



Mallards sit and wait for the bird feeders to arrive at the duck pond in Burnaby's Central Park.

WARD PERRIN/VANCOUVER SUN

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A new Day for health care

Vancouver's Dr. Brian Day is the bold proponent of a private system

By DOUG WARD

Dr. Brian Day, aka Dr. Profit, poster boy for private, for-profit health care in B.C., came out of the post-war slums of Liverpool, England, reared in a working-class family that was Labour party all the way.

Day and his school friends hung out in gangs. His neighbourhood in the district of Toxteth was the kind of place where you'd go watch Flash Gordon at the theatre and leave with blood on your face. One knife fight at age 10 left him with a permanent scar on one finger. Two of the Beatles — Paul and George — attended his high school. He saw the group, pre-Beatlemania, play noon-hour shows at The Cavern.

Day's father, a pharmacist, worked in a pharmaceutical plant. He was clubbed to death in the mid-'80s by rioting hooligans seeking drugs.

Day's mother raised four kids and made extra money for the family by selling nylon stockings at a downtown market. Day was the only student in his elementary school who went to university. His father and mother were socialists. So was Day when he was a youth and later as a medical student at Manchester University.

No doubt some of those who oppose the privatization of Canadian health care would call Day a traitor to his class.

Not so much because today that Liverpool lad, now 55, father of six children from two marriages, lives in a large house in Point Grey (albeit one with a big mortgage) and drives a new BMW. Nor because the former Labour party supporter is a big fan of Gordon Campbell's B.C. Liberals and its conservative policies.

It's because Day's critics see him as a dangerous provocateur, someone who is spearheading the entry into B.C. of the kind of privatized, two-tier health-care system found in the United States, where 44 million Americans have no health coverage at all.

They say the growth of a for-profit sector will inevitably lead to the underfunding of Canada's vaunted medicare system, and gradually erode universality to the detriment of blue-collar families and the working poor, the kind of people Day grew up with.

"It's ironic that someone from a working-class background would become the poster boy for the corporate agenda and its push for a two-tier health-care system," said Stephen Howard, communications officer for the Health Employees Union.

In the minds of Howard and other health-care activists, the Canadian corporate sector wants a two-tier health system so the country's upper-middle-class pays less in taxes and has speedier access to high-tech medical care.

Day is the founder of the five-year-old Cambie Surgery Centre on Ash Street, a private Vancouver hospital that caters mainly to people who have third-party insurance for their operations. Day is also its biggest individual shareholder.

Less than five per cent of his patients are rich people who pay out of their own wallet. Most are workers with work-related injuries and claims at the Workers Compensation Board and some ICBC claimants.



GLENN BAGLO/VANCOUVER SUN

Dr. Brian Day is a pioneer private practitioner and founder of the five-year-old Cambie Surgery Centre, a for-profit Vancouver hospital.

"Private clinics have saved the WCB \$100 million in wage-loss benefits alone last year. These patients would have, otherwise, been waiting to get into hospitals."

Day said the largest component of his clinic's unionized patients come from the HEU, his sharpest critic. It's clear Day takes a certain delight in the irony of this statistic. And in his claim that some members of the former NDP cabinet gave tacit support to his clinic.

"You don't think we built this in the middle of the NDP time in government without some assurances do you?"

"We didn't have a deal. But our gentleman's agreement with the last government was that we wouldn't embarrass them. They were also receptive to the fact that we were treating mostly injured unionized workers. They saw the economic sense in that."

A \$4.5-million expansion is planned that will give Cambie a total of six operating rooms, which is more than UBC Hospital has.

Day is also the inspiration behind the new Specialist Referral Clinic, which is unique in Canada because it allows patients to see a specialist without first getting a referral from a family doctor.

News last week about the referral clinic again confirmed Day's leadership role in pushing the private health-care agenda, a role noted last Wednesday by NDP leader Joy MacPhail in legislative debates. She said Day is "always on the cutting edge" when it comes to private health care.

"He really is out there at every single opportunity, advocating people to pay more for his medical services," said MacPhail, adding, "I disagree with almost everything he advocates."

MacPhail warned Liberal Health Minister Colin Hansen that "if Dr. Day is allowed to do what he does, there will be way too much surgery going on, and those surgeries may result in increased cost pressure to the public health system if other more

effective health-care treatments aren't tried first."

Day's growing reputation as an advocate for private health care has tended to obscure the fact that he is a brilliant orthopedic surgeon with an international reputation for performing arthroscopic surgery on knees, shoulders and elbows.

Day was instrumental in the introduction of arthroscopic joint surgery in Canada. He's teaching at Yale University this week. He is also set next year to become only the second Canadian ever named president of the Arthroscopy Association of North America.

But unlike that other Canadian surgeon, Dr. Robert Jackson of

the private/public debate. "He is a leader, someone who is constantly being asked to present at conferences on orthopedics or Canadian health care."

Godley said Day's activism is not propelled by his politics. "If anything, Day is driven by practicalities. Ideology falls away when you are able to do something about getting people off wait lists."

Day's dedication to his patients and his profession is clear. It's also evident that politics has shaped how he believes health care should be delivered.

Day, for instance, is critical of unions. "I think trade unions were very important in the last century but have become self-serving

according to excellence.

"Experience and skill aren't remunerated in the way physicians are remunerated. The only reward for being an in-demand specialist is a long wait-list."

Day said his wait-list for a consultation is 18 months.

Day said he makes a "good income" but the public typically overestimates physicians' salaries because they concentrate on the gross income, which also covers overhead, not the net amount.

In fact, Day's wife, Dr. Nina Bland, stopped working as a general practitioner because it wasn't financially worthwhile after the costs of a nanny and other child-care expenses were considered.

"If you had asked me when I was 20 what I would be doing at the age of 55, I would not have said that I would be working 75 to 85 hours a week and have a big mortgage. I thought that I would be retired playing golf or tennis or skiing."

"One of the reasons I'm involved with the Cambie Clinic and the Specialist Referral Clinic is that they are alternatives to going cap in hand to the government. It's saying: 'If you don't pay me what I think I'm worth, I'll expose myself to the market to find out if I am worth a bit more. And we are worth more.'"

Dr. Gabor Mate, a strong critic of private clinics, has known Day since the late '70s, when the young British physician was an orthopedic resident at the University of B.C. "I've always had a lot of respect for him as a physician. He operated on my knee. I just don't want him operating on the health-care system."

Mate said Day is very ideologically driven and his fondness for private health care predates the reductions to his operating room time in public hospitals.

"He has been a flag bearer for a privatized system for many years," said Mate. "His views used to be out in right field but they've moved to the centre because of government cutbacks to health

care." Underfunding has lengthened waiting lists, making the private clinic scenario more attractive to patients and policy makers.

That attraction will continue to grow unless waiting lists are significantly reduced, said Day.

Private clinics offer to the middle class the kind of speedy treatment that was previously only available to the very rich or to people with connections, added Day, including politicians and physicians who are able to phone their specialist colleagues and jump the queue.

Now Joe Lunchbucket, so long as he or she has a third-party insurer or the money, can bypass the waiting lists for Day's growing stable of ORs.

"Before Cambie Surgery opened, the only people who could access private medicine were people like Jean Chretien and Joe Clark, or all the people who go down to the United States for treatment."

"The most common demographic of our patients is the unionized health-care worker."

Asked if he has not forsaken his proletarian past, Day, who holds right-wing views on most topics (save his pro-choice view on abortion), begs to differ.

"I still am socialist. That's why I think private medicine is good," said Day.

He believes that private health care can complement, not replace, the public system in which he continues to work. (He has four hours of operating room time each Monday at UBC hospital.)

Day thinks that most elective procedures, such as knee and hip surgeries, can be done at private, for-profit, non-union facilities with the government paying the bill.

Even though profits would be made, these privately run facilities could save the government money, according to Day, because they can operate more efficiently than big, unionized hospitals. Profits also mean taxes for cash-starved governments, he added.

In Day's brand of "socialism," universality isn't sacrosanct.

Just as the federal government stopped giving family allowance cheques to well-off Canadians, said Day, so medicare should be designated for those who can't afford to pay for it.

"In order to give coverage for a wealthy person to get his tennis elbow treated, we are depriving someone who is really impoverished of his ability to get treatment for his heart."

Day said the introduction of private health care in Sweden cut waiting lists and lowered health spending as a proportion of the gross national product. Day also said the privatization was supported by unionized health-care workers, whose salaries rose at the expense of health bureaucrats.

Critics like Colleen Fuller, a health-care analyst with various health unions, point to a 1998 report from Health Canada saying there is no evidence that a private-sector option will decrease waiting times in the public sector.

They also cite a 1997 *New England Journal of Medicine* article that found that for-profit hospitals were 25-per-cent more expensive per case than public facilities.

Stable or not, the public's perception is that the health-care system is in crisis and waiting lists are too long. And it's a view advocated by Day who believes people shouldn't have to stand in line if they are able to jump the queue.

It's something he did himself when one of his young sons had a leg injury. "Sure, I jumped the queue and made a phone call. That's life. We all do that. It's self-preservation. Survival of the fittest."