FORUM

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How to end the rationing of health care in Canada

A Vancouver physician argues that the private sector has the resources to supplement a stretched public sector. Canadians said much the same thing in a recent national survey.

BRIAN DAY

Last week, this newspaper put on one of its front pages the results of a national survey of Canadian attitudes towards health-care expenditures. The story ran under the headline, "A poll finds public disagrees with politicians over how to maintain the (health-care) service." It reported that more than two-thirds of those polled expressed support for increased provision of health services by private suppliers.

These findings do not surprise me. They represent the inevitable result of an increasingly informed public's reaction to the rationing of health-care services that has become a defining feature of medicare in Canada.

I have lived with rationing all my life. As a youngster in post-war Liverpool, I endured foodstuff rationing, the queues and the disappointment of a trip home empty-handed. As an orthopedic surgeon, I am now witnessing patients of mine in similar line-ups at local hospitals.

In the old country, eggs and margarine and bread were in short supply. Here, timely medical care is the commodity in short supply. There, rationing was universally imposed; here, it affects that less than one per cent of Canadians awaiting surgery.

If you, or a loved one, are not in need of surgery, you might be persuaded that easy access to your family doctor or the emergency ward of your local hospital is evidence that all is well. This is not the case.

I have spent the last 23 years observing the deterioration of Canadian health care. Several years ago, the decay reached a level that impacted severely my ability to treat patients. The hospital at which I was then performing surgeries had closed beds and reduced my operating hours to less than seven a week from 17 and wouldn't replace worn or out-dated equipment. I realized that, because my patients consumed the hospital's budget, they were not welcome.

The solution seemed simple and obvious: Why not build a surgery for those patients who needed one?

The very idea of competition horrified those in power. Flaws and inefficiencies in the public system would be exposed. To counter our initiative, laws restricting citizens' rights to spend money on their own health care were strengthened, in the B.C. Medicare Protection Act. Public-sector union leaders went on the offensive and, incidentally, ignored the wishes of their members; members at the University of B.C. operating room had shown strong support for our private facility. Expensive propaganda campaigns aimed at instilling a fear of the American bogeyman popularized catch phrases like these: "Do you want two-tier, for-profit U.S.-style health care or free, universal, accessible, comprehensive, portable health care?" "Health care should be decided on need, not the size of your wallet." "This is the beginning of the slippery slope."

GLENN BAGLO/Vancouver Sun

BRIAN DAY: His patients once imposed on hospital budgets.

And so we did not protest when laws were passed that gave foreigners, dogs, cats and horses greater access to health-care services than citizens. We did not protest our distinction of being one of three countries in the world that insists its citizens receive health-care services from a state-run monopoly; the other two are North Korea and Cuba. Our acquiescence in the status quo makes possible these examples of wasteful health-care expenditures:

❒ This summer, a B.C. patient was sent to a private American hospital for elective surgery at a cost of $20,000 to the provincial government, while operating rooms in Vancouver closed at 3 p.m. The procedure could have been done here for $2,000.

❒ At Vancouver Hospital, visitors from abroad are billed $560 for emergency repairs necessitated by, typically, a ski mishap. The cost to the treasury, typically, is $6,000.

❒ Patients admitted weekly for cosmetic treatments while others languish on a six-week waiting list for biopsies. The cosmetic-care patients are charged $290 for procedures costing the taxpayer 20 to 30 times that amount.

Who is to blame for these inefficiencies? Is it the politicians who endorse policy? The civil servants who develop and implement policy? The overstocked administrative pool in our hospitals? The answer, of course, is "all of the above."

Canada is certainly well provided with health ministers – 13 of them (each with deputies and assistant deputies) for a population of 30 million. By comparison, France, with double the population, has only one.

They, of course, are overwhelmed by a mountain of misinformation fed them by health-care economists, policy analysts and other "experts," including a select group of pontificating, non-practicing physicians and nurses. They delight in quoting each other and they immerse themselves in a quagmire of patronizing rhetoric aimed at upholding their own skewed, warped ideas. They earn a living from writing and talking about these activities. They talk and write with authority about patients with whom they rarely speak, let alone meet.

And, finally, why does Vancouver Hospital need nine vice-presidents when the U.S. can get by with one?

Three points in conclusion:

❒ This cabal of experts and bureaucrats is the principal barrier to a rational consideration, let alone expansion, of private medical services in our country. If the *Sun* poll represents Canadian attitudes – and I believe it does – these "experts" are coming between Canadians and their wishes.

❒ I have never heard anyone criticize the evils of "two-tier health care" who did not themselves enjoy the benefits of extended health-care insurance or, in other words, the benefits of "two-tier health care." The privileges these insurance schemes offer include braces for arthritis, splints for broken necks, artificial limbs for amputees, more effective (and expensive) drugs and private rooms and nursing in public hospitals. The debate on "two-tier" care is irrelevant.

❒ The private sector can help preserve and protect medicare. And we will need its help as we struggle to cope with 10 million aging baby boomers.

Dr. Day is a Vancouver orthopedic surgeon and a founder of the private Cambie Surgery Centre.

The health-care poll . . .

. . . was part of a larger survey of Canadian opinion on the use of the "fiscal dividend" that will be created by the return of balanced federal budgets. Basically, do we spend it on the national debt, tax relief or programs? All of them? If all, in what proportions?

The poll, of 1,748 adults, was conducted by the COMPAS research firm for Southam News between Nov. 15 and Nov. 25. It is considered accurate to within three percentage points 19 times out of 20.

The specific question about which Dr. Day is writing here reads:

"32) Some people have been talking about helping government save money in various ways. How do you feel about . . .

d) More medical services provided by private suppliers alongside the public health system?"

The response rates were:
17.6 per cent "agree a lot;"
42 per cent "agree somewhat;"
13.9 per cent, "not really agree;"
25.7 per cent, "not agree at all;"
.8 per cent, "so-so."

The original Sun report put the agree-a-lot rate at 24.3 per cent and the agree-somewhat rate at 43.1 per cent. Those are the rates for responses to the next question, on allowing more non-government, non-profit groups to provide medical services.