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## **Medical association seems to be tilting to private care**

*Next CMA president is an avowed champion of the private health system*

By Janet Bagnall

Do Canada's doctors seriously want to return to the days when there was no publicly funded health care? Do they want to be able to choose which of their patients they will treat, on the basis of who can pay?

If the answer to both those questions is no, why did they choose Dr. Brian Day to head the 60,000-member Canadian Medical Association?

Day is - as he was approvingly described in 2006 in Maclean's magazine - "the first CMA president in many years whose practice exists largely outside the public health-care system."

An orthopedic surgeon, Day is the founder of a private clinic whose patients are mainly people with third-party insurance, such as workers' compensation.

Day, who will take over leadership of the CMA in August, is a staunch advocate of the role of privately paid health care in the Canadian system.

This means that at a critical juncture for the continued survival of Canada's public healthcare system, doctors have chosen to represent them someone unlikely to try to improve the public system, and who could, in fact, undermine it.

If there were reason to believe our public health-care system would be improved by the addition of privately funded services or clinics, or even a parallel, private system, Day's leadership could be welcomed.

But in reality, such proof is thin on the ground. The examples pro-private sector advocates trot out with such conviction don't prove private health care is an improvement over the public version. On the contrary, well run, publicly funded health-care systems are superior in every important regard. They deliver high-standard care at lower cost and with greater equity and efficiency.

Let's look at one of the examples that purports to show private care can be a useful adjunct: Stockholm county in Sweden transferred St. Goran's Hospital from the public sector to the private in 2001. What at first looked like a more efficient operation was found in fairly short order to be the result of hospital administrators preferring to treat patients with minor problems over serious illnesses.

According to research from the Parkland Institute at the University of Alberta (printed in 2005 in the Globe and Mail), Daniel Cohn of Simon Fraser University found that at St. Goran's, patients most in need of fast medical attention were least likely to get it.

France is another mixed system that is cited, wrongly, as a successful example of the role of private care. In 2000, the World Health Organization ranked the French health-care system as the best in the world.

But the reason France can offer good health care, the Council of Canadians persuasively argues, is not the presence of private insurance or privately funded hospitals, but rather the fact it has an unusually high number of doctors and hospital beds per capita. In 2002, France had 3.3 doctors per 1,000 people compared with Canada's 2.1, for example. France also had 4.2 hospital beds per 1,000 people; Canada had 3.2.

And what about that beacon of private care, the United States? Compared with the U.S., Canada is viewed by its detractors as one long lineup for medical care. But according to research published in American Prospect magazine, the median wait time for elective surgeries in Canada was just over four weeks in 2003. For diagnostic tests the wait was about three weeks. There was no wait for emergency surgeries.

In the U.S., one-third of American patients waited more than a month, according to the Organization for Economic Co-operation and Development. And, as American Prospect pointed out, the one-in-three figure does not take into account uninsured Americans who aren't waiting for medical care they know there's no point seeking.

The magazine also cited a 2003 study in the New England Journal of Medicine that found the U.S. spends 345 per cent more per capita on health administration than Canada. With its single-payer system, Canadians aren't wasting money on insurance salespeople, billing specialists or underwriters.

The CMA is, of course, at liberty, to choose whomever it wants as a leader. But if it wants to debate the merits of public vs. private funding, it owes Canadians the most accurate and relevant information available.

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