

Private health care has already left the station. Don't expect the leaders to hop aboard.

Is medicare dead? What's next? SEAN FINE outlines issues at the heart of the health-care debate in Canada

By SEAN FINE

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It is probably a good time to have a brain surgeon as Quebec's Health Minister.

Philippe Couillard, a wunderkind who became a certified neurosurgeon at 28, and a head of surgery at 32, has been ordered by the Supreme Court of Canada to perform the most delicate act of political surgery imaginable. He must take down part of the wall between the two sides of medicare's brain: public care on the left, and private care on the right.

"We have to open the debate and get away from rigid ideological positions where if you utter the word 'private,' people have a seizure," he says.

Medicare will never be the same afterward. The results of Dr. Couillard's medicare surgery in Quebec will inevitably be amplified in Alberta and British Columbia. "Medicare-plus," a new framework in which public and private care co-operate and compete with one another, is on the way.

Some tough questions lie ahead. Should Dr. Couillard permit more public funding of private clinics, or allow private clinics to collect both private cash and public dollars? Should he tell doctors they can work in both the private and public sectors, or should he make them choose?

Expect Liberal Leader Paul Martin and Conservative Leader Stephen Harper to avoid this debate. Mr. Martin will soon do as Mr. Harper did Friday in proposing waiting-time guarantees within the public system. It's a brilliant stroke. Legally, those guarantees would protect medicare, at least in the short term, from another constitutional challenge. Politically, both Mr. Martin and Mr. Harper would be seen to declare that the one-tier public system can be saved.

There's only one problem: The federal government cannot compel the provinces to create the guarantees. It can merely persuade, cajole and bribe.

Meanwhile, private care is the proverbial train that has already left the station:

The Supreme Court said in June that patients in Quebec are suffering and dying because of long waits for care. Quebec's ban on private insurance for necessary medical care is therefore illegal, the court said. The ruling came in a case involving George Zeliotis, a man who needed hip surgery and was kept waiting for a year, and Jacques Chaoulli, a doctor. Quebec has until June 9 to allow private insurance.

Quebec already tolerates private medical care, so it has a base to build on. It has a private orthopedic hospital, where people pay thousands of dollars for new knees and hips. It has more than a dozen private MRI clinics that help diagnose brain tumours yet, bafflingly, are not

considered an essential service. "Montreal, not Alberta, is the private cash-medicine capital of Canada," says health-policy analyst Steven Lewis of Saskatoon.

Ottawa turns a blind eye to private care. There are 36 private MRI clinics in five provinces. The first opened in Laval, Que., in 1992. "If you're really against that and you have the power to act," asks Normand Laberge, who heads the Canadian Association of Radiologists, "how come you haven't acted?"

Ottawa supports private care in New Brunswick. Only once has the federal government used its new system for resolving disputes over private care under the Canada Health Act -- not against a clinic, but in support of one. It is trying to force New Brunswick to pay for abortions in Henry Morgentaler's private clinic by insisting that provinces are required to pay for all medically necessary services, whether in public hospitals or private clinics. How, then, can the federal government oppose the expansion of publicly funded private care?

Entrepreneurs see a business opportunity. Clinics such as Cambie Surgery Centre and False Creek Surgical Centre in Vancouver and Maples Surgical Centre in Winnipeg already provide private care far beyond Quebec's borders. Employers pay for executive-class medical perquisites at private clinics in Montreal, Calgary, Vancouver and Toronto. Entrepreneur Don Copeman opened a family medical clinic in Vancouver last month charging \$1,200 up front and \$2,300 a year for more intensive consultations with doctors and specialists than the public system offers.

"There's a huge market for what we're doing and it's virtually untapped," he says, adding that he plans to expand to 37 clinics across Canada.

The private-care sector's confidence in its legal position is brimming over. "It is not constitutional to deny a Canadian who is suffering on a wait list the right to spend his own money on health care," says Dr. Brian Day, who runs the Cambie centre in Vancouver. (Actually, the Supreme Court did not go quite that far, but it is entirely possible it will some day, in the absence of waiting-time guarantees that work.)

"I have 15-year-old kids coming out from Ontario whose knees are stuck at a 30-degree angle and who've been told to wait four months. Why have we operated in B.C. for 10 years and never been challenged by the provincial or federal governments? Because they know what would happen in court."

Dr. Day predicts that, like dental and drug insurance, private health insurance will soon be routinely held by Canadians, and that a private network of clinics will be open in Toronto within two years.

Alberta Premier Ralph Klein has caught a glimpse of the parade. Although Mr. Klein has promised an expansion of private care for years, he has not gone far. The Premier, who says his leadership style is to wait for a parade and fall in line, is now studying private-payment options, including allowing doctors in some fields to work for both public health-insurance dollars and private cash, in the expectation Ottawa will ignore this apparent violation of the Canada Health Act.

Quebec's idea of social entitlement is changing. "Chaoulli falls into the government's larger scheme of modernizing the Quebec state," says McGill University political scientist Antonia Maioni. Even Claude Castonguay, the province's father of medicare -- "Quebec's Tommy Douglas" -- has had a change of heart. He would like to see major hospitals remain public, but day surgery and other treatment be offered by private clinics.

"It's not a zero-sum sort of affair," he says. "If people go to private services, it doesn't mean that this will be deducted from public services. If there is more competition, if doctors who are subjected to quotas can work more, if there is competition within the system, all this should provide in total a greater volume of services."

That is the hope, anyway. On the other side is a fear that if physicians are permitted to work both in the public system and in private clinics (as some already do in Montreal), they will have an incentive to keep public waiting lists long, and to steer their lowest-risk patients to their private clinics. There is also the fraught political issue of whether patients should be able to pay cash (or through insurance) to jump public queues, either in private clinics or in after-hours clinics at hospitals.

It's a huge test for Dr. Couillard, a rising star first elected in 2003 who is already seen as a possible successor to Premier Jean Charest. Not many health ministers understand the inner workings of the medical system like the 48-year-old father of five. He has inspired confidence in both the medical community and the public.

"The Supreme Court planted the seed," Mr. Laberge says, "but if nobody waters the plant, it will not grow." Dr. Couillard "will provide some water, some minerals to the plant so it will grow slowly. He will do it like a Japanese tree," tended and trimmed to stay small. But even small trees are hardy, and their roots grow deep.