

Let's reinvent our health system— and put rehabilitation at the centre

REHABILITATION IS NOT A LUXURY. IT IS THE BRIDGE BETWEEN MEDICAL INTERVENTION AND MEANINGFUL PARTICIPATION IN LIFE.

By Aliko Thomas

I have great hope for our publicly funded health-care system. This may seem a strange time for hope, when so many Canadians are not able to access the care they need, when they need it most. But this moment—in the wake of a federal election—might finally prompt the bold, necessary transformation our health-care system so desperately needs. It is also a chance for our governments to, for once, hear us—to listen to the voices of patients, providers, and communities calling for meaningful, lasting change.

What should be core to a just and effective health-care system is now treated as a luxury—accessible only to those who can afford it, writes Aliko Thomas

I also have heartbreak because prominent pundits, who have similarly been calling for the overhaul of our health system, continue to overlook one of its core and fundamental components: rehabilitation. Almost every Canadian and their family members will require rehabilitation at some point in their lifetimes.

I have worked in the rehabilitation field with my colleagues for decades—a field that is often seen as peripheral to health care. It is hard not to feel the weight of years spent advocating for change that has too often been ignored, delayed, or dismissed.

If we are serious about rebuilding our health system—not just patching holes, but also truly reimagining a health system fit for the 21st century—we must recognize that rehabilitation is central to care. A society that values justice, equity, and participation must treat rehabilitation not as a privilege, but as a fundamental right.

Rehabilitation is the practice of helping an individual—who may be living with or at risk of disability, illness or injury, frailty or chronic disease—thrive and achieve optimal functioning and independence, which would allow them to participate in their communities. This may mean modifying their social or physical environments, such as providing assistive technologies and devices, helping them return to work or school, offering physical exercises, teaching adaptive techniques for daily living, and providing education toward self-management and maximal independence.

Canada is in the midst of a rehabilitation crisis—one largely invisible to the public, but deeply felt by millions of people living with injury, illness, and chronic conditions. Our ability to deliver timely, evidence-based rehabilitation at the right intensity by the right professionals has all but collapsed.

Services that once supported people to regain independence, return to work, or re-engage in the routines that give life meaning have been quietly offloaded to the private sector. What should be core to a just and effective healthcare system is now treated as a luxury— accessible only to those who can afford it.

Importantly, let us not forget what these systemic failures look like in real life: countless children with autism languishing on waitlists without access to vital services; their parents losing their

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jobs due to repeated absences while trying to navigate fragmented care; older adults who once contributed tirelessly to society now living in isolation and despair; and millions living with arthritis, stroke, or depression, waiting months or years for a tailored rehabilitation plan that could radically improve their quality of life.

These are not outliers—they are everyday stories. Canadians deserve better.

Rehabilitation is not a luxury. It is prevention. It is recovery. It is adaptation. It is the bridge between medical intervention and meaningful participation in life. It is the difference between someone living with dignity in their community or deteriorating in a hospital bed.

Crucially, rehabilitation is not just a follow-up service. It is a transformative approach to care that anticipates, mitigates, and responds to threats to function, identity, and well-being. It plays a vital role in preventing decline, reducing complications, and enabling meaningful participation—especially in the context of high-burden, high-cost conditions like stroke, musculoskeletal conditions including back pain and arthritis, cardiovascular disease, and mental illness.

When rehabilitation is delayed or denied, we don't just compromise individual outcomes, but we also increase health-care costs, overwhelm emergency departments, and deepen long-standing inequities.

Rehabilitation matters now more than ever. Our population is ageing. Chronic illness is on the rise. Yet access to rehabilitation continues to shrink. People are falling through the cracks—not because we lack evidence or solutions, but because we've failed to act.

Some of the most powerful, accessible, and scalable solutions—like rehabilitation—are not hidden, but overlooked. They exist not at the margins, but at the heart of what people need to live well.

The mandate for our government offers a chance to fix what's broken. But only if we confront the depth of the crisis, listen to those on the front lines—patients, clinicians, researchers, and advocates—and finally invest in care that enables people not just to survive, but to truly live.

If decision-makers won't hear us now, when will they?

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