MEDICINE

Health care in Canada isn't as universal as we may think

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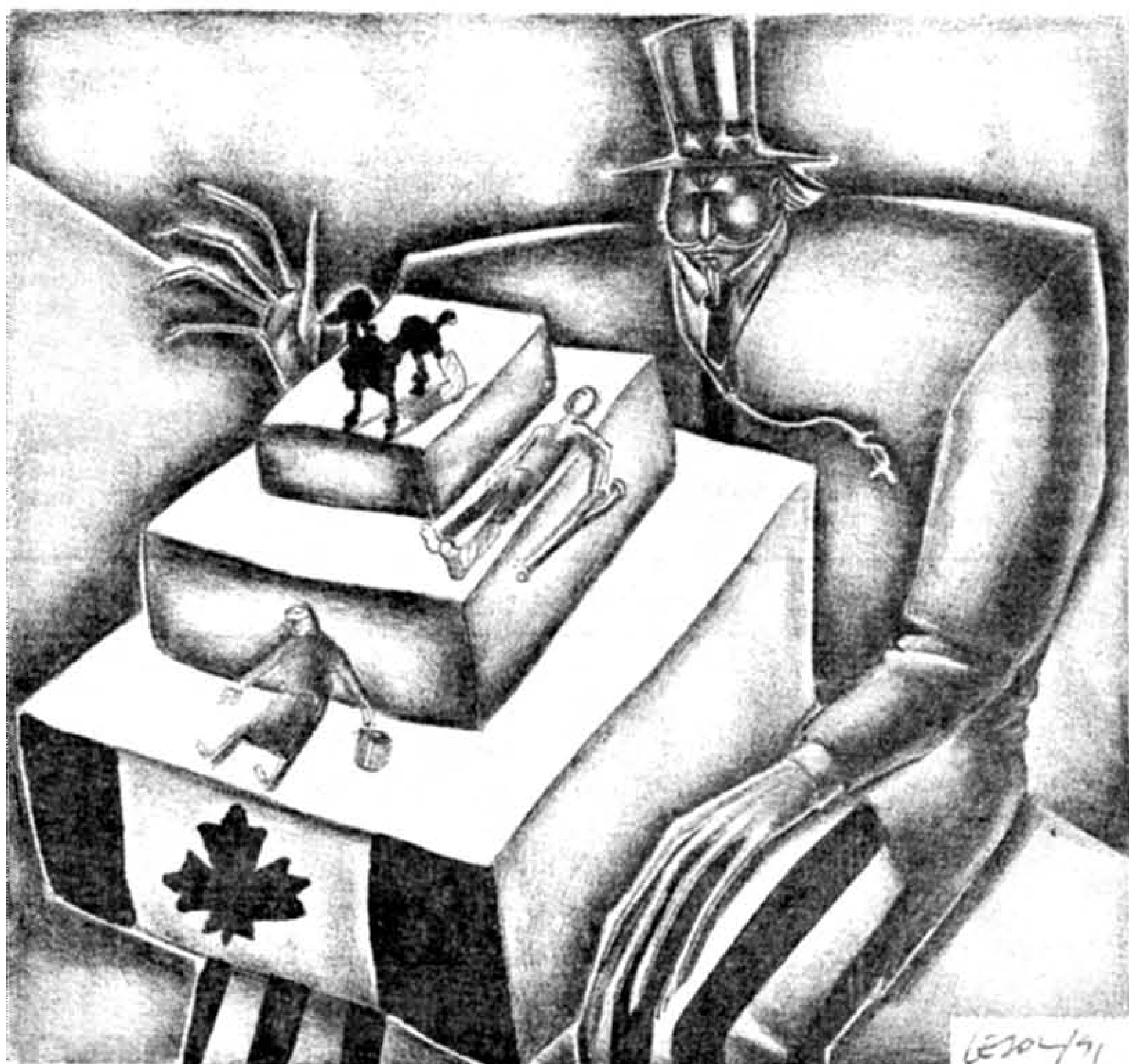

# System needs some TLC

IT IS dishonest, or at best naive, to apply the terms "one-tier" and "universal" to the Canadian health care system. When the B.C. government decided to send several hundred cardiac patients and 100 or so cancer patients to Washington State for treatment, it was acknowledging the failure of our own system.

We should recognize that we have major problems with health care and we should not look to the United States for the alternative. There has to be something wrong with a system in which a 75-year-old patient may wait a year or more for treatment of painful arthritis of a hip joint, but a German shepherd with the same problem can have treatment in under a week.

A recent report on a hospital in Ontario noted patients were waiting three months for a brain scan, when animals referred by a veterinarian could have one within a day.

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We have to look at the advantages and disadvantages of the way we fund health care. Health care in Canada is underfunded, despite what economists and others believe. The problem is likely to worsen. The reasons include an aging population, increasing high-tech and expensive medical investigations and treatments, and the discovery of new and expensive treatments, as well as the emergence of diseases such as AIDS.

It is easy to talk about nebulous plans for preventative treatment, "wellness programs" and other ideas propagated by well-meaning individuals, but based on little or no scientific merit.

Millions of dollars are wasted on harebrained schemes to encourage so-called wellness and prevention of disease, when there is no scientific evidence of their validity.

We know how to prevent many health care problems. If smoking and alcohol were banned and the speed limit reduced to 15 km/h, billions of dollars would be saved. I do not necessarily advocate such extreme measures, but it is important to realize they would work.

It is easy to criticize without being constructive. The recent Royal Commission on Health Care in British Columbia is examining many issues relating to costs. Significantly, the chairman mentioned that almost every presentation

> 'Our health care system is in a true crisis'

involved a request for support or funding. Interest groups did not come asking that their budgets or programs be cut.

All of us, especially politicians, must begin by first admitting the problem exists. We must also stop the use of the phrase universal health care. We have a multi-tiered health care system. Certain individuals receive privileges and benefits that others do not. Most of our major hospitals have private rooms. Admission is determined by ability to pay.

A patient may have waited six months or more for elective admission to hospital, but if the only accommodation available is a private room, then he or she is faced with the decision whether to pay or wait.

Dentistry in particular underlines the two-tiered system. In which law of nature was it determined that a tooth abscess not be covered by medicare, but a toe abscess should?

The medications we prescribe, including the quality of the drugs prescribed, depend on the ability of the patient to afford them. I am often forced to modify the drug I select because of the patient's inability to pay. I may have to prescribe a drug with more side effects simply because it is the only drug that the patient can afford.

Certain types of cancer require a radical operation called a hind quarter amputation. This is an accurate description of a mutilating but necessary operation. We regularly face the situation where young adults who have undergone this are scrambling to raise the $8,000 needed to buy an artificial limb. Is this universal medicare?

The very fact that there are different types of B.C. health care cards, with added benefits for seniors, is another example of inequality. We can all relate to the needs of the elderly, but are the needs of a wealthy 66-year-old executive any more important than those, for example, of a young patient with multiple sclerosis, or paralysis due to a spinal cord injury? No one can deny that these are examples of multi-tiered medicine, and that they are propagated by our government.

These are not isolated examples. Braces for unstable or arthritic knees are not available under our health plan. Those who can afford them, or can afford to pay for extended health plans, belong to a privileged group. The very fact that there are companies that supply supplemental health insurance is evidence of our multi-tiered system. These societies provide private rooms, extra physiotherapy, dental treatment, braces, artificial limbs, and many other benefits.

I am not in any way critical of these institutions, but I must emphasize that they exemplify the hypocrisy of those who extol the virtues of our "one-tier" system. For some reason, we have come to accept that areas such as these are acceptable examples of two-tier or multi-tiered medicine. Others include facilities that care for our elderly and chronically sick. It is

> 'Our politicians should tackle problem head-on'

not considered unethical to offer better facilities in these areas for those who can pay.

There are a number of solutions. We should continue to curtail costs, and this is the responsibility of both patients and doctors. Patients must accept some responsibility for their health care. They should not abuse the system through unnecessary visits to hospitals or physicians. They should not request unnecessary third and fourth opinions from consultants.

On their part, doctors should also limit unnecessary consultations, and avoid ordering expensive tests when they are unlikely to affect treatment.

The additional funding should come through corporate and individual financial contributions. The wealthy and those who wish to pay for additional private insurance should be allowed to pay for additional luxuries: private rooms and private nurses are already a part of our system. We should encourage those with wealth or extended health insurance to ease the pressures on health care budgets by taking out additional private insurance or paying out of their own pockets for their own luxuries.

Universality of health care should mean that everyone who is ill with an acute or serious illness should have unlimited access to health care, but for those who wish to have non-emergency medical or surgical treatment in private rooms, or even private hospitals, the capability should exist to have this, and allow us to benefit from the extra money put into the system.

This is similar to those of us whose children are in the public school system and benefit from the extra revenue put into education by those whose children go to private institutions. We accept "multi-tiered" housing, nutrition and education, as part of living in a free society, but are these any more fundamentally less important than health?

Our health care system is in a true crisis. Patients are waiting for urgently needed surgical treatment. Equipment in hospitals is outdated and worn out. Funds are not available to replace or repair old and unserviceable equipment. Health care costs will continue to rise and an infusion of private and corporate money is necessary.

Our politicians should confess to the public that they are aware of this situation. They should then tackle the problem head-on. We in Canada have an excellent health care system for those with serious and life-threatening health problems, but we are failing in our ability to look after less serious but nevertheless often disabling medical problems.

It remains a fact that our pets have better access to non-emergency medical treatment than we do. We should acknowledge our health care system's strengths, but at the same time not blind ourselves to its deficiencies. □