



“Fact Check on Brian Day, MD”

Michael McBane, National Coordinator of the Canadian Health Coalition, has disseminated unsupported claims and misinformation about certain statements made by Dr. Brian Day, the incoming president of the Canadian Medical Association. McBane twists the truth and trots out a number of tiresome and self-serving myths that attempt to keep the public in the dark on Canadian health care.

The following list sets the record straight on Dr. Day.

1) Day’s statement: *“The Canadian health system has been ranked 30th in the World by the WHO”*

McBane’s reaction: *“The 2000 World Health Organisation study presented a misleading representation of health care systems including Canada’s. The WHO abandoned this ranking system because of seriously flawed methodology.”*

For the record: McBane uses the WHO report selectively. While he dismisses the WHO’s healthcare rating system as unreliable, he acknowledges the validity of Michael Moore’s film “Sicko.” Moore uses the identical WHO study to condemn the U.S. health system, rated by 37th in the World by the WHO.

2) Day’s statement: *“At \$4,400.00 per capita [Canada] is the most expensive of all countries that offer ‘universal’ coverage.”*

McBane’s reaction: *“Canada’s per capita spending in 2004 was \$3165 U.S. It is above the OECD average but below Norway, Switzerland, and Luxembourg. The U.S. spent \$6100 per capita in 2004.”*

For the record: Health care spending per capita was projected to be \$4,548 in 2006, the second highest (after Iceland) among other OECD countries that offer universal care. In spite of having one of the most expensive health care systems in the World, Canada has fewer physicians per capita than the OECD average (2.2/1000 vs. 3.0/1000), fewer acute care hospital beds than the OECD average (2.9/1000 vs. 3.9/1000), fewer MRI machines than the OECD average (5.5/1 million vs. 9.8/1 million), and fewer CT scanners

than the OECD average (11.2/1 million vs. 20.6 million). In addition, there are approximately 1 million people on wait lists to see a specialist, to get an MRI or other medical imaging, or to have surgery. Canada has one of the most expensive health care systems in the World, and is ranked 30th by the World Health Organization.

3) Day's statement: *"In Canada, 65% of sick children wait a "medically unacceptable" period of time."*

McBane's reaction: *"There is no evidence for this claim."*

For the record: The source of the statistic is an audit by staff at B.C. Children's Hospital, described in the January 12, 2006 edition of the *Vancouver Sun* by Dr. Geoffrey Blair, the chief of surgery at B.C. Children's Hospital, and spokesman for a consortium of surgical chiefs from more than dozen pediatric hospitals in the country. The audit was also described in the *Canadian Medical Association Journal* (December 6, 2005) by Dr. Blair.

4) Day's statement: *"The assertion that our single-payer system is administratively efficient is hogwash."*

McBane's reaction: *"Before Canada introduced a single-payer system, spending in Canada and the U.S. was escalating in parallel. After 30 years of single-payer administration, Canada now spends almost fifty percent less than what Americans spend (9.9% of GDP in Canada vs. 15.2% in the U.S.) while providing equal or better care. All Canadians are covered while the U.S. has 46 million citizens with no coverage."*

For the record: McBane is comparing apples to oranges. Comparing the Canadian system to a very different U.S. health care system (which does not offer universal care) adds no value to any meaningful debate. Moreover, Canada should not aspire to equal or compare itself to the 37th ranked country (the U.S.). Many countries with universal care and access have no wait lists and spend significantly less than Canada. They all have a vibrant private sector to keep the public system accountable and honest.

5) Day's statement: *"In our country a dog can get a hip replacement in under a week, but a human may wait two years."*

McBane's reaction: *"Access to veterinary care for animals is based on ability to pay. Dogs are put down if their owners can't pay. Access to care should not be based on ability to pay."*

For the record: “Patients are suffering and dying on wait lists.”(June 2005, Supreme Court of Canada). Recommended maximum by Canadian governments to get a new hip is six month. In reality, however, it can take two years or more. Today, only very few Canadians can afford to buy a new hip privately in the U.S., Europe, or India. With the introduction of private health insurance, a hip replacement done privately in Canada will be an option for the rest of us.

6) Day’s statement: *“All other models of universal health care differed from the Canadian model in one fundamental way: They did not exclude competition from the private sector. Canada shared this distinction with just one other country – North Korea!”*

McBane’s reaction: *“30% of what Canadians spend on health care is private expenditure. Canada is below the OECD average on public health care spending. The argument that private for-profit health care does not play a significant role in Canada is false.”*

For the record: This is a misleading argument. The 30% private expenditure covers dentistry, out-patient drugs, chiropractic and physiotherapy services, cosmetic surgeries, etc. Over 99% of physician and hospital services (a.k.a. “medically necessary services”) are controlled by the state monopoly and are publicly funded. Result: a million Canadians are on wait lists. Only North Korea has such a rigidly-controlled monopoly on physician and hospital services.

7) Day’s statement: *“At the [Cambie Surgery] Centre we spend only 30 percent of our gross revenue on wages and salaries, compared with 70 percent in the public hospitals, yet we pay our nurses more.”*

McBane’s reaction: *“Peer-reviewed evidence shows that for-profit investor-owned facilities skimp on staff and patients are at risk as a result. Where is the rest of Cambie’s revenue going? Profits?”*

For the record: The nurse to patient ratio at private clinics far exceeds that in the public system. Private clinics could not survive if they provided inferior services. They achieve savings in reduced management and administration costs, in utilizing high-end technology, in developing more efficient systems, and they pass on the savings to their patients. It is hardly surprising that the utilization of private clinics in Canada has been increasing steadily.

8) Day's statement: *"In striking down the existing laws, the judges said, "The evidence shows that delays in the public health care system are widespread and patients die as a result of waiting lists for public health care.... the courts have a duty to rise above political debate."*

McBane's reaction: *"The Supreme Court of Canada's Chaoulli decision recognized that failure to ensure timely access to care endangers Canadians' well-being. But the remedy must be to ensure access for all – not just for those who can "afford to pay" for private care. Three dissenting judges warned that the Charter should not be used to roll-back benefits enjoyed by all Canadians, especially the poor."*

For the record: The Supreme Court struck down Quebec's healthcare legislation. Six of the seven judges ruled that the Quebec laws violated the rights to life, liberty, and security of person, and described the system there as a "de facto monopoly". Seven of seven judges ruled that patients experienced "physical and psychological suffering", and all ruled that the system imposed the risk of death and irreparable harm to patients waiting for care. The Court asserted that they must rise above political debate.

9) Day's statement: *"Health care is approaching 50 percent of all spending in the provinces."*

McBane's reaction: *"Health care spending is rising as a percentage of provincial budgets because of tax cuts and cuts to other program spending. Health care spending as a percentage of the economy is stable and takes up the same share of national income as 25 years ago - approximately 4 percent of GDP for hospitals and physicians. Why would someone concerned about rising costs advocate transferring cost from governments back on to patients and private insurance?"*

For the record: Health care is approaching 50 percent of all spending in the provinces. This is a statistical fact, authenticated by auditors nationwide. One might be concerned about this because increasing health spending starves out other government programs (transportation, education, child care, research etc.)

10) Day's statement: *"The coming changes will create a massive new industry and enable the Canadian health industry and its workers to enter the international health market and participate in the \$2 trillion American health economy. On the basis of extrapolations from*

other countries, we may see \$40 billion a year added to the Canadian health system.”

McBane’s reaction: *“There is a lot of money to be made by wrecking Medicare in Canada. But how is it in the public interest to drive up spending to U.S. levels? If current levels of health care spending are said to be ‘unsustainable’ why would one advocate spending an additional \$40 billion a year?”*

For the record: The assertion by Day was that the public system would benefit to the tune of \$40 billion. His examples were of foreign public hospitals that generate funds for the state system, as the Royal Marsden Cancer Hospital in London (25% of core revenue) and the communist run Frank Pais orthopaedic hospital in Havana, Cuba (\$US20 million a year for the state hospital system).

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http://www.smcma.org/Bulletin/BulletinIssues/May06issue/counter_viewpoints.html
<http://www.healthcoalition.ca/DayFactCheck.pdf>