

Ankle Deep in Medicare Madness

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By Margaret Wentz

This editorial refers to Canada's universal health care program, Medicare—but it should be required reading for anyone who thinks that a single payer system in the U.S., based on Canada's model, would be an improvement on the status quo.

"Everybody knows our health-care system's nuts. But sometimes, it's even nuttier and more illogical than you think it is.

Meet Harold Waterhouse, who found this out the hard way. About a decade ago, Mr. Waterhouse fell and broke his ankle. A few years later, it began to hurt, and he began to hobble. The diagnosis: severe arthritis. The cartilage had disappeared, and his ankle joint was bone on bone.

The good news is that they can fix this now. The bad news is that Canada has only a handful of doctors who do ankle replacements, which are far less common than hip and knee replacements. Waiting lists are excruciatingly long.

At first, Mr. Waterhouse tried injections for his arthritic ankle. That didn't work. So he went to see the ankle doctor in Toronto, who is the only one in the province. He had to wait a year just for his appointment. The ankle doctor recommended replacement surgery. Wait time: another 2 1/2 years.

Despite repeated government promises to fix waiting times, they're still too long. Governments have made priorities of hips and knees because so many people need them. But if your problem happens to be a less-favoured body part, too bad. Priorities in one area don't help patients in another area, and often hurt them when resources are simply reallocated.

The bureaucrats at Ontario's health insurance plan didn't have much sympathy for Mr. Waterhouse. They sent him a letter saying that since his condition wasn't life-threatening, there was no real hurry to treat him. He didn't see it that way, though. By now, he had been in pain for years. He had turned 70, and his dream of an active retirement on the golf course was in ruins. "I wasn't in a wheelchair, but I couldn't walk very far without severe pain."

The waiting lists were just as long at every other hospital in Canada. Eventually, OHIP agreed it would cover the cost of sending him for surgery in Ohio. The bill: \$35,000 (U.S.). He was all set to go when U.S. regulators put a temporary hold on the ankle device used by the U.S. surgeon, pending final approval by the FDA. The same implant was already in use in Canada. So the U.S. surgeon referred him back across the border, to a place that would take him right away. Better still, it would be much cheaper than in Ohio. Mr. Waterhouse wound up getting his state-of-the-art new ankle at the Cambie Surgery Centre in B.C., for a total cost of \$19,463...

But OHIP was not pleased. In fact, OHIP refused to reimburse him. Why? Because the Cambie Surgery Centre is a private clinic, and OHIP refuses to cover surgical procedures done in private clinics, so long as they're in Canada...

"This case is evidence that the politics of health-care funding and delivery often take precedence over responsibility to taxpayers and empathy for patients," says Dr. Brian Day, who is medical

director of the Cambie centre and also president–elect of the Canadian Medical Association.
"This is one example. There are many, many others."