

Cambie Surgery Centre in Vancouver puts Alberta's Bill 11 and the Canada Health Act under the microscope. It's not a pretty sight.

Legislation strangling health care

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The Canada Health Act of 1984 gave Canada, North Korea and Cuba the distinction of being the only three countries in the world that impose a state-run monopoly in the delivery of major health services.

This act is Orwellian and, in typical Big Brother style, allows visitors and animals the right to access private health care, but "protects" Canadians from the freedom to do likewise, a situation reminiscent of the special shops "for tourists only" that existed in the former Eastern Bloc.

Perhaps it is not a coincidence that George Orwell's novel (1984) and the act share the same date.

Alberta's Bill 11 contains many features that are even more repressive than the federal act. Citizens who pay to enhance their health care will be participating in illegal activity. Penalties will be more severe than many receive for stealing, drunken driving, drug dealing or pornography.

Policy makers appear to have been influenced by the propaganda campaign, funded and supported by CUPE and self-interest groups such as so-called Friends of Medicare, and self-styled "expert" health economists or policy analysts.

Rhetoric and opinion, misrepresented as "studies" or "facts," have been assigned undeserved validity and even submitted to the legislature as "evidence." They are easily recognizable as third-rate "studies," written or quoted by third-rate "authorities." None is more deserving of this description than the drivel contained in the recent Alberta Consumers' Association report. I will never again trust them to grade a dishwasher or a lawn mower.

"Studies show private clinics cost more than public hospitals," say the critics.

This is hogwash. The cost of treating a hernia at a country hospital in the U.S. might be less than in a clinic in Beverly Hills, where costs include luxuries such as spa and limo service. This has no relevance to comparative costs in Canada where our calculations show we can provide equal or better care at 60 per cent or less of the cost in a public hospital.

If private facility suffers financial losses, our shareholders, not the taxpayers, lose; if we succeed, we contribute tax revenue to all three levels of government. Contract care in private surgical facilities will give patients early access to first-class treatment at a lower cost.

We know this because the terms of the contract will simply demand it. The real and well-founded fear of self-interest groups is that once Canadians experience private surgical care, they will like it and embrace it. The private sector will introduce competition and eliminate a monopoly.

Experience in countries with mixed pub-

lic-private systems shows unequivocally that the private sector enhances the public system. Recall what competition has done in other areas, such as telephone service, cable and auto insurance. Catastrophic projects, such as our B.C. "fast ferries" experiment that wasted more than half a billion dollars, and federal Human Resources Minister Jane Stewart's billion-dollar job-creation fiasco, are just two of many examples of government misbanding and incompetence.

Our blind trust in the ability of government to run a monopolistic health-care system is bizarre. If the Canadian health system is the best in the world why has no-one copied it?

Thousands of patients who would otherwise still be on the public waiting lists have been treated at the Cambie Surgery Centre in Vancouver. Most have been injured workers who have not only had their pain and suffering reduced, but have been able to return to work. Savings to society in wage loss benefits alone have been as much as \$60,000 per worker. The vast majority of such patients are unionized workers, and many belong to CUPE. Surveys show more than 98 per cent are extremely satisfied with their treatment.

On a daily basis, the centre lends (at no cost) high-tech equipment to public hospitals, allowing patients to benefit from modern technology that the hospitals cannot afford to buy.

We do derive profits from treating patients. So do all who work in health care. We help the economy just as other businesses do, and we have created many new jobs.

In B.C., a third of all graduating nurses do not enter nursing practice. More than half of our newly trained orthopedic surgeons leave for the States. Poor working conditions, lack of modern equipment, poor morale, and inadequate pay are all factors. At our centre, morale among the staff is high, and nurses' wages and benefits significantly exceed those in the public sector; a result of the newly created free market for workers who are in short supply.

Entrepreneurial CUPE workers from the public hospitals have businesses on the side and provide contract cleaning and other services.

Workers and, more importantly, patients



benefit. The economic potential of an expanded private sector is boundless. We share a border with our largest trading partner and U.S. health care is a trillion-dollar industry. Surgeons' fees in Canada are 20 to 30 per cent of those in the U.S., and the 60-cent dollar means we can sell health care at a discount price. If we can gain just a small part of that industry, we could spawn Canada's biggest-ever economic boom.

If Canada had factories that could produce cars at half-price, would we run the plants at 50 per cent capacity and introduce laws that forced our citizens to go to the States to buy cars? No, we would manufacture here and sell to both Canadians and Americans. Canadians spend billions of dollars yearly on cross-border shopping for health care that could, were it not for politics, be purchased here for less than half the price. This practice could be used as a definition of stupidity.

Our governments and the legacy of the Canada Health Act are to blame. Bill 11 began as an attempt to increase the flexibility of a restrictive system. Some sections must be revisited. Canada's health system is not economically viable, and most Canadians, especially Liberals (66 per cent according to COMMAS poll published on Feb. 22, 1991), want the "right to purchase medical services." The government of Alberta has led our country in the pursuit of sound economic principles, and Ralph Klein is Canada's most admired and respected politician.

Let the real Ralph Klein step forward and take a true leadership role. All debate on the private versus public issue may be ended by one short question: what is so evil about spending money on one's own, or a loved one's, health care?

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