

The Contradictions of Michael Kirby

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By Dr. Gordon Guyatt

Put yourself in the role of the federal ethics counsellor. A member of the Board of Directors of a giant for-profit nursing home company is also the Chair of an inquiry in to Canadian health care. As a Board member, the Chair has a responsibility to look after the company's interests.

Requirements as Chair of the inquiry include making recommendations about the role of for-profit health care providers in Canada.

Conflict of interest, yea or nay?

That was the decision facing federal ethics counsellor Howard Wilson when asked to rule on the appropriateness of Senator Michael Kirby's role as Chair of a Canadian Senate committee studying Canadian health care. Kirby not only sits on the Board of Extencicare, a giant Canadian company that runs nursing homes, but on three of the board's committees.

No conflict of interest, ruled Wilson. The reasoning? Senator Kirby's Committee is only making recommendations, not decisions.

If you don't feel reassured, you are not alone. Senator Kirby and his 14 fellow Senators have been studying directions for Canadian health care for the last two years. They released the fifth volume of their report in April. The story of their inquiry is disturbing.

The fourth volume of the Kirby report, which laid out "Issues and Options", was particularly worrisome. That volume, while acknowledging the importance of providing health care for all Canadians, suggested amending the Canada Health Act that guarantees that health care. The Kirby committee's suggestions included allowing user fees for physician and hospital services, and allowing insurance companies to sell insurance for people wanting to protect themselves against those fees.

The fourth volume acknowledged that public administration of health care is tremendously efficient, and in comparison to the US mix of public and private administration saves Canadians \$10 billion each year. But the report raised the possibility of scrapping public administration. The

recently released fifth volume backs off these Medicare–destroying ideas. The report maintains that every Canadian must have timely access to all medically necessary services regardless of ability to pay, and that no Canadian should suffer financial hardship from having to pay health care bills. Kirby endorses a single payer, the government, for medically necessary hospital and physician services, and rejects a parallel private system.

So far, so good, for anyone interested in maintaining quality health care for all Canadians. But Kirby also notes that cost pressures on the system, particularly advances in health care technology, will require substantial increases in health care spending. Nothing wrong with that statement, it is quite true. But where are we going to get the additional money?

Here is where the latest report begins to sound like the old Kirby. The tone of the fifth volume is one we have heard so often: health care spending is spiralling out of control, and government revenues can't keep up.

Nowhere does Kirby mention that, as a proportion of our gross domestic product, we are spending less than we did a decade ago. Total health expenditures have dropped from 10% of our GDP to 9.4%, and public spending from 7.3% to 6.8% of GDP. Health care is more, not less, affordable than it was 10 years ago.

In considering where to get the additional money for health care, Kirby doesn't mention the giant tax cuts of the last 5 years. In 2001, the provincial governments will collect \$20 billion less than they would have using the tax structure of 1996, and the federal government \$20 billion less. Despite the decreased income, the federal government still ran a surplus of over \$17 billion in the last fiscal year.

These figures make it clear that if governments back off their mania for tax cuts, economic growth has insured that there will be plenty of money to finance health care. But that is not Mr. Kirby's message. Recently, on CBC radio, Kirby told listeners that "Canadians can choose to go on paying more and more taxes to the government ... or find some other way."

Well, in recent years Canadians have in fact chosen to pay less and less

taxes to the government. Aside from that, if Kirby really respects his principle of a single payer ensuring equal access to needed health care, what other way is there?

Apparently, Kirby's next volume, due in October, is going to tell us.

While we wait, we can consider the other recommendations in Kirby's fifth volume. The committee suggests the same reform of primary care that health care reports have been recommending for the last 20 years. Other sensible recommendations include a national human resources plan, a specific allocation of funds to ensure up-to-date health technology, and a national system of electronic health records.

These structural changes are important. But the key decision facing Canadians is whether to maintain the advantages of a national, tax-supported system of funding hospital and physician services, and whether to extend that system to home care and prescription drugs. The price will be giving up some of our tax cuts. The alternative is to move toward an American-style system in which we will pay more for our health care, and sacrifice our commitment to ensuring that all Canadians receive prompt, high quality care.

Which side will Mr. Kirby finally choose? Is the real Kirby a Senator committed to the public good, or first and foremost an Extendicare board member? Volume 6 of his report should give us the answer.