great news for me at the time, however I realized without Pharmacare I couldn't go to school and receive financial help so what was the point? If you were a student, you were not eligible for OHIP or employment insurance. There are no options through the government for assistance as a student. Most schools offer coverage, however there is generally a fee and a registration period. During that registration period, the person is expected to pay for medications at their own expense. That was my goal to go back to school and get a better job. I was tired of working for minimum wage and watching everyone I grew up with do better than me, making more money, travelling, having children, and getting married. Ever since I moved out of my parents at 16, I've worked multiple jobs just trying to get by: cleaning, serving, call centers, you name it, I have done it. Now when I try and work that hard without my medication I end up in the hospital. Living month-to-month off what the government says I'm entitled to is hard, but it helps with food. The only good thing about those times in the hospital is that my parents talked to me. When I was young, we had a great relationship. It slowly fell apart because they couldn't afford to help me anymore. They don't understand diabetes and tend to think I'm just being lazy. A lot of people have that perspective, that I

got myself here rather than understanding the impact a universal Pharmacare could have on people like me and on society. If more people had the ability to take care of their health by having access to affordable medication the economy would benefit greatly. Less people would rely on social assistance as well as employment insurance. My nausea starts to get worse as I try and get ready for the day. I figure maybe if I lay down for a little while, I'll feel better. I begin considering how much money I have and what my medication will cost. "Is it that bad?", I wonder as I start calculating. I need about 3 units of insulin and have 5 units left. I have about \$95, and a new vial of insulin will cost \$89. That leaves me with \$16 for a week to eat and live on. Would I rather be nauseous from starvation or from high blood sugar? My usual debate. I decided to sleep on it. Hours pass and as I wake up, I wonder how long I was out for this time. I look at the clock and I realize I have slept all day. The nausea hasn't left me yet, if anything it feels worse this time. Slowly I get up from the little single bed and walk to the bathroom, I feel like my bladder is about to explode. Knowing all the symptoms of dangerously high blood sugar, I think it's time to inject now. I go back into the bedroom and get my insulin. Since I have been doing this for years it doesn't take long. "Have I eaten today?" I wonder. Usually when I take insulin without eating, my blood sugar drops low, which is even more dangerous. I feel too sick to eat anyway maybe I should just go back to bed. My stomach begins to fight the needle as I try injecting. "Bad spot", I tell myself. Trying to feel for a soft spot to inject I poke my fingers around my stomach. I find a spot and do the injection then I lay back down under the covers and try to get comfortable. It takes a few hours for the insulin to kick in but if I sleep, I'll feel better when I wake up. Darkness takes over and my mind begins to drift away. As I sleep, I begin to dream about a life with a beneficial healthcare system for all Canadians. Like Pharmacare, by using a publicly funded system there would be a way to help people cover the cost of medication when they need it. The focus of assistance is on the condition of the person's health rather than their ability to pay for it. Life threatening and chronic conditions are covered universally throughout Canada to decrease the number of deaths and hospital visits annually throughout

the country. Canadians can travel anywhere throughout the country and still have their medications while using the new and improved healthcare system. People in Canada are able to leave the hospital or doctor's office and know they can access their medications without having the burden of paying for what they need. Seniors are retiring when they want to because they don't have to worry about keeping their health benefits from work. People are happy and healthy.

## References

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## Rationale



1. I chose to write a short story because I felt that was the best way for me to portray my experiences of our Canadian healthcare system. People are advocates for Pharmacare but have not experienced the true downfall of a person's well-being with the current system in place in Ontario. Being able to incorporate real life situations demonstrates how this policy impacts Canadians with serious medical conditions on a day-to-day basis. I was able to explain all the negative aspects experienced by people as they fall through the cracks of the healthcare system. I have lived through the struggle that comes with the financial burden of medication costs. The impact of this policy on society is detrimental and explained through this short story. With my short story I was able to demonstrate my understanding of the policy as well as the consequences of it.
2. The short story addresses all 5 questions asked for the assignment. The social problem the policy is trying to address is explained throughout the story with situations of poverty caused by lack of affordable medication. I explained how I couldn't keep a job which resulted in relying on social assistance and also living in homeless shelters and the unhealthy conditions of the shelters and lack of privacy that people live with. The historical context and definition of the policy is explained through the view of my mother in the story, she explains what changed over the years and what Pharmacare is. Throughout the story I incorporate details of the policy explaining who is eligible and the benefits of it for individuals as well as Canada's economy. The policy addresses inclusion and social justice by the criteria required for eligibility. It is a policy for everyone to benefit from and that is also explained in the story as it is defined as a universal benefit. The ending of my story addresses the changes I recommend, in my dream my ideas are demonstrated and shared by expressing the importance of affordable medication for those with life-threatening or chronic illnesses.

3. I learned from this unessay that I don't have to take all of the blame for my negative life experiences. In general life can be difficult but adding an autoimmune disease to the situation increases the difficulty more without proper access to the medication needed. There were times the government could have done more to help individuals like me who were struggling to the point of poverty and homelessness. I never considered Pharmacare to be the main solution, I was convinced by society that I just needed to do better. I always felt like I was not doing enough when it was also the government who needed to do more. I also learned the view of underserving and deserving poor is a lot more prevalent than I had initially thought. Writing out my life experiences with the view of what the government could have done to help me allowed me to reevaluate the circumstances from a new perspective. I feel less like a culprit and more like a victim of the system. If Canada had implemented Pharmacare when it was first introduced, I wouldn't have struggled the way I did, and the country would be in a different state. I didn't realize all of the economic benefits that would come with Pharmacare. I was so focused on the individual benefits previously that I missed all of the information about how much Canada would benefit all together. I really learned how much our country could grow and how many lives could be not only improved but saved. My friend unfortunately passed away from her diabetes due to being a part-time student and part-time employee, there were no benefits for her to access for her medications and as a result she died in her sleep. It may not be a good thing but because of the information I have found on Pharmacare I have learned to be angry with the system in place. I want to see a Canada where people aren't dying because the government is failing them.