

Health care: The case for two tiers

Rebecca Walberg

Special to The Leader-Post

Tuesday, August 07, 2007

Dr. Brian Day, the incoming head of the Canadian Medical Association, is in favour of allowing private insurance for, and provision of, medical care. This position, still considered radical by health-care hardliners, contributed to his election as president by his fellow physicians. Even the outgoing CMA president, a one-time supporter of medicare, endorses a new position paper calling for an expanded role for the private sector in providing medical care to Canadians.

Opponents of health-care reform should pay attention. Doctors see most clearly the extent of suffering, disability and death that result from our mismanaged health-care system. Patients can refer to their own experiences, and those of friends and relatives, and health bureaucrats surely see how the medical system inhales money, but it is doctors who are on the front lines of the current crisis.

Watching patients wait months for tests that could, in another jurisdiction, be carried out within days, if not hours, is frustrating for doctors. Treating patients who are forced to wait over a year for joint replacement, when the standard of care is 90 days, is profoundly disheartening. Britain's National Health Service, a sclerotic public system similar to Canadian medicare, has a chronic doctor shortage, as physicians get fed up with making treatment decisions based on rationing, not medical need, and move away, or retire early. We will face the same problem here soon without a major change.

The reflexive response of blind supporters of public care has been to suggest that doctors advocate private insurance and health-care reform for their own financial improvement. This slur is not only uncalled for but illogical. Those who place compensation above all else have already moved to more lucrative climates. Physicians who choose to stay in Canada should be encouraged to practise the best medicine possible, not hampered by bureaucracy and multi-tiered administration. Burnout among doctors, as with most professionals, has little to do with salary or income, and a great deal to do with frustration, mismanagement and artificial obstacles.

The horror with which many activists react to the suggestion of for-profit medicine is also misplaced. As necessary as medical care is, it is not as essential as food or housing. People not in crisis could theoretically get by without medical care for some time (and in fact our waiting lists prove, if nothing else, that thousands of Canadians do survive despite lack of access to necessary health care). Food, on the other hand, is the most immediate necessity of life, followed by shelter, and yet nobody recoils from the thought that entrepreneurs and investors, as well as suppliers, might profit by growing, processing and retailing food, or by selling or renting accommodations.

Central planning and government monopolies led to the food shortages (and occasional famines) in the East Bloc, and to extended families sharing the same small apartment. Future Canadians will view our current health care with the contempt and bemusement felt for Soviet-era food and housing bureaucracies. Our health policy, and our tolerance

of inefficient rationed care, lags behind every other developed country.

There are three nations worldwide that ban private health insurance for primary care: Cuba, North Korea and Canada. By contrast, every European country currently allows both private and public insurance for health care. All EU member states provide medical care as good as, or better than, what Canadians receive. All but two of them, Switzerland and Luxembourg, spend less per capita on health than the various levels of Canadian government do.

Why do so many activists still insist that Canadians should pay more money for inferior care than anyone else does? The problem is that medicare has become, for many, a matter of faith, rather than good medicine or good government. Freedom to cling to belief against all evidence is of course a universal prerogative. This does not mean, though, that public policy should be derived from personal faith, rather than according to empirical evidence.

The reality is that our health-care system is broken, and intensive efforts to improve it, accompanied by boosted budgets, have made only modest inroads against wait times in a few select specialties. The average Canadian, if transplanted to Europe, would enjoy more choice and much better access to health care, at a lower total cost. Health care providers themselves argue in favour of changing the system to make excellent care accessible to all Canadians. That some of us still lobby for a government monopoly on medicine is puzzling. That most of us are prevented from obtaining effective medical care, by a system rejected by the rest of the world, is a disgrace.

- Walberg is the director of Health Policy at the Frontier Centre for Public Policy, an independent think tank with offices in Manitoba and Saskatchewan. Its Web site is www.fcpp.org

© The Leader-Post (Regina) 2007