

Universalism of healthcare has been a great dream. It's still the dream. Unfortunately, history tells us that the many attempts of different health systems have not fully reach the scope. They really never did. Yet, if we look at performance of health systems, those that did aim at building universal care delivery system show much better results than the others. Then, it is valuable to try to protect those systems, to develop them, and to revise them when necessary. As we discover the many pitfalls that our health systems have, as we learn that many promises have not been fulfilled, we should not be surprised. We just need to recognize the challenges that modern healthcare faces when aiming at universalism in a sustainable context. And focus our efforts to address as best as possible this wicked issue. Without falling in the trap of the economic mindset that is more and more dominating the political and organizational environment.

As a matter of fact, in recent times, most of the debate has focused on how to provide healthcare while securing the sustainability of health systems and health organizations. Universalism and sustainability have then become popular issues (1), but quite often, sustainability has become the dominant issue. No surprise, as the Romans taught "primum vivere, deinde philosophare". Though, the cultural dominance of the economic field has caused a cultural shift, an inversion among ends and means, where cost management became "the one and only issue". Consequently, health systems and health organizations have been too often reconfigured, transformed, downsized, merged, redesigned, streamlined, etc. for the purpose of improving their capacity to manage cost. To reduce cost. A large part of the discussion on value-based healthcare was reduced to the point of the ratio of volume of health services delivered per dollar/euro paid. Efficiency (if not rationing) ruled over appropriateness (1). Eventually, the quality of patient experience went into the picture. Very few voices highlighted the risks of such economic-driven framing of issues in the agenda of health systems and organizations. Very few advocated for cultural shift towards "less is more", "more/big is not better", or "focus rather than size" approaches, such as choosing wisely and similar movements (2).

Hence, in this light, it's even more important that practitioners and managers explore in depth the issue of universalism. Facing sustainability. Addressing the known pitfalls. Investigating those not yet recognized. Arising awareness.

This is the scope of this issue of the journal. A special edition, in conjunction with the review Health Services Management Research. An edition devoted to discussing and investigating the many challenges and aspects of universalism in healthcare. So, where today Canada is struggling to enhance universalism in its healthcare systems? Four articles focus and explore the question. Don Ford introduces us to the challenges of providing care in rural setting. 25% of the Canadian population live in rural areas. How do we attract and retain good health professionals in these areas? How we build effective systems? XXXX Morgan investigate the pitfalls of Canadian health systems in providing comprehensive and equitable access to drug coverage. Kaposy adds to this with a specific contribution on life-saving HIV medications in Canada. Again, the research shows pitfalls that can and need to be fixed quickly. Wayne Taylor raise our awareness of the funding theme, a wicked issue in the wicked context of health systems. Good and proper funding of healthcare is vital for universalism, and sustainability. The other side of the coin are two outcomes we can't afford: rationing and opportunism.

Then, the article by xxxx Donskov brings us to the field of long term care. The analysis of the experience of designated specialized units in the Ontario long term care homes highlight the features and challenges that chronic care pose on this specific level of care. Often neglected in the discussion on universalism, that concentrated just on acute care and specialism. The Ontario experience tells us we have a long journey to do in this area. Yet, a possible one.

Finally, the article by Bradbury explores the benefits of action research in healthcare. Reporting evidences and experiences from Sweden. If universalism - as stated and demonstrated by current debate and

research - requires co-production among healthcare providers, patients, care givers, industries, third sector, and many other stakeholders, this article provides very interesting insights.

There is a much food for thought in this edition. For managers, practitioners, politicians. Many things to reflect on, all regarding the future of health in Canada. To protect and consolidate what Canada has achieved till now, in the quest for universalism and sustainability of its health system. To develop and improve those elements that still impede to achieve the level of performance that the system can and should reach. Managers and executives that want to embrace the challenge can start the engine.

A handwritten signature in black ink, reading "Federico Lopez". The signature is written in a cursive style with a long horizontal flourish extending to the right.

References

1. Sustainability of Universal Health Coverage: Five Continents, Four Perspectives, Value in Health, November 2012.
2. Brody H., Medicine's Ethical Responsibility for Health Care Reform — The Top Five List, N Engl J Med 2010; 362:283-285.