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Expert Roundtable

What does he know about our healthcare?

Michael Moore's big-screen portrait of Canada's healthcare system in his new film *SiCKO* has been hailed by some as a welcome testament to the strengths of Canadian health equality. Others accuse him of glossing over our problems to glorify universal healthcare. *NRM* assembled a panel of respected Canadian and American health policy experts to autopsy the controversial new film.

Does the film give an accurate picture of Canada's healthcare?

David Gratzner: Not in the least. Consider Moore's claim that ERs don't overcrowd in Canada. A Canadian government study recently found that one in 10 patients waits more than a dozen hours for care.

Michael McBane: A lot of that is anecdotal — he happened to run into people who were not waiting long. But it's not a film about wait times.

Jacques Chaoulli: He should also have interviewed patients and relatives of those who have died as a result of the waiting lists.

Danielle Martin: The two basic messages about Canadian healthcare in the movie remain true: first, insurance companies do not interfere with our clinical practice here as physicians. Second, access to care here is based on clinical need, not ability to pay.

John Oberlander: I also think it's important to understand this in an American context: we hear almost nothing about other nations' health systems, and when we do it is often exaggerated claims about how bad they are — claims promoted by our own insurance industry.

What can Canadians *learn* from *SiCKO*?

Michael *McBane*: *SiCKO*'s a wake-up call for Canadians to get real about how private healthcare works. The notion that the private sector is the solution to our wait times is totally blown out of the water in the film.

David Gratzner: Unfortunately, Moore's analysis is so superficial that I don't think Canadians can learn much of substance. As a country lawyer once wrote, people who like this sort of thing will like this sort of thing.

Adalsteinn Brown: *I think SiCKO will be a non-event here.*

Meet *NRM*'s expert panellists

Adalsteinn Brown, PhD, Ontario's Assistant Deputy Minister for Health System Strategy

Jacques Chaoulli, MD, successfully sued Quebec government to legalize private health insurance

David Gratzter, MD, Toronto psychiatrist, fellow at conservative think tank Manhattan Institute *and author of The Cure: How Capitalism Can Save American Health Care*

Danielle Martin, MD, president, Canadian Doctors for Medicare

Michael McBane, national coordinator of the Canadian Health Coalition

Jonathan B Oberlander, PhD, US political scientist *and author of The Political Life of Medicare*

What was the most powerful message of the film for you?

Jon Oberlander: That the American healthcare system is broken. What can we say of a health system that forces people to choose which finger to get reattached because they don't have health insurance? Or a hospital that dumps homeless patients onto skid row?

Danielle Martin: I think the film has helped Americans begin to understand that while private markets work in most parts of life, in healthcare they do not lead to improved access.

Jacques Chaoulli: The lack of morality of some private insurance companies in the United States. In my view, that refers to the need of independent watchdogs acting as health advocates on behalf of consumers, like the organization I am in the process of establishing in Quebec, the Chaoulli Group.

Michael McBane: To maximize profits and to care are irreconcilable purposes. You can't do both. That's what we see emerging with Jacques Chaoulli and Brian Day — physicians and owners of for profit facilities, are they putting profits first or patients first? Traditionally, arms dealers are not Ministers of Defence.

David Gratzter: That government-run healthcare is beautiful and compassionate.

And the film's most dubious claim...?

David Gratzter: That government-run healthcare is beautiful and compassionate!

Jacques Chaoulli: That other countries provide "free" healthcare. That's not true. There is no free healthcare. It is paid for through public or private insurance.

Jon Oberlander: The implicit claim that everything is perfect in Britain, France and Canada is obviously inaccurate.

Danielle Martin: The Cuban segment of the film was interesting, but likely fairly inflammatory to American audiences.

Roundtable soundbites

"The notion that the private sector is the solution to our wait times is totally blown out of the water in the film"

— Michael McBane

"Michael Moore should also have interviewed relatives of those who have died as a result of the waiting lists"

— Dr Jacques Chaoulli

"We cannot risk a system where some people can benefit and others cannot"

— Adalsteinn Brown

"All healthcare systems have problems but the US is unique in its inequity and failure to secure universal coverage for its population"

— Jon Oberlander

"While the system we work in is far from perfect, Moore accurately depicts *the dangers of the alternative*"

— Dr Danielle Martin

"Unfortunately, Mr Moore's analysis is so superficial that I don't think Canadians *can learn much of substance*"

— Dr David Gratzer

For those of you who are physicians, how did you feel watching your American colleagues who served as medical directors for insurance companies admit their job is primarily to deny care?
Jacques Chaoulli: I was very shocked. It's a shame.

Danielle Martin: Any healthcare system that functions with the goal of denying medically necessary care to patients should serve as a cautionary tale to all physicians whose first obligation is to do no harm.

David Gratzer: I'm not sure our approach here in Canada has been so tremendously different. From new drug approvals to investments in cutting-edge technology, bureaucrats are making decisions for patients — but with an eye on the budget line.

Isn't it rather odd that as Americans are looking at creating a universal healthcare system, many Canadians are talking about increased private delivery?

Jon Oberlander: That's oversimplified. Canadians aren't privatizing their system, they are debating where the boundary should be between public and private and whether private clinics and so forth should have an expanded role. And Americans are talking about universal coverage, but don't hold your breath—we have been debating this for nearly a century.

Michael McBane: A small number of ideologues are trying to Americanize our healthcare. What Chaoulli is proposing is the emergence of a two-tier system, a way for the rich to jump the line. But 80% of Canadians believe in our system.

Adalsteinn Brown: With tens of millions of uninsured and under-insured citizens, the US healthcare system is a wedge between the haves and the have-nots and it can create a risk to a sense of national solidarity. We cannot risk a system where some people can benefit and others cannot.

In the US, physicians are not exactly clamouring for universal healthcare. Canadian doctors opposed medicare when it began. Do doctors care more about their pocketbooks than their patients?

Jon Oberlander: In the US that statement is certainly true historically of organized medicine (ie, the American Medical Association). However, it's self evidently not true of many individual physicians.

David Gratzer: Governor Schwarzenegger is running into problems [with his universal healthcare proposal for California]. He's proposing a host of "fees," the largest would be on the gross revenue of physicians. Needless to say, while many docs support his overall efforts, they aren't thrilled about this fee.

Jacques Chaoulli: Most doctors feel, rightly, that the quality of care requires a basic freedom of relationship between them and their patients. That freedom is profoundly lacking in many countries, due to the excessive government interference. Few doctors are greedy, like in any

section of the society.

Michael McBane: We've seen US physicians testify to Congress that they've killed patients on behalf of insurance companies. That could happen in Montreal just as easily as LA.

If *someone* were to make a Canadian version of SiCKO, about the horrors of Canadian healthcare, who would you suggest for the job? George Stroumboulopoulos? Rick Mercer? Sacha Trudeau?

Michael McBane: Rick Mercer certainly has the satire skills to pull it off.

What did you think of the movie? Send us your thoughts at editors@nationalreviewofmedicine.com or by fax at 514-397-0228. We'll publish selected comments in our next issue.

David Gratzer: How about Jacques Chaoulli?

Jacques Chaoulli: I would suggest myself — should money be there for the financing of it.

Danielle Martin: Judging by the Canadian vote for Tommy Douglas as the "Greatest Canadian" in the CBC's competition, I think it would be pretty difficult to find a high-profile and well-respected Canadian who would want to make a movie slamming medicare.

Jon Oberlander: Okay, you've lost me here!