

**Framing Healthcare and Federalism: Media Portrayals of Canadian Intergovernmental
Relations**

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Healthcare funding in Canada operates within the complexities of Canadian federalism, a system characterized by overlapping jurisdiction and negotiated responsibilities between federal and provincial governments. Media coverage plays a pivotal role in shaping public understanding of these intergovernmental relations by framing narratives around cooperation, conflict, power, and accountability. This essay conducts a comparative media analysis of two national newspapers, *The Globe and Mail* and the *Toronto Star*, focusing on their early 2025 coverage of federal-provincial pharmacare negotiations and subsequent articles addressing healthcare governance. This analysis explores how each outlet frames federalism and healthcare policy, revealing institutional biases and shifts in editorial focus that influence public perceptions of federal-provincial dynamics.

Foundations of Canadian Federalism and Media Framing

Canadian federalism is defined by a constitutional division of powers that grants autonomous authority to both federal and provincial governments (Hueglin, 2021, p. 42). Provinces maintain control over regionally significant domains such as healthcare delivery, while the federal government oversees collective national concerns, including fiscal arrangements and overarching policy frameworks (p. 26). Media framing of federalism involves presenting the jurisdictional complexities, intergovernmental negotiations, and the balance, or imbalance, of power between orders of government (p.27). In the context of healthcare, this includes recognizing provincial variability in program delivery and highlights how constitutional mandates, such as Section 36(2) of the Constitution Act, 1982, impose federal responsibilities to ensure comparable public services across provinces (*Constitution Act*, 1982, s. 36(2)).

Early 2025 Coverage: Pharmacare Negotiations

Two concurrent articles provide a case study of media framing in early 2025. In the first example, *The Globe and Mail*'s "PM commits to pharmacare pacts with provinces, territories without deals" adopts a centralized federalist narrative, positioning Prime Minister Carney and the federal government as the primary drivers of pharmacare policy (Kirkup, 2025). Provincial governments are depicted as passive recipients, emphasizing federal commitment through active language such as "commits" and "pledged," while provincial voices are largely absent. This framing marginalizes the constitutional and political complexity inherent in intergovernmental negotiations by portraying the federal government as the sole actor responsible for policy progress (Kirkup, 2025).

In contrast, the second example from the *Toronto Star*, "PM vows to sign pharmacare deals: Carney pledges agreements with all provinces, territories, but won't commit to expanding coverage," presents a more nuanced asymmetrical federalist perspective (MacCharles, 2025). While still centering federal leadership, it acknowledges the challenges of building consensus among provinces and the risk of a "patchwork" program resulting from uneven provincial uptake. However, provincial perspectives remain underdeveloped, with minimal direct quotes from provincial officials, and conflict is implied rather than explicitly examined. Advocacy groups primarily direct pressure toward the federal government, reinforcing Ottawa's central role in the narrative (MacCharles, 2025).

Both articles implicitly reference federalism through mentions of bilateral negotiations and regional variation but fail to treat federalism as a dynamic political system with contested power relations (Hueglin, 2021, p. 148). The omission of provincial agency and the complexities

of jurisdictional negotiation skews public understanding by oversimplifying intergovernmental dynamics and obscuring the co-equal role of provinces in healthcare governance (p. 96).

Later Coverage: Shifts in Media Framing of Federalism

Subsequent articles from each outlet reveal notable shifts in framing that reflect evolving editorial priorities and issue contexts. The *Toronto Star*'s 2024 piece, "How doctors' deal will benefit patients" highlights a Physician Services Agreement negotiated by Ontario's provincial government and the Ontario Medical Association (Ogilvie, 2025). This article foregrounds provincial agency and governance complexity, depicting healthcare negotiations as multifaceted processes involving cooperation and conflict (Hueglin, 2021, p. 24). It acknowledges provincial autonomy in policy decisions, compensation structures, and accountability challenges, thus embracing an asymmetrical federalism frame that recognizes the diverse capacities and priorities across provinces (p. 63). This shift aligns with the *Toronto Star*'s Ontario-centric editorial focus and socially progressive stance, offering a more co-operative perspective of federalism (p. 85).

The Globe and Mail's investigative article "Alberta health officials were also directors at a company linked to a supplier" departs from its earlier centralized federalist narrative by scrutinizing provincial governance failures and conflicts of interest (Cardoso et.al, 2025). This report critiques provincial accountability amid healthcare procurement scandals, which expands on the federalism frame to hold provinces responsible for systemic issues (Hueglin, 2025, p. 45). While federal-provincial cooperation remains underexplored, the narrative broadens to encompass institutional critique at the provincial level, consistent with *The Globe and Mail*'s mandate for investigative governance reporting (p. 267).

Comparative Analysis and Implications

The evolving media outlets demonstrate how *The Globe and Mail* and the *Toronto Star* reflect their institutional interests within Canada's federal framework. Initially, both prioritize federal leadership in national healthcare initiatives, with the *Globe* presenting a more centralized federalist perspective and the *Star* hinting at asymmetrical federalism without fully engaging provincial voices (Hueglin, 2025, p. 65). Over time, the *Toronto Star* deepens its asymmetrical federalism frame by emphasizing provincial agency and the complexity of local healthcare negotiations (p. 41). In contrast, *The Globe and Mail* shifts toward critical oversight of provincial governance, highlighting accountability and transparency challenges within subnational institutions (p. 42).

These divergent trajectories stem from differing editorial priorities, geographic orientations, and issue specificities (Hueglin, 2025, p.44). The *Toronto Star's* proximity to Ontario's policymaking environment encourages coverage that emphasizes provincial sovereignty and social policy complexity (p. 27). Meanwhile, *The Globe and Mail's* national scope and investigative focus lead it to spotlight federal leadership initially but then pivot to scrutinizing provincial institutional failures (p. 94). However, the nature of the healthcare issues matter: the pharmacare articles focused on national legislation and federal funding, promoting federal-centric narratives, while the physician agreements and procurement scandal articles are provincially governed, allowing for provincial-focused style of reporting (p. 89).

Conclusion

This comparative media analysis highlights the dynamic nature of framing Canadian federalism within healthcare discourse. Both *The Globe and Mail* and the *Toronto Star* shape public understanding of intergovernmental relations through selective emphasis on federal or provincial roles, cooperation or conflict, and institutional accountability. While initial coverage

privileges federal leadership, later reporting reveals nuanced shifts toward recognizing provincial agency or critiquing provincial governance. These frames influence how Canadians perceive power, responsibility, and negotiation within Canada's federal system. Understanding how media outlets frame federalism in healthcare is critical, as it shapes political discourse and public expectations of government accountability. A more balanced, comprehensive portrayal of intergovernmental dynamics, including explicit engagement within both levels of government, is necessary to foster informed citizenship and effective governance in Canadian healthcare policy.

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