

Top MD to wage war on waiting

Medical association's new chief also backs increased private role

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VANCOUVER -- Canada's top doctor says queues "are not a necessary evil" and Canadians should expect nothing less than the complete elimination of all waiting times.

In his inaugural speech as head of the Canadian Medical Association, Brian Day set out a five-point, market-driven plan to eliminate waiting for health-care services, all the while vowing unequivocal support for universal health care.

"We and our patients remain frustrated by waiting periods that exceed all ethical standards," Dr. Day said yesterday at the CMA annual meeting in Vancouver. "Wait guarantees were a good start, but wait-time guarantees must not mean guaranteed waiting.

"Wait times are not a necessary evil."

The physician-entrepreneur's plan includes amending the basic principles of medicare outlined in the Canada Health Act.

Dr. Day said in addition to the five existing principles - universality, accessibility, portability, comprehensiveness and public administration - he would add effectiveness, efficiency and responsibility, placing more onus on governments to deliver timely quality care.

The plan also includes:

Dramatically altering how hospitals are financed to eliminate block funding and replace it, at least in part, by "patient-focused funding" in which the hospital would get money based on the number patients treated, as well as the quality and timeliness of care.

Dealing with the shortage of physicians by repatriating Canadian doctors working abroad, and reducing the debt load of medical students.

Investing in technology, such as electronic records.

Expanding the role of private health-care delivery within the public system, and giving Canadians the right to buy private medical insurance.

The latter point is the most contentious, particularly because Dr. Day is the founder of Cambie Surgery Centre, the country's biggest private surgical facility.

He said yesterday, as he has done many times, that he is not a proponent of unfettered privatization or out to destroy medicare, as his critics suggest.

"No one wants to adopt a so-called American-style health system ... there are systems with universal coverage and no wait lists. They do deliver better care at less cost than here in Canada," Dr. Day said.

He said a central problem with medicare is the law guarantees free access to "medically necessary" care from physicians and in hospitals, but nowhere is that term defined.

The result is a number of absurdities: A person treated for a broken leg in an emergency room has to pay for crutches, or a patient diagnosed with an infection will not have to pay the doctor, but will have to buy antibiotics.

Three in four Canadians already have private insurance in the form of extended health benefits, Dr. Day said, but the people most in need - the poor, the elderly, aboriginals - tend to lack such coverage.

"Our system was built to meet the needs of the underprivileged. It is now failing both them and everyone else because it has not adapted to the times," he said.

Delegates to the CMA general council elected Robert Ouellet, a radiologist who runs five private clinics in Laval and Terrebonne, Que., as Dr. Day's successor. (He will take up office in one year.)

It is the second year running that the CMA has chosen a president who operates outside the medicare system.

Dr. Ouellet said yesterday that he agrees with Dr. Day on the need for change, and that a market-based approach is the way to go. "I found his speech very interesting. At times I wondered if it was me or him speaking," he said.

While Dr. Day's speech was well-received by delegates to the conference, other health professionals were less enthusiastic about the proposals.

Mary Ferguson-Paré, president of the Registered Nurses' Association of Ontario, said the suggestion that the Canada Health Act needs be "modernized" and "revised" is smoke and mirrors, and the reality is Dr. Day wants to promote private, for-profit medicine.

She said the ingenuity and the capacity already exists within the publicly funded health-care system to deliver effective and efficient care.