

Health care fantasies

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The health care debate is so disfigured by political machinations that it has become almost impossible to understand what really needs to be done. It is thus with a sense of anticipation that we welcome Dr. Brian Day to the conversation.

Dr. Day, who has achieved some notoriety because he operates a private clinic in Vancouver, will assume the helm of the Canadian Medical Association in August. If a recent speech he gave is any indication, he brings a certain clarity of mind. In that speech, he dared to address the hypocrisy of prominent politicians who champion equality yet take advantage of private clinics when they themselves need care.

As Dr. Day notes, about one third of the health system in Canada is in private hands, doing what the public system cannot -- and yet our political leaders wrap themselves in a phony Canadian nationalism that demands we pretend that our health system is the embodiment of egalitarianism.

This collective dishonesty promotes the fantasy that the public system can be all things to all people, when in fact it is not and cannot. So we hear of hospitals that are pressed by the Ontario government to balance their budgets, while on the other hand pressed by health care consumers to maintain or even expand services. It's an untenable situation for the institutions.

Sadly, for Ontarians the self-delusions and misleading storylines will intensify as the fall election campaign gets under way. Quick out of the gate is Progressive Conservative leader John Tory, who, in seeking to capture the political centre, promises to spend more on health and tax less -- but without loosening the constraints on private clinics and insurance in the province. The math doesn't work.

Dalton McGuinty's government, meanwhile, has zero credibility on the issue, having last time around broken a key election promise not to raise taxes with a health premium. The election point man for the Liberals, Ontario Health Minister George Smitherman, is expert at avoiding any honest discussion about private care.

When the Trudeau government passed the Canada Health Act in 1984, as Dr. Day points out, it borrowed its five principles from the original medicare act drafted by Tommy Douglas's government in Saskatchewan. But Dr. Day argues that three other key principles were ignored. Along with accessibility and portability, health care was also to be efficient, effective and responsible.

As the pressure of an aging population burdens our health care system, those missing principles will have to find a place. But they won't unless contrarians such as Dr. Brian

Day, who seems to favour pragmatism over ideology, can be heard over the din of politics.

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