

CMA head touts benefits of private health care

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VANCOUVER – The incoming president of the Canadian Medical Association says the country's public health-care system is headed for crisis, but a greater role for private health care could help.

Dr. Brian Day said in his inaugural speech to Canada's medical establishment Wednesday that contracting out health services isn't new and has helped slash wait lists.

"Let's be clear: Canadians should have the right to private medical insurance when timely access is not available in the public system," he said to applause from about 270 delegates at the annual convention.

Day, a Vancouver orthopedic surgeon, said the Supreme Court of Canada has already made a decision favouring such a move.

The Chaouilli case, named after the Quebec doctor who initiated it, struck down Quebec's ban on private insurance in 1995, saying it contradicted the provincial charter of rights.

Day said injured workers in some provinces are treated in private facilities, saving workers' compensation boards millions of dollars in wages and keeping people off long wait lists.

Day, who opened Canada's first private surgery clinic in 1995, has often been criticized for his pro-privatization views that some say could pave the way for a for-profit system much like in the United States.

"No one I know wants to adopt a so-called American-style health system," he told delegates at the association that represents 65,000 doctors across Canada.

He said the private-versus-public debate is largely irrelevant and counterproductive but that new ideas and concepts are bound to face opposition and skepticism.

The status quo must change, Day said, because the declining health of the country's aging population will have a profound social and economic impact on Canada's future.

"Canadians face difficult choices, but we must act. We and our patients remain frustrated by waiting periods that exceed all ethical standards."

But while he advocated more choice in the private sector, Day said the ability to pay should never be a factor for any patient needing health care in Canada.

He called for the modernization of the Canada Health Act, saying it's based on principles developed over 40 years ago and no longer meets the needs of today's population.

"My support for universal health care is unequivocal, but I believe the act must be revised."

Day also said provinces must change the way hospitals are funded because they suck the largest amount of money out of the health-care budget.

The current system of block, or global, funding doesn't reward efficiencies or penalize failure to deliver service to patients, Day said.

"Hospitals must have incentives to reopen operating rooms, increase the number of beds available, hire more staff and treat more patients."

Day is an advocate of the British system of funding hospitals, which get public money based on the number of procedures they perform as an incentive to cut that country's wait lists.

He said the scheme has some problems but that Canada could adapt what's working in Britain.

"There are those that dismiss these concepts of success and excellence as elitist or undesirable. They support the status quo and dismiss the plight and suffering of patients."

Guy Caron, spokesman for the Council of Canadians, said that while Canada has a problem with wait lists, it's too simplistic to say models from other countries can be applied here.

Caron said Britain and France, which each have a mixed public-private health-care system, have hired more doctors to cut wait lists.

"In the UK and in New Zealand they tried to bring market components to health care and it failed so they are actually reforming the system right now to bring more public (services) into the system."

Day said Canada's shortage of doctors and other health-care professionals is at a crisis point, adding medical graduates leave the country every year because they don't have the operating-room time and other resources they need to stay here.

Day also called for the use of technology, such as electronic medical records, in the health-care field to deliver safe, efficient care.

"We are in the information age and medicine needs to catch up," he said. "Sadly, our access to new and valuable technologies is at a point where we rank near the bottom of developed countries. This must change."

Before Day's speech, delegates voted overwhelmingly in favour of several motions, with 99 per cent of them calling on provincial and territorial governments to implement strategies that would reduce emergency-room wait times and overcrowding.

Dr. Shelley Ross, a Burnaby, B.C., family doctor, said patients are waiting too long to be assessed and that the use of the acronym DIC, which stands for Died In Chair, indicates people are waiting too long to be assessed.

Many of the motions passed Wednesday urged the federal government to support environmental policies to protect the public's health by implementing various measures.

They include improving the quality of the air people breathe – both inside and outside – ensuring access to adequate and safe drinking water, minimizing the effects of global climate change and banning smoking in vehicles that carry children.

Dr. Brad Fritz of Vancouver said half a million people living on about 600 reserves don't have the same assurances as other Canadians that their drinking water is safe to drink.

Ninety-six per cent of the doctors also voted to pass a motion saying their association will develop a policy to safeguard physicians from fear of reprisal and retaliation when they speak out as advocates for their patients and communities.

And 93 per cent of them favoured a move by their association to let the federal government know that federal wait-list strategies have failed to provide Canadians with timely access to quality medical care.

One doctor called the government's national wait-times strategy a charade and "a slap in the face of intelligent Canadians" because it targets areas that are already showing improvement.

Delegates also voted 98 per cent in favour of urging the federal government to promptly address the high cost of generic and off-patent drugs in Canada.