

## For-profit medicine not the magic bullet for health care

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Roy Romanow's long-awaited report on the future of health care in Canada is due out Thursday. In the meantime, he's hinted loudly and clearly that he favours strengthening and expanding health care, rather than turning over any more of it to the private sector.

But what exactly is needed if Albertans and other Canadians are to maintain one of the best public health-care insurance plans in the world? It's simply not good enough to say the plan must be expanded and strengthened. Romanow must come up with specific ways to do this and must also be clear about how much it is likely to cost Canadians.

Since its inception in 1966, the health-care plan has been highly valued by Canadians. And its central tenet, that everyone is entitled to medically necessary services, based on need and not the ability to pay, has become the bedrock of Canadian identity. It's also important to remember that health care is so important, people are going to pay for it one way or another -- out of their own pocket or through their taxes.

Our experience of almost four decades has proven that a monopoly such as our public health-care insurance plan actually works in favour of the consumer, the taxpayer and the patient, because the single-payer system creates administrative and planning efficiencies and a buyer's market rather than a seller's market.

Because of this system, our total health-care costs comprise just over nine per cent of gross domestic product, while the U.S. health system costs 50 per cent more, over 14 per cent of GDP. The higher costs in the U.S. mean 44 million people go without coverage because they cannot afford the premiums.

What will or should the Romanow commission conclude?

Much has changed in health-care delivery in the ensuing decades since its inception. For example, more money is now spent on pharmaceuticals than physicians and surgeons. Patients spend less time in hospital and more time recovering at home.

The demand for long-term care of the aged is growing. However, drugs, home care and long-term care are not comprehensively covered, which means Canada is edging ever closer to a two-tier system. Those who can afford to pay directly or obtain secondary insurance, or have an employer willing to share the cost, get these services. The rest often go without.

#### Pharmacare/Home care:

For the sake of equity and adherence to the basic tenet of Canada's health-care system, Romanow must recommend expansion to include coverage of drugs, home care and the medically necessary aspects of long-term care and palliative care. At first glance, this may seem an exorbitant price to pay for equal access to medical care. But, in fact, including drugs, home care and long-term care in the single-payer medicare system means costs can be better kept under control.

Costs go up much faster in a multi-payer system such as in the U.S., because private insurance companies try to outbid each other for medical professionals and supplies.

#### Public Provision/Administration:

Romanow must also make it clear that for-profit medicine has no place in the Canadian public health-care system. It has been shown in some cases, allowing for-profit health-care corporations to deliver medical services increases costs, lengthens waiting lists in the public system and decreases the quality of care. The Alberta government has ignored this evidence and encouraged for-profit health-care providers to set up shop anyway.

Calgary's new private, for-profit hospital -- The Health Resource Centre -- will be providing major surgery such as hip and knee replacements to clients such as the WCB and is seeking contracts with the Calgary Health Region. Health Minister Gary Mar has assured us that this will not negatively affect the public health-care system. But how can that be when the surgeons who operate at the Health Resource Centre are the same surgeons who operate on patients at the public hospitals? They cannot be in two places at once.

Romanow must make it clear that physicians and surgeons cannot work both sides of the fence. If they want to opt out of the public health-care system, they have to opt out completely. If they have it both ways, the public system will suffer. Romanow must also decree that directing public funds to for-profit health-care providers is not an efficient use of taxpayers' money since much of it will be going to shareholder profits rather than medical care.

#### Funding/Accountability/Universal determinants:

Money talks. The system in Canada has devolved into 13 separate provincial and territorial systems. This has happened for at least three reasons: Health care is a provincial responsibility under the BNA Act of 1867 and the Constitution Act of 1982; medically necessary services are left vague in the 1966 Medical Care Insurance Act and the 1984 Canada Health Act and the decrease in federal government funding and, therefore, enforcement ability has diminished over time. Provinces are left to decide what is medically necessary and what medicare

covers.

The federal government will have to firm up the definition and expand the included list of medically necessary services (including drugs and home care) to reform medicare back to a national program. To do this, politically it will also have to dramatically increase its share of health funding and commit to a financing mechanism over the long term. In turn, Ottawa will need greater accountability from the provinces and greater say in the local delivery.

Integrated primary care:

Primary care delivery needs to change so it focuses on health maintenance rather than illness treatment. Patients need to be central. This requires a community health centre where each individual's health needs can be administered and delivered by a diverse team. Health information could be collected and maintained at a single point and be available to all health and related practitioners using the best technology possible.

Let's suppose Romanow recommends all of the above and more. How can Canadians be sure that the federal and provincial governments will comply? For this to happen, Romanow needs to be very precise about how much all of this is going to cost. Then, he needs to point out to Ottawa how it can pay for it.

The next step is a commitment from Ottawa to direct more money to the provinces for health care. But strings must be attached. Provinces will only get the money if they agree to expand and strengthen medicare, specifically coverage of drugs, home care and long-term care. They must eliminate for-profit health care delivery in the public sector, prohibit doctors from working both sides of the fence and institute the necessary primary care reforms.

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Cartoon: (See Hardcopy for Illustration) ;