

## **Canadian Medical Association calls for private sector 'safety valve'**

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CHARLOTTETOWN (CP) - The Canadian Medical Association, in a new policy document released Monday, says provincial governments should hire private-sector firms to deliver publicly funded health-care services to prevent delays for medically necessary treatment.

Association president Colin McMillan said Canadians need timely access to medical services and the private sector could act as a "safety valve" to ensure wait-time guarantees are met.

But a prominent critic of privatized health care was quick to denounce the association's policy paper as a blatant cash grab for doctors.

Michael McBane, co-ordinator for the Canadian Health Coalition, said the paper's recommendations would create a "dual practice" system that would allow doctors to bill the public system then moonlight for the private sector.

"In most places across Canada, that's illegal," he said in an interview. "If we allowed doctors to have a dual practice, there would be no incentive for them to fix the public system."

In fact, doctors working in the private sector would find it profitable to sabotage the public system to drive business to their private firms, McBane said. "That's a conflict of interest."

But the association's brief stresses that boosting the role of the private sector would help improve health-care wait times - a key challenge that continues to dominate discussion in the health-care field.

McMillan, speaking to a business group in Charlottetown, said the federal and provincial governments have dragged their heels in setting wait-time benchmarks since promising to do so in 2004.

Earlier this year, Prime Minister Stephen Harper staged a splashy news conference where he announced a wait-times deal with the provinces.

But critics pointed out the deal was a significant climb-down from the Tory election promise to guarantee wait times in five key medical areas, and instead allowed provinces to choose just one procedure to guarantee by 2010.

In April, the association released a report card that concluded wait times were improving in a number of areas, including sight restoration, coronary bypass surgery, hip replacement and cancer radiation treatment. But the report said there were significant gaps and omissions.

Still, McMillan said a \$612-million wait-times guarantee trust, established in this year's federal budget, was "a good start."

"It says you've agreed on the wait times, you've agreed on the guarantees, and for whatever reason an individual cannot take advantage of that, there's an option." Doug Currie, Prince Edward Island's health minister, said his province has sent patients outside the province and outside Canada when necessary medical services were not available.

But it's clear that getting the private sector more involved in Canada's health-care system is still a touchy topic at the provincial level.

"That's not something I'm prepared to discuss right now," the minister said when asked about the medical association's policy document.

As for McBane, whose advocacy group represents nurses, seniors, unions and low-income Canadians, he insisted the medical association's policy paper represents a significant shift for Canada's doctors.

"It opens the door for people to jump the queue who have money," he said. "It really signals the Canadian Medical Association abandoning the core principles of medicare. They want to return to the days before medicare, when doctors could charge whatever they wanted."

Quebec currently offers a private-sector option on a limited basis, largely because of a 2005 Supreme Court ruling.

Dr. Jacques Chaoulli, an advocate of private-for-profit hospitals and clinics, was behind the landmark decision that struck down Quebec's ban on private health insurance for private care. The ruling permits patients to use private care when faced with unreasonable delays.

The medical association suggests that other provincial governments could be forced to follow Quebec's lead because similar lawsuits are moving forward in Alberta and Ontario.

Meanwhile, McMillan said a key to reducing wait times will be ensuring an adequate supply of doctors, nurses and other health-care professionals.

He said governments must increase the number of medical students, and make it attractive for health professionals who have left Canada to return home.

The policy statement is intended to spark debate on the future of medicare in Canada, but McMillan stressed that doesn't mean moving to an American, for-profit system.

"No one's talking about that," he said. "The models that people are looking at are European models, the French co-pay, the Scandinavian, or something of a mixed system."

One of the major issues up for debate is drug coverage.

Over the past two decades, prescription drugs as a proportion of total health spending have doubled from seven per cent in 1986 to an estimated 14.2 per cent in 2006.

It's estimated that some 3.5 million Canadians are either uninsured or underinsured for prescription drug costs.

In 2003, the federal and provincial governments committed to having catastrophic drug coverage in place by the end of 2005-06. But the CMA says little collective action has taken place since then.

The association says there is a need to provide coverage for catastrophic prescription drugs and a growing list of so-called "orphan" drugs for rare diseases.