

Officer or Servant?

The Independence of Ontario's Chief Medical Officer of Health

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Abstract

The political independence of government medical officers cannot be taken for granted. This may be especially true in Ontario, where the Chief Medical Officer of Health (CMOH) is a civil servant with responsibilities similar to those of a Legislative Officer.

This project explores the role of the CMOH, with particular attention on political independence. Key informant interviews with former CMOHs and interim CMOHs indicate that while independence is of great importance, finding an appropriate balance between deference and autonomy is challenging.

Introduction

Inadequate political autonomy for government medical officers is not a hypothetical question. Overt political influence is possible, such as when the New Brunswick government prevented the provincial medical officer from releasing a report. On the other hand, a CMOH who chooses not to criticize the government may be perceived as having been co-opted by political interests.

Despite the high stakes involved in public health policy, a review of the literature revealed no research examining the independence of Ontario's CMOH. There was also no research on the role of the CMOH, or how it had changed over time. The goal of this research project is to begin to address these lacunae.

Public Health in Ontario

Public Health: The prevention—or, if not possible, the mitigation—of morbidity and mortality for whole populations.

Ontario's Public Health Care System:

- 36 local public health units, which are largely autonomous. They administer local public health services.
- Public Health Ontario, a government agency responsible for the development and dissemination of scientific knowledge.
- The Population and Public Health Division, within the Ministry of Health and Long-Term Care (MOHLTC). It administers provincial public health programs.
- The Chief Medical Officer of Health is a member of the MOHLTC and has statutory responsibilities, including:
 - Monitoring the health of Ontarians.
 - Coordinating the provincial response to a public health emergency.

Models of Independence

Ontario's CMOH operates within a conceptual quagmire. Its role falls somewhere between two distinct – and potentially incompatible – models of independence: that of a civil servant, and that of a Legislative Officer.

Table 1. CMOH Compared to Civil Servant and Legislative Officer

	Civil Servant	CMOH	Legislative Officer
Selection Process	Bureaucratic or government appointment	Appointed on the advice of the Legislative Assembly	Appointed on the advice of the Legislative Assembly
Statutory Mandate	No	Yes	Yes
Communication Powers	Anonymity is prized, if not enforced	Right to communicate to the public	Right to communicate to the public
Source of Budget	Ministry	Ministry	Legislative Assembly
Employer	Ministry	Ministry	Arm's length from government
Accountability	Minister	Mixed	Legislative Assembly

Given the inadequacy of the above models, how can CMOH independence be defined?

Wilson (2008) suggests that

- access to a protected budget,
 - the ability to communicate directly with the legislature and Ontarians,
 - protection against being fired without cause,
 - and the ability to issue orders to protect citizens in the case of a public health crisis,
- are key components to independence for government medical officers.

Methods

Semi-Structured Key Informant Interviews: All living past CMOHs and interim CMOHs were invited to participate in semi-structured interviews, provided valid contact information was found. In total, six interviews were conducted. No interviews took place without informed consent. Interviews were transcribed verbatim in order to facilitate thematic analysis.

Results

1) The role of the CMOH is complex and multi-faceted.

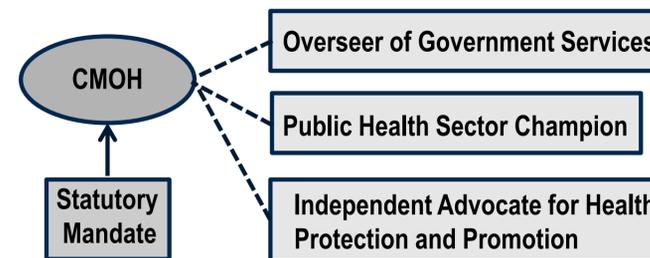


Figure 1. The multiple roles of the CMOH

Looking at the statutory mandate alone is insufficient to understand the role of the CMOH:

- As an **Overseer of Government Services**, the CMOH has held extra-legislative administrative and programmatic responsibilities within the MOHLTC. The nature and extent of these have changed frequently.
- As a **Public Health Sector Champion**, the CMOH is expected to represent the interests of the public health sector as a whole, including the 36 local public health units. This is complicated by how provincial bodies and local health units often have different interests.
- As an **Independent Advocate for Health Protection and Promotion**, the CMOH is responsible for ensuring that public health policy is in the best interest of Ontarians, not the party in power.

2) CMOH independence is important, but there is no consensus about how it should be defined.

The CMOH needs political autonomy in order to be trusted, as well as to champion policies that are based on scientific evidence, not partisan interests.

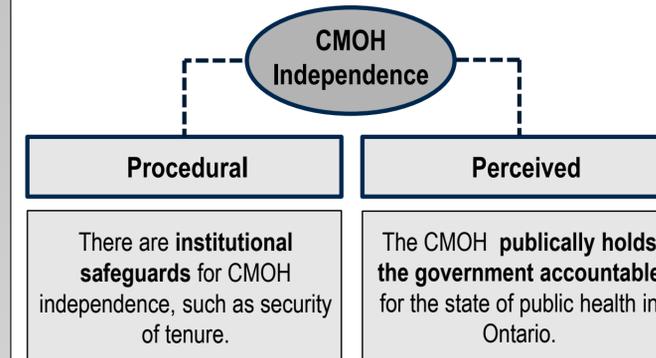


Figure 2. CMOH independence can be defined in terms of procedure or public perception

3) Increasing CMOH independence may have costs.

Interview data did not uncover *overt* cases of political interference in the office of the CMOH, yet many respondents felt the CMOH lacked adequate independence. Increased autonomy may increase public trust in the CMOH, but could come at a cost:

- Making the CMOH institutionally distant from government would limit the CMOH's future ability to administer government services.
- A CMOH who publically antagonizes the government may lose access to key powerbrokers, thus inhibiting internal advocacy and meaningful change.

4) There are clear factors that catalyze and inhibit change.

There are powerful factors inhibiting autonomy-increasing changes, namely the reluctance of governments to relinquish control and institutional and legislative complexity. Such changes are most likely to come about in the wake of a public health crisis, especially if the CMOH is an astute advocate.

Table 2. Factors Catalyzing or Inhibiting Institutional Change

Catalysts	Inhibitors
<ul style="list-style-type: none"> • Public health crises • Effective advocacy 	<ul style="list-style-type: none"> • Institutional and legislative complexity • Political interests

Conclusion

The political independence of government medical officers is important yet inadequately studied. In the Ontario case, the role of the CMOH is complex and there is no consensus on what it means for the CMOH to have independence. Attempts to increase CMOH independence would likely have costs as well as benefits, making it hard to establish an appropriate balance between independence and autonomy. This complexity inhibits change, yet that can be overcome in the context of a public health emergency.

Selected Bibliography

- Campbell, Archie. (2006). *Spring of fear: The SARS Commission, executive summary*. Retrieved from http://www.archives.gov.on.ca/en/e_records/sars/report/v1-pdf/Vol1Cover.pdf
- Deber, Raisa (2018). *Treating health care: How the Canadian system works and how it could work better*. Toronto: University of Toronto Press.
- Owens, Brian. (2016). Calls for more independence for government medical officers. *Canadian Medical Association Journal*, 188(2), 104.
- Rutty, Christopher and Sullivan, Sue. (2010). This is public health: A Canadian history. *The Canadian Public Health Association*. Retrieved from <https://www.cpha.ca/history-e-book>
- Savoie, Donald. (2003). *Breaking the bargain: Public servants, ministers, and parliament*. Toronto: University of Toronto Press.
- Schabas, Richard. (2002). Public health, what is to be done? *Canadian Medical Association Journal*, 166(10), 1283-1283.
- Sheard, Sally and Donaldson, Sir Liam. (2006). *The nation's doctor: The role of the chief medical officer, 1855-1998*. Oxford: Radcliffe Publishing.
- Smith, Michael. (2010). Keeping Independent Officers of the Legislatures Independent: The Institutional Design of the Appointment Process under the Condition of Majority Government. *Canadian Political Science Association*. Retrieved from <https://www.cpsa-acsp.ca/papers-2011/Smith.Michael.pdf>
- Wilson, Kumanan and Jennifer Keelhan. (2008). Learning from Lysteria: The autonomy of the Public Health Agency of Canada. *Canadian Medical Association Journal*, 179(9), 876-879.