PRIVATIZATION NOT THE ANSWER TO WHAT AILS MEDICARE SYSTEM

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Category: Opinions

By Dr. Danielle Martin, Chair of Canadian Doctors for Medicare, Toronto Star, 25 August 2008

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Yet in 2008, we were in the top six of 19 high-income countries in preventing deaths from medically treatable disease, the index that most closely relates to the quality of a health-care system. Overall, our outcomes and costs are similar to Germany, France and Britain.

This doesn't mean we can be complacent. Our lack of a national public prescription drug program is, as Dr. Robert Ouellet suggested in his inaugural speech, a disgrace. In this, we rank just above the United States. We also have significant problems with wait times for some procedures, and a shortage of family physicians.

But Ouellet savagely attacks Canadian health care so he can make a case for privatization. Create a disease and you might be able to sell a new treatment, even if the evidence suggests it won't benefit most patients. Canada is not, as he said, 30th in the world in terms of results measured by monies invested. This figure, also used by Ouellet's predecessor Dr. Brian Day, is from a widely discredited World Health Organization (WHO) study that ranked Colombia first in fairness of financing and the United Arab Emirates first in responsiveness. It belongs in the trash can of poor research – so much so that the WHO struck a committee to completely revise its methods, and has not repeated the study since 2000.

Of course Canadians want "choice" in health care – for example, we want to choose our physician, and whether or not to have a particular procedure. But that doesn't mean we want private corporations selling us "care" we may or may not need so they can increase their profit margins – advertising and "choice" should not apply to health care the way they apply to mobile phones, as Ouellet suggests.

Rather, studies show Canadians strongly support medicare, and are against the queue-jumping that comes with a parallel private system, particularly since we don't have enough health professionals to serve one system.

They know health-care bills can break the bank – as in the U.S. – which is why we all chip in to medicare to share the risk. Credit card medicine – with price schedules, as in Ouellet's clinic, like "Brain $650. Pelvis $735, Hip (each) $650" – that would cater to the wealthy at the expense of the majority, is not something most doctors or patients want.

Even having provincial governments contract out services to private industry is risky because private hospitals tend to take the healthiest, most lucrative patients, leaving the sicker, more expensive, for public hospitals.

Owners of private hospitals and clinics often demand every dollar be squeezed; staffing ratios can be dangerously low, patients

badgered into buying unnecessary services, such as a mandatory $300 appointment with a dietician to get access to a publicly funded colonoscopy.

Nowhere has it been demonstrated that introducing private hospitals and clinics to a public system saves money or improves quality. In fact, available evidence leads to the opposite conclusion.

In 2002, Dr. David Naylor, now president of the University of Toronto, wrote an article for the *Canadian Medical Association Journal* titled "your money and/or your life?" He concluded recent research should "help Canadians re-embrace the core concept of a universal health-care system in which the vast majority of services are provided by non-profit institutions with public accountability."

Meanwhile, Australian research shows the major beneficiaries of that country's heavily subsidized private parallel system have been the higher income, private insurance companies, private hospitals and medical specialists. The Australian Medical Association recently raised serious concerns about equity, concluding that after increasing privatization, public hospitals "are in bad shape and are desperately in need of urgent recurrent and capital funding increases."

Canada's health-care system is based on sound principles – that's why the Canada Health Act is one of our most respected pieces of legislation. It's our practices that need updating. Medicare in the 21st century must include prescription medications and community care. It must recognize that nurses, pharmacists and other health professionals can play a larger role. It must rely on information technology to improve efficiency and reduce duplication and error. We must make the changes that numerous pilot projects are proving can produce massive reductions in wait times.

We know of countries where improvements appear to be working; we can judge whether they might work in Canada. In the United Kingdom, waiting lists have been dramatically reduced, and the evidence suggests it's because of better computerization, better management targets and incentives and increased funding – all within the public sector.

Yes, there have been some contracts with private hospitals – but they account for only about 1 per cent of activity; and the evidence available indicates private hospitals are more expensive – presumably due to their profit margins.

When a patient feels unwell, she has a few questions on her mind. Am I sick? How sick? What treatment would make me better? These are questions we must ask about our health-care system. We must make sure that we when implement changes we look at the facts, and stay true to our values.

Otherwise the transformation of our health-care system may produce results quite different from what we intend.