

**TDC 2023.01 To Establish a Sustained Universal Intermittent Catheter Coverage**

1 **Resolved**, That the Toronto Diocesan Council of the Catholic Women’s League of Canada in its  
2 102nd convention assembled urge the provincial governments to establish a sustained universally  
3 funded intermittent hydrophilic-coated (HC) or gel reservoir catheter coverage plan for all  
4 individuals for whom it has been diagnosed and prescribed as medically necessary by their medical  
5 practitioners, to include such conditions as Spinal Cord Injuries, Multiple Sclerosis, and  
6 Parkinson’s Disease to name a few based solely on the needs of the patient; and be it further,  
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8 **Resolved**, That this resolution be forwarded through The Ontario Provincial Council of The  
9 Catholic Women’s League of Canada at its 76th Annual Convention assembled in July 2023 to the  
10 National Council of The Catholic Women’s League of Canada for consideration at its 103rd  
11 Annual National Convention assembled in August 2023.  
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16 Gifted by St. Francis de Sales Council of The Catholic Women’s League, Ajax, Ontario  
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### 1 **Brief**

2 Studies have highlighted that intermittent catheterization (IC) is the gold standard for long term  
3 bladder management. Individuals with conditions such as Spinal Cord Injuries, Multiple Sclerosis  
4 and Parkinson’s disease, rely solely on an intermittent or indwelling catheter for bladder emptying.  
5 (Campeau et al. 1; Clark et al.73; Canadian Urologic Association Best Practice Report). Although  
6 the use of the indwelling catheter with a Uri bag avoids urinary incontinence, it poses the risk of  
7 urinary tract infection (UTI), bladder complications such as kidney failure, urethral injuries and  
8 urinary stones (Roth et al. 701; Romo et al. 1556). Conversely the use of the intermittent catheter  
9 promotes patient autonomy, independence, increased socialization, engagement, and interaction  
10 with the community. Specifically, “single use hydrophilic- coated catheters are to be cost effective  
11 in comparison to uncoated catheters” (Xi et al.78). Due to inadequate funding from Ontario  
12 Disability Support that should cover monthly medical supplies, patients reuse their-Uri bags and  
13 intermittent catheters thus compromising their health and risking infection that cause them to  
14 acquire UTIs. Without universal catheter coverage and dedicated public funding for catheters,  
15 patients are forced to use indwelling catheters with Uri bags, because they cannot afford  
16 intermittent catheters and other urinary supplies (SCIO, 14).

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18 Advocates reported the Canadian health care system leaves individuals at risk due to their inability  
19 to urinate depending on where they live and what they can afford (SCI-BC,12). Thomson Rogers,  
20 a sponsor of Spinal Cord Injuries Ontario confirmed it costs \$2400.00 a month for catheters and  
21 urinary supplies for individuals to fulfill a basic human need (Globe Newswire, November 2022).  
22 Wilde et al. mentioned patients expressed being burdened by expenses and cost constraints; and  
23 recommended that all individuals using intermittent catheters should have adequate insurance  
24 coverage (1260; SCIO,14).

25  
26 Catheters are essential medical equipment for an estimated 47,000 Canadians (Marchitelli, Rosa  
27 March 2022) with spinal injuries, fifty to eighty percent of 23,000 Ontarians with (MS) who  
28 develop urinary incontinence and a small proportion of 28,200 Ontarians with Parkinson’s disease  
29 (Health Quality Ontario, 10). The European Nurses of Urology Guidelines highlighted the use of  
30 single-use hydrophilic-coated (HC) or gel reservoir catheters can reduce the risk of urethral  
31 trauma, an IC related complication (Clark et al. 73; Nicolle, 4). Alternatively, Li et al. conducted  
32 a meta-analysis on the incidence of infection in the hydrophilic treated group of patients and  
33 concluded that hydrophilic catheters reduced UTIs in comparison to uncoated catheters (786;  
34 Nicolle 4).

35  
36 Peckham et al. included urinary catheters as incontinence supplies in household aids and  
37 emphasized the need for the development of outpatient medical technologies in policies across  
38 Canada (1537). Stakeholders reported unfairly allocated and complicated access without focus on  
39 the needs of individuals. They recommended coordinating public and private insurance and  
40 aligning government programs with the needs of individuals to minimize gaps (Mattison et al.  
41 84).

42  
43 Evidently, intermittent catheterization of five times within 24 hours is the gold standard to avert  
44 UTIs, which is a serious problem for individuals with spinal cord injuries. Yet, for some  
45 individuals in Ontario, urinary catheters and supplies are not covered by the province’s healthcare  
46 system.

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1 Without a standard of practice in Canada and a dedicated catheter supply funded by “a modernized  
2 public coverage,” individuals in Ontario who require intermittent catheterization will continue to  
3 suffer severe complications and consequences (Marchitelli, March 2022; Medtech Canada, 3;  
4 Spinal Cord Injury Ontario, 5). Canadians need simple access to an efficient service with  
5 integrated publicly funded coverage.  
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## **TDC 2023.01 To Establish a Sustained Universal Intermittent Catheter Coverage**

### **1 Action Plan**

- 2 1. Write letters to the Premier of Ontario, Minister of Health, and local members of Provincial  
3 Parliament (MPPs) indicating your support for a universal intermittent catheter (IC)  
4 coverage for individuals with Spinal Cord Injuries, Multiple Sclerosis and Parkinson's  
5 disease.  
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- 7 2. Monitor the Provincial Government's response to this resolution.  
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- 9 3. Educate members on the challenges individuals experience in acquiring intermittent  
10 urinary catheters for bladder emptying.  
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