

MD blasts colleagues who support private care

McMaster University's Dr. Gordon Guyatt says endorsement of for-profit delivery hurts patients

BY LUMA MUHTADIE

A prominent Hamilton physician says Canadian doctors are not representing the interests of their patients by taking positions that open the door to private health care.

Dr. Gordon Guyatt said doctors would have unequivocally endorsed a publicly funded, not-for-profit system of health care had they acted on behalf of their patients.

Doctors attending the annual conference of the Canadian Medical Association yesterday adopted the latest in a string of resolutions that pave the way to a private health-care system operating alongside medicare. In a historic vote, delegates decided by a 2-to-1 margin that, when patients do not get timely care, they should be able to go outside the public system and use private health insurance to cover the cost of private care.

The move echoes a landmark Supreme Court of Canada ruling in June that struck down Quebec's ban on private health insurance.

Guyatt said adopting the resolution is tantamount to accepting that those who cannot afford to pay will get inferior care, and not get it when they need it. "We know that for-profit delivery costs more and delivers poorer products because the money goes as profit to the investors, instead of toward patient care," said Guyatt, spokesman for the Medical Reform Group, which advocates equitable health care.

Dr. Albert Schumacher, outgoing president of the CMA, said this would not be a first choice as "private insurance in Canada is one of the most unregulated in the world." He said the CMA would prefer to see the federal government set up a Canada health access fund to reimburse patients who don't receive timely care at home, and prearrange to leave the province or the country. Still, Schumacher advocates private insurance as a second choice. "It reiterates the Supreme Court decision, and the Supreme Court is the law of the land," he said.

Dr. Scott Wooder, who is president-elect of the Hamilton Academy of Medicine and is attending the conference in Edmonton as a delegate, also voted in favour of the principle. "I want us to have an open discussion," Wooder said. "I am not prejudging what the outcome of the discussion will be, but let's get the evidence and have the debate."

But Guyatt, a McMaster professor who coined the term evidence-based medicine, said the evidence is already there. “They keep talking about ‘let’s have the debate.’ We’ve had the debate at least five times in the last 20 years,” he said, referring to a string of reports ending with Roy Romanow’s, the result of an 18-month criss- crossing of the country. “All five times, the debate — which was not about ideology, but a debate looking at evidence — came to the same conclusion: Public funding is both more equitable and more efficient. Not- for-profit is cheaper and it delivers a better product.”

Earlier this week, two-thirds of the doctors attending the CMA conference rejected a resolution that said a parallel private system should not be permitted as a way to deal with excessive wait times. Wooder said it was rejected because it would have cut off debate. “It would have presupposed that there is no other solution than what we do now,” he said.

Within six months, the CMA has resolved to develop a blueprint to define and guide the relationship between the public and private sectors in the delivery and funding of health care. The last time the CMA visited the issue of private health care was in 1996, but the idea was rejected after heated debate.

“What we’ve seen in our own health system since then,” said Wooder, “is longer wait lists, physician shortages, nursing shortages and decreased access to all kinds of health care.”

Imuhtadie@thespec.com
905-526-4629