health, school health, and the fetus and newborn.

Members of the society were instrumental in the original planning of the Canadian Conference on Children in the late 1950s.

In summary

The Canadian Paediatric Society has continued since its origin to be a consultative organization and has been recognized as the official voice for children in matters relating to health. It has appointed a number of special committees to study and recommend policy and action to the profession, government and other health bodies as new developments in child health have become important in Canada. The dedicated involvement of so many fellows of the society makes it apparent that in its nearly 60 years of existence it has lived up to the objectives of its founders. ■

Canada's native children

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In the early 1960s the Canadian Paediatric Society (CPS) took an important initiative in providing health care for native Indian and Inuit children. During his tour of Canada as president of the CPS Dr. Jack Charters found that all jurisdictions were most anxious to "do something" but did not know how to get started (personal communication, 1980). As the care of Canada's native people is the responsibility of the federal government, he arranged to meet with members of the medical services branch of the Department of National Health and Welfare.†

The medical services personnel presented the programs then in existence and described the many problems associated with trying to provide the quality and quantity of health care required by this widely scattered population. Clearly what was lacking was not money but the involvement of dedicated people. The CPS executive could have just criticized the government's efforts and dictated what should be done — by somebody else. Instead they offered their assistance and participation. Together they outlined potential areas of collaboration: recruitment of medical officers to the northern service, provision of consultant pediatric services, and design and coordination of research programs dealing with such common problems as respiratory disease, anemia and malnutrition.

The Indian and Inuit health committee of the CPS was formed with Dr. Charters as its first chairman: the members included representatives from all of the provinces and most of the Canadian medical schools. During 1964 and 1965 programs were started by the pediatric departments of a number of universities and by other interested pediatric groups. Liaison was established between the staff of the Montreal Children's Hospital and medical personnel at Frobisher Bay in the Baffin Zone of the Eastern Arctic, between Queen's University and the Moose Factory Zone,[1] and between the Manitoba Paediatric Society (later the section on pediatrics of the Manitoba Medical Association), the Northern Manitoba Zone and the Keewatin Zone of the Northwest Territories.[2]

The medical services branch quickly realized that the CPS and its members were serious in their desire to help, and recognized the benefits that could accrue from their involvement. In 1968 the deans of all medical schools in Canada were asked for their support. As a result, services were provided by the University

Quality care must reach native children.

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†Much of the information presented in this article was obtained from minutes of the Indian and Inuit health committee of the CPS, some of which were undated, and from personal communication with members of this committee and with members of the medical services branch of the Department of National Health and Welfare, who were in large part responsible for the development of the various programs.

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of Alberta at Edmonton to Inuvik in the western Arctic, the University of Toronto to the Sioux Lookout Zone of northern Ontario,[3,4] the University of Calgary to the Morley Indian Reserve, and McMaster University to local Indian reserves. The University of Western Ontario joined forces with Queen's University to expand already existing programs in the Moose Factory Zone. Laval University provided services to the Indians and Inuit on the east coast of James Bay, Dalhousie University in Nova Scotia began an outpost nursing program and Memorial University of Newfoundland reached into Labrador. The University of Manitoba,[5] in collaboration with the Manitoba Paediatric Society, greatly expanded the programs in northern Manitoba and the Keewatin District (Dr. Jack Hildes, personal communication, 1980).

The programs vary from complete and comprehensive services, with family practitioners and full-time or visiting consultants, specialists, residents and medical students, to sporadic consultant services: in virtually all, pediatric care is a major component. Personnel are usually recruited by the university medical schools and the programs are funded by the medical services branch of the Department of National Health and Welfare on a contract with the universities. Most of the university program directors have been pediatricians.

The Indian and Inuit health committee remains active, usually meeting twice yearly to discuss programs across the country. At least one meeting is held annually with representatives from the medical services branch and, when possible, with representatives from the National Indian Brotherhood. One of the many contributions of the committee was a White Paper (available from the author) developed in 1969 and presented to the Prime Minister and the medical services branch. It looked at all aspects of providing health care to Canada's native people and made recommendations that have been the basis of the committee's efforts to improve Indian and Inuit health. Other recommendations, such as that of developing training programs in northern service for nurse practitioners, have been implemented by the federal government.

Every year several hundred health care professionals are made aware of the problems facing our native people.

Committee members also made substantial contributions to the first Canadian Ross Conference on Paediatric Research, held in 1973,[6] and to a second Ross conference, held in 1975.[7]

From the beginning an overriding concern of the committee members has been to foster programs that would encourage native people to participate in their own health care, to become trained as health care professionals and eventually to take over their own health care delivery system.

The programs have been very popular with medical students and residents; many of the recruits to full-time positions for 1 to 3 years as family practitioners have come from this group. In addition, when these physicians go into private practice many opt for smaller towns and cities rather than returning to the large teaching centres. Perhaps the greatest value of these programs is that every year several hundred health care professionals are made aware of the problems facing our native people; we hope they will eventually help to solve some of them.

Dr. Jack Hildes, the associate dean of community health at the University of Manitoba, has stated that the Indian and Inuit health committee of the CPS provides the only nongovernmental, nonpolitical forum for discussing the health problems of native Canadians and for evaluating the health services of this vital segment of our population.

These arrangements among consumers of health care services, medical schools and other interested medical groups and governments have been highly successful in delivering quality medical care in reasonable quantity to people living in remote, "underdoctored" areas. Their strength lies in the continuity of the programs despite changes in personnel, and in the continuing medical education of the personnel, both of which are made possible through resources available to the various groups involved. It is possible that similar arrangements could go a long way toward solving many of the problems caused by the uneven distribution of doctors in Canada.

References

1. Bryans AM, Delahaye DJ, Partington MW, et al: Northern venture. *Can Med Assoc J* 94: 791, 1966
2. Coodin FJ: Some observations on Eskimo health. *J Lancet* 87: 51, 1967
3. Bain HW, Goldthorpe G: The University of Toronto "Sioux Lookout Project" — a model of health care delivery. *Can Med Assoc J* 107: 523, 1972
4. Bain HW: *The Sioux Lookout Project — A Model of Health Care Delivery with Positive Spinoffs*, Seventh Harry Medovy Lecture on Social Paediatrics, department of paediatrics, faculty of medicine, University of Manitoba, Nov 3, 1977
5. Native Approaches to Health Conference, May 27–28, 1976. *Univ Manitoba Med J* 46: 117, 1976
6. Dunn HG, Rigg JM, Tonkin RS (eds): *The Unmet Needs of Canadian Children. Facing the Present and Preparing for the Future*, report of the First Canadian Ross Conference, Ross Laboratories, Montreal, 1974
7. Haworth JC (ed): *Nutrition of Indian and Eskimo Children*, report of the Second Ross Conference, Ross Laboratories, Montreal, 1975