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## ARTHRITIS

**Inquiry—Debate Adjourned**

**Speeches by:**

**The Honourable Gerald J. Comeau  
The Honourable Joseph A. Day  
The Honourable Claudette Tardif  
The Honourable Catherine S. Callbeck  
The Honourable Wilbert J. Keon  
The Honourable Elaine McCoy**

**Tuesday, November 27, 2007  
Wednesday, November 28, 2007  
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Tuesday, February 5, 2008  
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## THE SENATE

Tuesday, November 27, 2007

### VISITORS IN THE GALLERY

**The Hon. the Speaker:** Honourable senators, I draw your attention to the presence in the gallery of a number of Canadians who are concerned about the impact of arthritis in Canada. They join us today as part of the Alliance for the Canadian Arthritis Program and are led by their co-chairs, Dianne Mosher and Gordon Whitehead. They are guests of the Honourable Senator Comeau. On behalf of all honourable senators, welcome to the Senate of Canada.

**Hon. Senators:** Hear, hear!

### ARTHRITIS

#### INQUIRY—DEBATE ADJOURNED

**Hon. Gerald J. Comeau (Deputy Leader of the Government)** rose pursuant to notice of November 21, 2007:

That he will call the attention of the Senate to the debilitating nature of arthritis and its affect on all Canadians.

He said: Honourable senators, in my view, a major responsibility of the Senate is to raise the awareness of issues that deserve more public attention. An ailment that directly impacts four million Canadians deserves the attention of parliamentarians, governments and all Canadians.

The inquiry we have here this afternoon is on arthritis. I do not have arthritis, but I have observed the suffering it can cause. It is difficult for a family to watch a loved one who suffers from this ailment. When one looks at the statistics, it is surprising and alarming that arthritis receives so little attention from the general population and so little attention on the public health agenda. When we consider that it affects one in six Canadians — and this number is much larger when we factor in the families and friends of arthritis sufferers — it impacts all of us.

According to the World Bank, it ranks amongst the top causes of disability worldwide. According to a report published by Public Health Agency of Canada in 2004, it is the first or second cause of workplace disability. The portion of patients disabled is two times greater than any other chronic condition. A report from Statistics Canada, *The Economic Burden of Illness*, states that the yearly cost of work disability from arthritis and musculoskeletal (MSK) conditions is \$13.6 billion per year in Canada. That data is from 1998, Senator Oliver, and it is probably much higher now if we were to do the census.

Although there are over 100 forms of arthritis, it is easier to think in two main categories. The first one, osteoarthritis, OA, is a degenerative arthritis with loss of joint cartilage and changes to the bone underlying the joint. It is the most common form of arthritis and represents at least 75 per cent of all arthritis in adults.

The end result is destruction of the joint cartilage and changes to the underlying bone. For people with OA, progressive pain and joint stiffness result in reduced independence due to physical disability, increased health care utilization and decreased quality of life. About 95 per cent of all hip and knee replacements in Canada are performed because of OA. By the year 2026, there will be a 50-per-cent increase in the number of Canadians with arthritis, and this increase is mostly due to OA.

Risk factors for development of OA include older age, repetitive joint trauma, genetic predisposition, metabolic factors and physical inactivity. Women are more likely to develop OA and are two times more likely to become disabled by it.

Honourable senators, I think you will notice that I am going through a lot of statistics. Others will probably have a much more interesting way of presenting the illness, but I wanted to give the statistics. Arthritis is 2.5 times more common in the Aboriginal population. The prevalence is 27 per cent for the Aboriginal population, versus 16 per cent for the general Canadian population.

Contrary to popular opinion — and this is important — osteoarthritis is not a normal consequence of aging.

The second category of arthritis is inflammatory arthritis and it can occur at any age.

• (1720)

Rheumatoid arthritis, RA, is the most common type of inflammatory arthritis. Other forms include psoriatic arthritis, ankylosing spondylitis, lupus and gout, to name a few. RA is the form of arthritis with the highest rates of work disability, ranging from 32 to 50 per cent within 10 years of the disease onset, and increasing from 50 to 90 per cent after 30 years of the ailment.

Work loss only partially captures the impact of arthritis on employment. There is lost productivity due to reduced performance at work. A study done by Dr. Diane Lacaille at the University of British Columbia found that reduced productivity was the largest component of indirect cost. In speaking about productivity, Canada has many committees looking at the issue of how to increase productivity in Canada. The largest component of productivity lost in Canada is caused by this ailment. Exceeded wage loss due to loss of job stands at 30 per cent, and reduced hours in absenteeism stands at 12 per cent.

In addition to its economic impact, work and productivity loss also have important psycho-social implications affecting one's sense of identity, self-esteem and competence. Rheumatoid arthritis is three times more common in women than men and the most common age of onset is between 30 and 50 years of age. It affects people during their most productive working years. Rheumatoid arthritis is also more common in the Aboriginal population where it occurs 10 years earlier and is much more severe.

What can be done? Prevention is the key to the management of osteoarthritis. Known preventative strategies are ignored. An

11-pound weight loss leads to a 50 per cent reduction in the risk of developing OA of the knee. We now know that early recognition and treatment of rheumatoid arthritis can result in clinical remission in up to 50 per cent of people.

New therapies and biologics are available that can substantially decrease pain, swelling and deformity. They are effective in rheumatoid arthritis, but recent data shows that they are even better in treatment of ailments such as psoriatic arthritis and ankylosing spondylitis.

There are marked disparities between which medications are accessible depending on the province of residence. Depending on where one lives in Canada, one may or may not be lucky. In Atlantic Canada, 30 per cent of people do not have provincial coverage or private medical coverage and thus cannot access any of these effective newer medications that not only control their disease, but also prevent deformity. Evidence shows a decrease in work disability.

According to a presentation by Dr. Gillian Hawker made at the Alliance for the Canadian Arthritis Program, a number of alarming concerns was highlighted. She said that there is little or no awareness of cause, course or management of arthritis. In addition, known prevention strategies are ignored and current models of care delivery are inefficient and inadequate. There are inefficient and costly waits for medications, rheumatology care, surgery, et cetera. Dr. Hawker also stated that there are marked disparities between provinces in ability to access appropriate care and that arthritis receives less than 1.3 per cent of medical research funding in this country. Honourable senators, that is a disgrace.

A further impact, according to Dr. Hawker, is that arthritis is the number one cause of disability. Arthritis has a major impact on the functioning and independence of our population. Statistics show that 17.6 per cent of the population 15 years and older report suffering from arthritis.

The total costs, direct and indirect, of arthritis are substantial. Since arthritis often limits physical function and imposes significant pain and suffering, a high proportion of indirect costs are attributable to long-term disability, such as economic dependence and social isolation. Arthritis-associated morbidity has been estimated to comprise approximately half of all morbidity due to musculoskeletal disorders, or about \$6 billion annually in Canada. Based on population projections and trends, it is estimated that the prevalence of arthritis will grow to between 21 and 26 per cent by 2021.

Honourable senators, there are preventive measures possible to reduce the incidence of arthritis and therefore lessen the burden it places on our finite health care resources. In 2005, a summit on standards for arthritis prevention and care produced an evidence-based national strategy for arthritis prevention and care to guide federal and provincial government health policy development. Professionals have produced the road map to guide us.

Every Canadian must be aware of arthritis. All relevant health care professionals must be able to perform a valid, standardized, age-appropriate MSK screening assessment.

The commitment with which arthritis professionals view the importance of this subject is demonstrated in that they

recommend that not only would specialists look at and identify early arthritis, but they would also welcome others in the field of medicine to identify the early stages of arthritis so that it could be treated early. It is telling that arthritis professionals are prepared to bring in others to help them in the quest for early detection. Every Canadian with arthritis must have timely and equal access to appropriate medications.

In conclusion, honourable senators, allow me to say how impressed I am with the dedication of the members of the Alliance for the Canadian Arthritis Program. I invite all honourable senators to talk to members of the alliance. You will quickly realize that they strongly believe in their program, but need our help, and we need them as well.

I know there are others in this chamber who suffer the ailment and who are probably able to provide a much better and more passionate way of presenting the disease and ideas as to how to progress. Mine is limited to having had a family member with a difficult case of arthritis, but I was not able to feel the pain she felt. I know others in this chamber feel the pain of arthritis on a daily basis and are able to come into this chamber and do the best they can without showing the affliction that they have. I know a number of senators in this chamber do their best, but it is very painful for them. We must be mindful of that.

Honourable senators, arthritis is not a question of age; it is a question people being faced with this disease at a stage in life when they were probably the most productive, and they must deal with it as the years go by. I invite others to provide their stories to see if we can make arthritis better known to the Canadian public and those decision makers, both at the provincial and federal level, who can make a difference in how we treat this disease.

**Hon. Lorna Milne:** Would the honourable senator accept a question?

**Senator Comeau:** Certainly.

**Senator Milne:** Honourable senators, as a sufferer of arthritis since my 30s, I am concerned about the things the honourable senator has mentioned.

What steps does this government plan to take to increase the amount of money spent on research for early detection of this disease?

**Senator Comeau:** Honourable senators, I do not wish to reduce the discussion at this point to "your government did this and so our government will do this," or a question of "what is your government doing about this, we can do a heck of a lot more." If the honourable senator was listening to my speech, I urge more awareness. This affects the federal and provincial governments as well as society in general. It is much more than just saying put your money where your mouth is. We must go beyond that. The honourable senator, as a sufferer of arthritis, should appreciate that.

On motion of Senator Keon, debate adjourned.

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**Wednesday, November 28, 2007**  
(pages 347-348)

**ARTHRITIS**

INQUIRY—DEBATE CONTINUED

On the Order:

Resuming debate on the inquiry of the Honourable Senator Comeau, calling the attention of the Senate to the debilitating nature of arthritis and its effect on all Canadians.—(*Honourable Senator Keon*)

**Hon. Joseph A. Day:** Your Honour, I wish to speak on this particular matter. I understood that Senator Keon was planning to speak, but if he is not, I wonder if he would yield to permit me to make a short intervention and then allow the matter to be adjourned in his name again.

**Senator Keon:** Yes.

**Senator Day:** Honourable senators, I thank Senator Comeau for bringing this inquiry before the Senate. The information that was conveyed in his thorough and detailed speech yesterday on this matter was helpful. I urge other senators to do likewise with respect to this type of item, such is the condition of arthritis that we may not be as familiar with it as perhaps we should be, unless we happen to be afflicted by the condition or one of our loved ones is.

Senator Comeau pointed out yesterday during his speech that there are types of arthritis that are fairly well known and others that are not so common or well known. It is one of those other rare diseases that I bring to the attention of honourable senators.

There are a number of representatives on Parliament Hill today trying to bring the subject of pulmonary hypertension to our attention. Representatives from the Pulmonary Hypertension Association of Canada are here. Pulmonary hypertension is one of those rare diseases that does not afflict that many Canadians, but those that are afflicted by it are certainly in dire straits.

Pulmonary hypertension is a type of high blood pressure in the lungs. It affects up to 5,000 Canadians of all ages. There is currently no cure for this particular condition; and, if untreated, the condition will claim the lives of 50 per cent of patients within the first two years after diagnosis.

Honourable senators, one in 10 Canadians will be diagnosed with a rare disorder such as pulmonary hypertension. There are approximately 5,000 such disorders in Canada affecting Canadians.

As honourable senators might suspect, there is not a comprehensive drug plan for these limited types of rare disorders. Therefore, the Pulmonary Hypertension Association of Canada is trying to bring to the attention of Canadians the importance of having a drug policy to respond to patients with rare disorders.

There is a reception which will continue until 5 p.m. in Speaker Milliken's office, and I urge honourable senators to visit and meet with the representatives from the Pulmonary Hypertension Association of Canada and the Canadian Organization for Rare

Disorders so that we might learn more about conditions such as this one and the ones that were brought to our attention by Senator Comeau yesterday.

**The Hon. the Speaker *pro tempore*:** It is understood, honourable senators, that this question remains adjourned under the name of Senator Keon?

**Hon. Senators:** Agreed.

On motion of Senator Keon, debate adjourned.

[*Translation*]

**Tuesday, December 4, 2007**  
(pages 390-391)

**ARTHRITIS**

INQUIRY—DEBATE CONTINUED

On the Order:

Resuming debate on the inquiry of the Honourable Senator Comeau, calling the attention of the Senate to the debilitating nature of arthritis and its effect on all Canadians.—(*Honourable Senator Keon*)

**Hon. Claudette Tardif (Deputy Leader of the Opposition):** Honourable senators, I am speaking today in response to Senator Comeau's inquiry of November 27 on arthritis. I want to thank Senator Comeau for initiating this inquiry on a very worrisome health problem.

I completely agree with Senator Comeau when he says that this illness deserves the attention not just of all Canadians, but also of governments. We, as senators and parliamentarians, have a role to play in raising awareness of arthritis.

In particular, I would like to applaud the efforts of the Alliance for the Canadian Arthritis Program in bolstering support for raising awareness among Canadians concerning the prevention and treatment of this illness.

This alliance consists of more than 20 organizations representing patients, health care providers, pharmaceutical industry researchers and health professionals.

Its members are joining forces to correct the inequity that prevails in Canada when it comes to the prevention and treatment of arthritis, and to help people living with arthritis improve their quality of life. Members of the alliance are calling for action for the prevention and treatment of arthritis. According to the alliance, without significant reform to the health care system, the situation will continue to deteriorate.

The alliance has established arthritis prevention and treatment standards and it is committed to working with the governments on finalizing action plans. The goal of the alliance members is to develop and implement a national arthritis strategy. The alliance is calling on the federal and provincial ministers of health to endorse its recommendations to establish national standards for the prevention and treatment of arthritis.

These are the challenges facing all of us and the consequences of this illness for Canada today. At least 4 million Canadians suffer from arthritis. It is the principal cause of deformity and long-term disability in Canada, and directly and indirectly costs several billion dollars in healthcare costs, loss of productivity and disability benefits. Arthritis affects people of all ages. Access to treatment, rehabilitation services and surgery varies widely from province to province.

Wait times for orthopaedic surgeries have grown exponentially. Many areas of arthritis research have not been explored because of a lack of resources. Only 1.3 per cent of research funds from the Canadian Institutes of Health Research are allocated to arthritis research. Since the cost of medication is very high, many patients are swelling the waiting lists for orthopaedic surgery because they cannot afford the medication that would make the surgery unnecessary. There are not enough rheumatology specialists to meet the demand for urgent care. There are only 250 of them in Canada.

A disproportionate number of off-reserve Aboriginal Canadians are two and a half times more likely to have arthritis than other Canadians.

This lacklustre record should prompt us to promote awareness of the pernicious effects of arthritis and to react more effectively to prevent this disease.

I support the Alliance's three priorities: every Canadian must be aware of arthritis and should be urged to take preventive measures; all relevant health professionals must be able to perform a standardized, age-appropriate screening assessment; and every Canadian with arthritis must have timely and equal access to appropriate medications.

All government partners must increase their participation in the prevention and treatment of arthritis. We should all be concerned about arthritis. Soon, the aging population will affect the way we do things. From an economic point of view, our productivity is already being affected by high absenteeism because of workers who have arthritis. AIDS, cancer and heart disease receive a huge portion of private and public funding. Lack of awareness about arthritis means that not enough funds are allocated to researching this disease.

In Canada, we are proud of our high standard of living. We value it very highly. Everyone agrees that awareness and prevention work together to reduce skyrocketing health care costs. Let us hope that people will band together and take concrete action to give people hope and make things better for the many Canadians struggling with arthritis. Our entire country will benefit if we do.

On motion of Senator Keon, debate adjourned.

Wednesday, January 30, 2008  
(pages 626-628)

## ARTHRITIS

### INQUIRY—DEBATE CONTINUED

On the Order:

Resuming debate on the inquiry of the Honourable Senator Comeau, calling the attention of the Senate to the debilitating nature of arthritis and its effect on all Canadians.—(*Honourable Senator Keon*)

**Hon. Catherine S. Callbeck:** This inquiry stands in Dr. Keon's name, but with his agreement, I shall speak to the matter today and adjourn it in his name.

Honourable senators, I thank Senator Comeau for calling this inquiry to help raise awareness of the impact of arthritis on Canadians. Many people would be surprised to know that over 4 million Canadians live with arthritis every day. I myself live with rheumatoid arthritis and deal daily with its impact. As Senator Comeau has already pointed out, the number of people affected becomes much larger when you consider the impact on family and friends of arthritis sufferers.

Arthritis is the second-most chronic condition in women and the third for men. Some population groups are at a greater risk than others. The prevalence of arthritis is 27 per cent for Aboriginal populations versus 17 per cent for the general Canadian population.

Many people think that arthritis is the aches and pains that come with advanced years; however, arthritis knows no age limits. Three out of five people with arthritis are under 65. One in 1,000 babies, toddlers, children and teens under the age of 16 live with arthritis.

It is among the top two causes of long-term disability. People over 55 are twice as likely to report a long-term disability as Canadians living with any other chronic condition, including the big three — cancer, heart disease and diabetes. An individual who has arthritis is three times more likely to report living with moderate to severe pain than if he or she is living with any of the other chronic conditions.

Yet, people, including policy-makers, are just starting to appreciate the enormous impact arthritis has on all aspects of Canadian society. Canada pays a high cost for not having an effective, coordinated approach to addressing arthritis and its consequences. According to the report *Arthritis in Canada: An Ongoing Challenge*, arthritis cost Canadians \$4.4 billion a year in 1998, mostly due to lost productivity and long-term disability.

**An Hon. Senator:** Order!

**Senator Callbeck:** The report also —

**The Hon. the Speaker:** I am having a hard time hearing Senator Callbeck. If conversations are really necessary, they would be best taken beyond the bar.

**Some Hon. Senators:** Hear, hear!

**Senator Callbeck:** This report also states that the figure of \$4.4 billion may be underestimated because it does not include things such as costs associated with health professionals, other than physicians, and only includes some arthritic conditions. It is fair to say that the number could have been far greater.

Ten years ago, health-care-related costs alone were \$1 billion. It must be noted, however, that in the last 10 years there has been a substantial increase in the number of people with arthritis, so it would be fair to assume that the associated costs have increased proportionately. It is estimated that by the year 2026 more than 6 million people over the age of 15 will be living with the disabling condition, a 50 per cent increase from present-day levels, increasing the total costs even more.

There are also costs in quality of life. Many people with inflammatory arthritis wake up each day unsure if they will experience a flare, which will make them unable to carry out many of the essential activities of life without extreme pain, if they are able to carry them out at all.

It is important to appreciate that arthritis may be inevitable, but it can be treated. Fortunately, much has been accomplished. Not that long ago, in most of our lifetimes, a child diagnosed with arthritis faced a life of significant disability, likely becoming dependent on a wheelchair. Today, with the right drugs, the same child can live a life comparable to his or her siblings and friends who live without a disease.

Today, a new mother who faces the rapid and terrible onset of inflammatory arthritis is able to care for her baby. A person reaching retirement can enjoy a round of golf after having an arthritic knee replacement.

However, an enormous amount remains to be done.

There is promising research being done. A dedicated, innovative group of researchers are regularly finding new and promising avenues to explore. For example, an Ontario lab is growing cartilage to repair joints affected by osteoarthritis. In a decade or so, not only might this replace existing artificial joint replacements, but also it could even help stop the ongoing deterioration of cartilage tissue.

A U.S. study has identified the optimal combination of existing medication to most effectively manage rheumatoid arthritis. Canadian researchers are posed to develop effective treatments studying how the interaction of genes, environment and lifestyle can help predict juvenile arthritis outcomes early on in the disease process.

However, despite advances like these, arthritis research receives much less funding than any other chronic disease. The Canadian Institutes of Health Research spent \$2.4 million to fund arthritis research in 2006-07. That is only 2 per cent to 3 per cent of what CIHR spent on cancer research. The Arthritis Society itself provides over \$6 million a year for arthritis research, all of it raised from Canadians and Canadian organizations.

Canadians, speaking with their wallets, tell us that they value arthritis research more than twice as much as does our government. If arthritis research remains the poor cousin in Canada, many of our talented and passionate researchers will be forced to move on to other fields.

Imagine what advances there might be in arthritis research if it received more funding. Perhaps it could lead to a world free of arthritis or, at least, to substantial improvements in arthritis treatment.

You may have noticed that many statistics I have used to speak to the impact of arthritis are 10 years old. We live in a time when decisions are based on clear evidence. However, arthritis faces a double challenge. For a long time, arthritis was not considered serious enough to warrant up-to-date information on its impact. Now, arthritis advocates struggle to urge policymakers to take action, but in some cases they do not have the up-to-date evidence that policymakers like to see.

I am glad to say that the Public Health Agency of Canada has recently received funding to prepare an up-to-date report on arthritis. We must ensure that sufficient data is collected and compiled on a regular basis to allow us to appreciate the current and future impact of arthritis and to inform our future planning. We cannot afford to be blind to this looming crisis.

Inflammatory arthritis can be devastating. However, recent advances in pharmaceutical therapies have profoundly reduced the deformities and disability that all too often result from this chronic disease. Overwhelming evidence exists to show that early diagnosis and proper and timely treatment can dramatically slow and often even stop the destruction of connective tissue and joints. Unfortunately, too many Canadians cannot access the skilled professionals to make this diagnosis or are forced to wait many months while the disease destroys joints and tissue throughout the body.

The best therapies are expensive, and for too many Canadians, cost is an insurmountable barrier to the therapy that they and their physicians know is required. Given the current and future challenges in maintaining Canada's labour force, as a country we should assist these Canadians to live without pain and disability. We simply cannot afford to lose valuable workers because of treatable arthritis.

As it now stands, we allow arthritis to rob us of productivity from millions of potential members of the workforce. Not only does arthritis force people to leave the workforce for days, weeks, months or even permanently, it also makes big demands on our health care and social support systems.

In my home province of P.E.I., one in every 1,000 children has juvenile arthritis. Overall, more than 24,000 Islanders aged 12 and older live with some form of arthritis. That number represents 22 per cent of the Island's population, 5 per cent greater than the average national prevalence of 17 per cent.

Fortunately, Islanders have an active and committed Arthritis Society. It was established in the late 1970s with a part-time secretary, and has continued to expand considerably over the years. This organization is made up of many dedicated and committed Islanders who volunteer their time and energy to advocate and assist Islanders living with arthritis. This small but mighty organization offers a remarkable range of services with funds raised entirely through donations.

The Arthritis Information Line is a toll-free number that provides information and referral to local services for people with arthritis, their families, friends and health professionals. The Arthritis Registry is a free information service that keeps

members up to date with arthritis research, programs, services, events and resources. The Arthritis Self-Management Program is a six-week volunteer-led program that complements medical treatment and is designed to help Islanders manage their arthritis more effectively. Aqua Arthritis and People with Arthritis Can Exercise, PACE, offer recreational exercise classes with trained and certified instructors.

At the national level, the Arthritis Society is also performing great work. With resources provided by Health Canada's Primary Health Care Transition Fund, they have partnered in the development and delivery of 30 workshops in 219 communities across the country. These workshops gave 900 primary health care providers the opportunity to enhance their skills and improve their ability to diagnose arthritis.

It is time that we, as parliamentarians and policy-makers, recognize that much needs to be done. In late 2005, the members of Canada's arthritis community came together and provided us with a road map.

These experts identified three top priorities. First, every Canadian must be aware of arthritis. We must dispel the myths and make people aware of the importance of fighting arthritis from its earliest stage. Second, health professionals must have a screening tool to diagnose arthritis quickly and accurately, and they must be skilled in using it. Third, Canadians must have timely and equal access to appropriate medications.

In Senator Comeau's remarks last fall, he spoke of the dedication of the members of the Alliance for the Canadian Arthritis Program. I had the opportunity to talk to several of those members while they were here in the Senate. One quickly recognizes their commitment, dedication and determination.

I also know from experience the same passion and energy from members of the Arthritis Society who also work hard to advocate for arthritis issues.

Now these tireless individuals are asking us to take up their challenge and become a part of the fight against arthritis. We must do our best to make life better for Canadians with arthritis and, if possible, to ensure that no one lives with it at all.

On motion of Senator Keon, debate adjourned.

Tuesday, February 5, 2008  
(pages 665-666)

### ARTHRITIS

#### INQUIRY—DEBATE CONTINUED

On the Order:

Resuming debate on the inquiry of the Honourable Senator Comeau, calling the attention of the Senate to the debilitating nature of arthritis and its effect on all Canadians.—(*Honourable Senator Keon*)

**Hon. Wilbert J. Keon:** Honourable senators, I rise today to speak about arthritis, a very important subject and one that affects over 4 million Canadians over the age of 15. That would be

equivalent to affecting every man, woman and child in four cities the size of Ottawa.

Arthritis causes its sufferers to live each day with gnawing, sometimes sharp and often very debilitating pain. They face real limitations that affect the decisions they make about the way they live their lives.

Some of them cannot even pry the lid off a jar of pills to relieve the pain, as the child-proof lid cannot be managed by someone whose hands do not work properly.

Contrary to a common stereotype, arthritis is not exclusively a disease of the elderly. According to the 2000 Canadian Community Health Survey, nearly three out of every five people with arthritis were younger than 65. Of course, age does play a role in the development and progression of the disease, and the report also found that the prevalence of arthritis increases with age.

• (1620)

At the end of November, when Senator Comeau spoke on this inquiry, he gave a concise picture of the ailment. As he explained, arthritis falls into two main categories. The first is osteoarthritis, the degenerative form that accounts for at least three quarters of all arthritis in adults. The second is rheumatoid arthritis, the most common inflammatory form, which can be extremely debilitating.

Senator Comeau also pointed out that arthritis, in all its forms, is the leading cause of deformity and long-term disability — a telling statistic. In the 30 years after the onset of RA, disability among sufferers can range up to 90 per cent.

Senator Tardif also spoke at length about this, as did Senator Callbeck, and I will not today repeat their very detailed comments on the burden of the disease.

The cost of this disability is borne not only by the sufferer and those close to him or her; we all end up carrying some of the burden. According to the Canadian Institutes of Health Research, the average economic cost of arthritis disability is about \$11,150 per person per year, coming from lost productivity, changing jobs, cutting work hours, or simply not going to work at all.

Everyone pays when someone suffers. The work is either taken up by a healthier worker or left undone. The result is the same: Lost productivity with a higher cost for all. I remind honourable senators again that, although Canada stands about fifteenth in overall health status in the world, even worse, it stands fifteenth in productivity, and productivity and health are inseparable.

Perhaps honourable senators may not be aware that arthritis leads to more than debilitating pain, as difficult and costly as that may be. Arthritis can also result in death. In 2003, a study by the Public Health Agency of Canada found that:

In 1998, arthritis or related conditions were reported as the underlying cause in 2.4 deaths per 100,000 in Canada, making arthritis a more common underlying cause of death than melanoma, asthma or HIV/AIDS, especially among women.

Arthritis is hitting our health care system hard. Over 90 per cent of those who undergo hip or knee replacement

surgery have arthritis. The waiting lists are long, as we all know, and are straining the health care system at the seams.

Furthermore, arthritis accounts for over one quarter of the total cost of musculoskeletal disease. This includes nearly one third of hospital care expenditures from musculoskeletal disease and 40 per cent of drug expenditures.

Honourable senators, how do we respond when faced with such a pervasive debilitating and costly disease? We must ensure that we develop a solid understanding of this disease — which we do not have today, I must say — the means to prevent and to treat it. This means that we must encourage and support research on arthritis as it is the only way that we will be able to respond appropriately to the needs of Canadians.

Honourable senators are no doubt aware that a great deal of research is already taking place in the field. Through the Canadian Institutes of Health Research, our government invested over \$17 million in 2006-07 across the nation in research on arthritis. In spite of this commendable work, knowledge gaps remain, and we really fundamentally do not understand this disease.

I point honourable senators to research questions that arose from the 2005 Summit on Standards for Arthritis Prevention and Care by the Alliance for the Canadian Arthritis Program or ACAP. These questions covered areas such as arthritis awareness at the government, patient and public level; medical and health professional education; the impact of physical activity on arthritis; injury prevention; and modules of care, including access to medications and surgery.

There are also population health issues around arthritis that need to be better understood. For example, the Public Health Agency of Canada, in the 2003 study I referred to earlier, found that approximately one in five Aboriginal people suffer from arthritis. If this population group shared the same age structure as non-Aboriginal Canadians, that number would jump to 27 per cent, a great deal higher than the 16 per cent figure for the general population.

Another example arises from the statistic that two thirds of those with arthritis are women. Why does arthritis attack women and First Nations people with such vigour? Are there other population groups that are singled out for some reason? Only studying these issues will lead us to the answers.

An additional concern that has been raised by the Alliance for the Canadian Arthritis Program is the difference in access to treatment and medications across our nation. The publication from the summit in 2005 states:

Where you live can be more important in determining treatment than how sick you are. Provincial, territorial and private drug plans vary considerably in their coverage of prescription medications for arthritis, in particular those medications that are the most costly to patients. There are also regional variations in availability of chronic illness self-management strategies, rehabilitation services and surgery.

The ACAP has developed 12 general standards for the prevention and care of arthritis, identifying three as a priority. First, every Canadian must be aware of arthritis; second, all

relevant health professionals must be able to perform a valid standardized, age-appropriate musculoskeletal screening assessment; third, every Canadian with arthritis must have timely and equal access to appropriate medication.

These may be useful strategies to help improve the lives of those with arthritis. To respond effectively and to ensure that resources are put to the best use, we must better understand the disease and explore strategies to deal with it. This is the only way that we will develop as-yet-unknown treatments and preventative measures. However, to respond scientifically to the prevention, management and care of this disease we need much more knowledge; knowledge that will only come through collaborative research from our scientists in Canada and the international scientific community.

We must all strengthen our resolve to support research into this disease until it is eliminated as some other terrible diseases have been in the past, such as smallpox and polio.

On motion of Senator Stratton, debate adjourned.

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**Wednesday, February 13, 2008**  
**(pages 768-769)**

## ARTHRITIS

### INQUIRY—DEBATE CONTINUED

On the Order:

Resuming debate on the inquiry of the Honourable Senator Comeau, calling the attention of the Senate to the debilitating nature of arthritis and its effect on all Canadians.—(*Honourable Senator Stratton*)

**Hon. Elaine McCoy:** Honourable senators, I asked Senator Stratton to yield to me so I could speak today. The adjournment will be taken in his name.

I am pleased to address this worthy inquiry on the question of arthritis, which, as has been said by the speakers before me, is endured by some 4.5 million Canadians who live with the disease.

I want to address the research aspect. Research on the subject of arthritis in Canada receives only about 2 per cent of the federal health research funding. In 2005, the Canadian Institutes of Health Research — which, as you all know, are something like NSERC and SSHRC — spent \$42 million on AIDS, \$118 million on cancer, but only \$3.7 million on arthritis and bone research.

Honourable senators, on a per capita basis, that amount works out to \$731 in research for every Canadian living with HIV. It is \$14.16 for every person living with cancer; but it is only 94 cents for every Canadian living with arthritis.

We must take account of the fact that this amount of funding is low. In fact, the Arthritis Society of Canada itself, through private donations, raised almost twice that amount last year, \$6.3 million, to help the cause of research. This amount is not enough when you consider that the annual burden of the disease on the health care system is \$18 billion a year. Arthritis is one of the chief drivers of the escalating costs of the health system in our country.

Honourable senators may stop and say to themselves, why are we not paying attention to this disease, or these diseases, more properly, which affect so many of us throughout our country — 4.5 million people or one out of every six Canadians.

Many have suggested, and we know, the disease is chronic. Therefore, we are used to all sorts of people stumbling along and stoically putting up with the pain of arthritis in one of its many forms. The disease is not dramatic enough.

However, arthritis — which is a generic term for over 100 different maladies — has had its dramatic moments and it has changed the course of history. I will relate one such example because, no doubt, it will be of particular interest to parliamentarians; that is a case involving gout, which is one of the many forms of arthritis.

This particular case happened in the 18th century. It involved William Pitt the Elder, who, because he had a gross attack of gout one day, was prevented from stopping the tax on tea. As honourable senators know, that event led to the Boston Tea Party, which was one of the causes of, and led eventually to, the American Revolution.

Honourable senators can well imagine what would have happened here in Canada. This same man, William Pitt the Elder, was a key negotiator of the Treaty of Paris in 1763. It was the Treaty of Paris that gave Canada such a strong foundation by ensuring the free practice of religion throughout our colonies. That treaty laid the foundation for our Confederation, which honours the French and the English founding nations — as well as the First Nations, of course, who we acknowledge were here before any of us.

Gout, arthritis and absence from work can have stunning effects. Yet, two and a half centuries later, we still do not have a cure for gout. We sort of know what happens, but we do not really know why it happens, and there is no cure for it.

Let me look at another disease — lupus. Lupus is arthritis as well. Lupus is yet another one of these diseases, all of which have something to do with the immune system, about which we know little. It is still a mystery. Lupus affects more women because it has a particular association with hormones, but the scientists do not know for certain. The low amount of research has flummoxed the scientists and doctors and left thousands without any prospect of relief. Fibromyalgia is another form of arthritis that remains a mystery and affects more women than men. In total, about 900,000 Canadians suffer from fibromyalgia.

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Osteoporosis is on some lists as a related disease and on other lists as a form of arthritis because they are closely linked. Osteoporosis affects 3.4 million people in Canada, two out of

three of whom are women. I have done some gender analysis on this issue. Although we know what osteoporosis is, we do not know how to cure it and we do not know what causes it, although we think it has something to do with the immune system. We simply do not know enough about arthritis in its many different forms. It causes not only pain and suffering but also huge inefficiencies and lack of productivity in our workplaces. As well, it creates stress on the families of those living in chronic pain.

I commend Senator Comeau for bringing forward this inquiry to help raise the awareness of honourable senators. I support his suggestion that the Senate show greater leadership in these matters and so I would suggest that the Senate refer this inquiry to committee for study. Perhaps the Senate will be able to add to the leadership that we have seen on the issue across the country in the private sector. For example, Bud McCaig, from Alberta, donated \$10 million in one year to the Alberta Bone and Joint Health Institute at the University of Calgary. That kind of leadership is ahead of what the Government of Canada has shown. I recommend that this inquiry be referred to committee for further study.

**Hon. Pierre Claude Nolin:** Will the honourable senator accept a question?

**Senator McCoy:** Yes.

**Senator Nolin:** I sense from the honourable senator's words that although we do not know how to cure these ailments, we can try to diminish the pain that is associated with them. Does the honourable senator think that enough is being done in Canada to try to understand the pain and to find ways to reduce people's suffering from those conditions?

**Senator McCoy:** The short answer is, no, I do not think enough is being done. I am more familiar with the research in Alberta, where they have found that the body produces a substance that is a form of cannabis. There is some hope that the substance might be able to generate some pain relief and leading-edge scientists at both the University of Alberta and the University of Calgary are working on this. The subject is elusive and it costs a great deal of money to do such research. We simply are not supporting the research process.

The other research area relevant to this issue is joint replacement. The field of joint replacement is far more advanced and treatment is becoming increasingly more common. As well, there are advances in biotechnology research. However, we are far from actually understanding these diseases so we must continue to look for ways to prevent and eradicate them. We could cure these diseases if we knew more about them.

On motion of Senator Oliver, for Senator Stratton, debate adjourned.