

# Public, private health should co-exist, says CMA

GLORIA GALLOWAY

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Canada's doctors want to be able to work simultaneously in both the public and private systems, a flexibility that critics say could lead to queue-jumping and further depletion of public health care.

It's also a proposal that puts the medical community on a collision course with Prime Minister Stephen Harper, who argues that physicians would have an incentive to stream patients into the private portions of their practice.

In a paper delivered in Charlottetown Monday, the outgoing president of the Canadian Medical Association said his organization "makes no apologies for sparking this necessary debate."

Colin McMillan, who will be replaced as CMA head next month by a private-practice physician from British Columbia, said doctors "who already are in short supply" find they cannot provide the level of care that they would like.

"I would argue that if you had a mixed system with the same rules, then you would be able to retain these people and deliver the service as opposed to losing them and not delivering the service," Dr. McMillan said in a telephone interview.

"If the capacity of the public system cannot be enhanced or maintained, then [allowing doctors to work in both systems] may be one option that you would be looking at."

The Canada Health Act is widely interpreted as prohibiting doctors from jumping back and forth between the public and private sector. And Ottawa can claw back financial transfers from any province that opens the door to the practice.

But the CMA released a policy paper Monday that said governments should consider contracting publicly funded services to the private sector, Canadians should have more access to private insurance for private care and doctors should not be limited to working within one system or the other.

"Governments should examine practice arrangements where physicians are able to work in both the public and private sectors so as to maximize the availability of medical services," said the report, which was written by a working group made up of CMA staff and elected officials.

"Governments should remove bans preventing physicians from opting out or preventing them from practising in both the public and private sectors where it can be shown that this would improve access to services for the entire population, increase the capacity of the health care system and reduce wait times."

Spokesmen for the CMA acknowledged that not all doctors in Canada are of a like mind on the subject of privately funded care and they said only a small number have indicated an interest in moving to the private system.

The controversial recommendation was received with some skepticism by Health Minister Tony Clement, who pointed out that the Prime Minister expressed concern last year when Alberta suggested it would permit physicians' practices to straddle the line.

Mr. Harper wrote then-premier Ralph Klein to say: "Dual practice creates conflict of interest for physicians as there would be a financial incentive for them to stream patients into the private portion of their practice. Furthermore, dual practice legitimizes queue-jumping as it provides an approved mechanism for patients to pay to seek treatment at the front of the line."

Alberta backed away from the proposal when Ottawa hinted that it would impose nearly \$2-billion in sanctions.

"How can you improve access if doctors are spending part of their time inside the system and part of their time outside the system?" Mr. Clement asked Monday. "No one had really shown how that can be done."

But the doctors said they are merely levelling a dose of reality on a nation that puts a high premium on its medicare system — and they argued the proposal is one means of saving public health care.

Dr. McMillan said doctors would like the government to look at European models that blend the two systems.

"We are certainly not talking about a private, for-profit system analogous to the United States. Once you make it quite clear you are not talking about that or anything like that, then the temperature comes down and the controversy is a lot less," he said.

And the CMA would also support provincial regulation of private care to ensure standards are maintained. "It just wouldn't be a free-for-all," Dr. McMillan said.

When Dr. McMillan's one-year term ends next month, he will be replaced by Brian Day, the owner of the largest private hospital in Canada, who has said the public system is horribly inefficient and is being compromised by a bloated bureaucracy.

But Dr. McMillan said he does not believe the election of Dr. Day has any impact on the decision by the medical association to support a relaxing of the rules prohibiting dual practice.

"I think this is just a natural evolution," he said, "of the public debate on the future of health care as we see it."