

des compléments indispensables (546–592). La traduction vers le français effectuée par Margaret Rigaud Drayton est d'une grande élégance qui donne une fluidité inattendue à un texte pourtant dense.

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### **Case Studies in Canadian Health Policy and Management**

Raisa B. Deber and Catherine L. Mah, eds.

Toronto: University of Toronto Press, 2014, pp. 560.

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Raisa Deber and Catherine Mah's recent case studies book treats most major health considerations in society today. It introduces Canadian policies, regulations, organizations and institutions nationally but focuses on experiences in Ontario and Toronto. The book opens by pointedly stating that it is intended as a learning tool for students of health, politics and policy in Canada. In case studies Deber, Mah and their many co-authors, address important and broadly applicable legislation such as intellectual property and pharmaceutical drug patent periods, community and long-term care, insurance and issues with respect to all members of society, including social community health. Each chapter is a short case study addressing who, what, where, when, why, with respect to reactions, responses and options. It considers corollary possibilities and choices, finishing with valuable discussion questions. Chapter appendices similarly give depth to definitions, relevant histories, systems, policies, commissions, committees and regulations.

After their first very detailed chapter discussing relevant terms and definitions with respect to Canadian political structure and organizations, Deber and Mah begin the case study aspect of their book, highlighting community concerns. It begins with the variety of policies relevant to tuberculosis, including vaccination and immigration. This study flows into corollary issues with respect to the international roles and policies of the World Health Organization. In concluding this pseudo-section of community concerns, the authors recognize associated social issues, such as physical activity levels, diet, obesity, alcohol and tobacco. They address concerns of food safety, nutrition and the globalization of the food chain.

Considering potential society-wide disease transmission, the authors offer studies on airborne dangers in water safety and virus transfer with studies of particular Canadian tragedies. They examine the cases of water delivery responsibility and accountability in Walkerton, Ontario, West Nile virus and the 2002–2003 sudden acute respiratory syndrome (SARS) outbreak. The book addresses accountability, regulation structures and the opportunities available for public-private partnerships. Particularly with respect to SARS, the book notes the global lack of political congruence with respect to health that both enabled its international transmission and speaks to the complexity of federalism involved in Canada, and the rest of the world.

Case studies address the day-to-day challenges of hospital-delivered care to patients while proposing the potential diversification to safe, non-hospital settings, for example, with respect to infant mortality and the efforts to regulate midwifery. Another example cites the diversity enabled by the political system within public (non-hospital) and primary (hospital-delivered) health care while a further study considers the qualification and employment of foreign-trained doctors and nurses. Two further chapters examine the critical concerns of cancer patients with the potential reduction of certain in-hospital services versus community options and the challenge of waiting times for necessary treatments.

Following this presentation of potential public-service reduction, the book appropriately delves more deeply into the economics of health management as it considers medical, governmental, insurance and other costs and expenses. In further acknowledgment of Canada's federal political structure, the authors recognize that the delineation of medically necessary services varies by province and are determined by a Joint Review Panel (JRP). In turn, this highlights the important maxim that "insurance cannot cover everything" (329). One clear example of the differences in decisions of JRPs is given in the treatment of infertility treatments and is expanded upon in chapter appendices. Case studies examine Canadian federal 1993 legislation extending drug patent periods, damaging generic drug manufacturers' economic interests and medication affordability, as well as changing international marketing sales and regulations.

Moving from one controversial topic to another, the book concludes by addressing ethical questions and concerns with respect to the para-medical issues of resource allocation for long-term care, use of community care access centres for children with disabilities, patient privacy versus doctor-required injury reporting, suicide and genetic screening. These many social issues prompt debate among all those involved with significant repercussions extending throughout private, religious, medical, public and political communities.

Ten months following publication of the book the Supreme Court of Canada rendered chapter 22, assisted suicide (now called assisted death), almost obsolete. The Supreme Court of Canada declared Canada's century-old legislation banning assisted suicide and the like, unconstitutional; the decision is suspended for one year to enable lawmakers one year to re-write the legislation.

This book is very interesting. After the exhaustive introductory chapter, the chapter-long case studies are succinct and engaging. It is clearly written and meant for discussion or group study. The book is a valuable tool to trace and measure both past and future health policies.

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### **Les juges contre le Parlement? La conscience politique de l'Ouest et la contre-révolution des droits au Canada**

David Sanschagrin

Presses de l'Université Laval,

Québec, 2015, 177 pages.

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Avec *Les juges contre le Parlement?* David Sanschagrin offre un livre sur un sujet souvent discuté, mais rarement étudié—en anglais autant qu'en français—et une analyse solide de la théorie politique d'un groupe d'intellectuels de Calgary (étiqueté « école » à tort selon l'auteur) qui ont défini les contours du Parti conservateur du Canada et du gouvernement qu'il a formé jusqu'en 2015.

Ce court ouvrage présente deux arguments fort réussis, voulant d'abord qu'une critique cohérente de la politique des droits de la personne ait été développée par un groupe d'intellectuels de l'Ouest canadien (aux pages 39–51 et au chapitre 4); et ensuite que cette critique soit au cœur des politiques du gouvernement conservateur et que sa formulation par ces intellectuels ait même influencé directement certaines actions de ce gouvernement (chapitre 6).

La situation de l'« école de Calgary » parmi les autres courants idéologiques canadiens, et l'instrumentalisation par le biais de leur réinterprétation accomplie par les intellectuels de Calgary des autres critiques de la démocratie canadienne, sont