

# Hippocratic vs. Hypocritical

A doctor argues that, although we have given up on the first four principles of the Canada Health Act, we shouldn't destroy the fifth.

Ottawa Citizen  
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**BRIAN DAY, MD**  
The Hippocratic oath begins: "I swear by Apollo the physician and Aesculapius, and Health, and all the gods and goddesses, that ..."

I propose the following oath for our 14 health ministers who met in Markham, Ont., this week to find ways to "save" medicare.

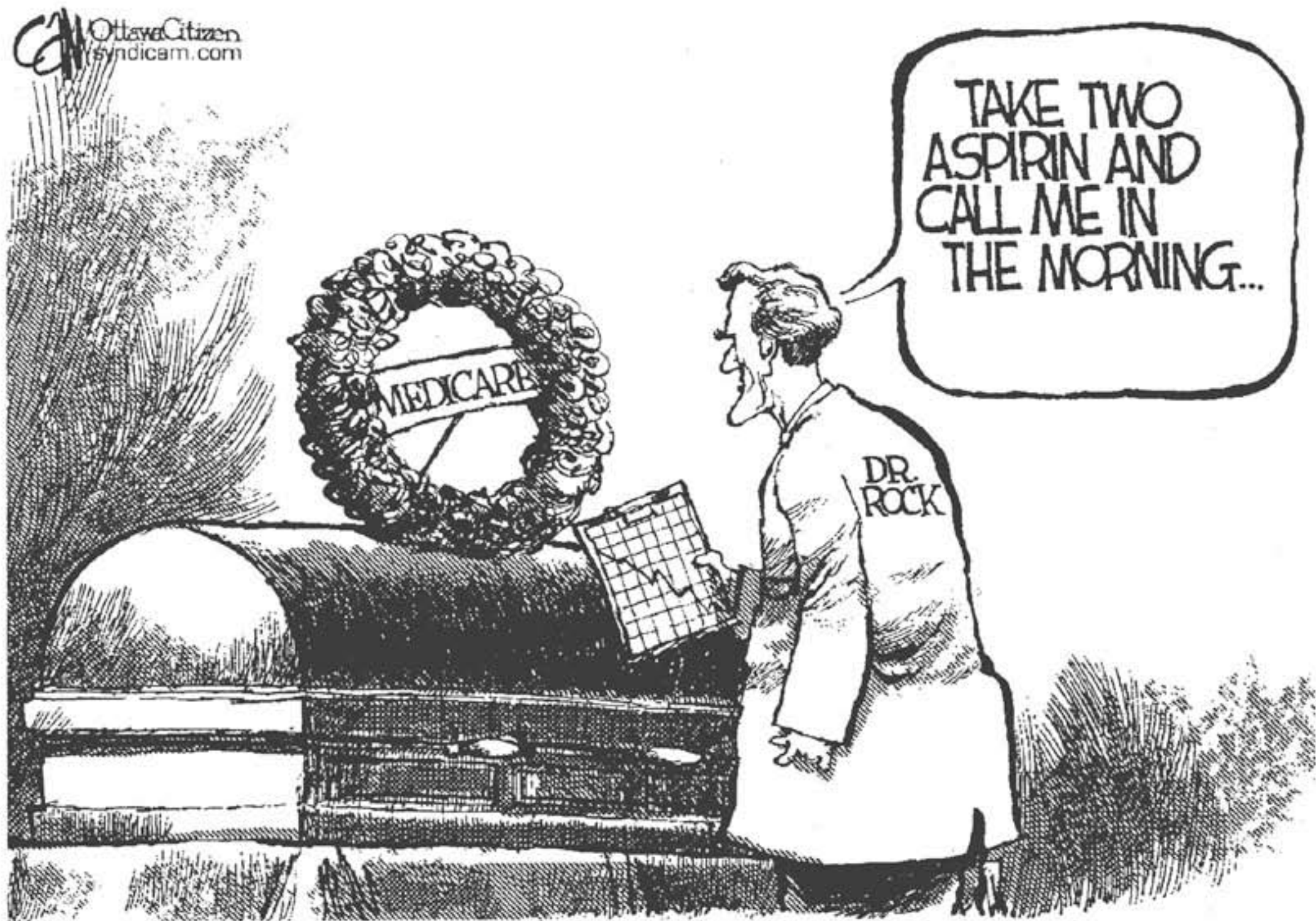
"I swear by Jean Chrétien and all the premiers of Canada, and by all concerned self-serving lobbyists, that:

- No private health care will be allowed in Canada, except for extended "second-tier" private insurance such as we, the privileged leaders of this country, enjoy courtesy of the taxpayer. The 30 per cent or more of Canadians who do not have such benefits will pay for treatment of their abscessed teeth, artificial limbs, arthritic braces, private rooms and nurses in public hospitals, and for expensive, safer drugs. Queue-jumping will depend on who you are or who you know. This works well for us.

- We will not contract out to private facilities in Canada, but when our system is pressured we will contract with private hospitals in the U.S. Private abortion clinics will be exempted. Private surgical hospitals with overnight stays will not be allowed in Canada, except in the federal health minister's own constituency (the Shouldice Clinic).

- We pledge solidarity with North Korea and Cuba in refusing to allow Canadians to spend money on necessary health services (artificial limbs et al being, in our estimation, unnecessary). Private hospitals of the type that exist in China, Russia, Bulgaria and Romania — and in all other countries in the world — will never be allowed here.

- Canadians on waiting lists benefit by being able to make plans around their expected surgery, a year or two down the road. The injured save money by not having to spend it on golf, tennis, skiing, etc. Those off



work may read more, watch television and be with their families. They may claim unemployment benefits. If they deteriorate medically while waiting, but still survive, the complications will also be treated "free". Non-residents who have the right to purchase private health care or insurance miss out on these benefits.

- Canadians do not wait for emergencies. If you break a bone, are bleeding after an injury or suffering an acute heart attack or stroke, you will not be put on a six- to 12-month wait list. You will be shipped to a hospital emergency department, and only have to wait a day or two at the most.

- All citizens have the right to "two-tier, for-profit" alternative therapies. Treatments that have no proven benefit may be purchased by whomever can afford them. It is only unethical to pay if they work.

- Equality in health is an underlying principle of the Canada Health Act. Knowing that nutrition, housing and poverty are the three major determinants of health, Canada should immedi-

ately ban private restaurants and offer citizens free meals in state-operated food halls, eliminate private housing in favour of state-run residential projects, and equalize all incomes — and we pledge to pass this good advice along to our colleagues in other ministries.

**The experts who advised us to cut back will try to figure out why so many doctors and nurses have emigrated.**

- Those who do not wish to wait may buy treatment in the United States, where Canadians currently spend \$2 billion to \$3 billion a year. Since the National Defence Medical Centre in Ottawa closed, federal politicians and bureaucrats have had to do this. While it might make sense to keep the money, jobs and taxes in Canada, this would undermine medicare.

- Medicare is a defining feature of our Canadian identity.

We had no identity before 1965.

- We will not accept irrelevant arguments such as: Why do we allow private education, but not private health care? Many of us went to private schools. Two-tier education is a right.

- Canadians enjoy paying taxes, which is fortunate considering medicare's escalating costs: from \$28 per person in 1964 to \$2,600 in 1994.

- We will not be moved by the fact that the majority of Canadians want the "right to purchase medical services" (66 per cent according to a 1999 COMPAS poll). After all, we govern with "majorities" of under 40 per cent. To get the answer we want, we will commission a new poll: "Do you want to pay for two-tier, for-profit, American-style health care or have free, universal, comprehensive, accessible, portable, publicly run care?"

- Our "expert" health-policy analysts who advised us to cut back in the past (resulting in poor working conditions, low wages, old hospital equipment and lost spaces at nursing and medical schools) will be paid to

sit on new commissions to figure out why so much of our nursing and medical talent has emigrated.

- Our moral opposition to private hospitals is not contradicted by the joint-venture "for-profit" hospital being built in Beijing for the Chinese government by Interhealth Canada, a private company whose shareholders include the governments of Canada, British Columbia and Ontario. It is irrelevant that the chief executive officer of Interhealth is former Manitoba NDP health minister Wilson Parasiuk. After all, it is in a foreign country and most people don't know about it.

- Universality, comprehensiveness, accessibility, portability and public administration — these are the five principles of the Canada Health Act. We have given up on the first four. Please, please, don't let us screw up on the fifth. It might leave us without a job.

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