

A doctor is 'saddened' by the choices of his profession

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It's been 20 years since I have been as saddened and disappointed with the behaviour of my profession --medicine -- as I was during the last week.

In 1984, then-health minister Monique Begin responded to the growing number of doctors opting out of medicare and charging their patients fees beyond what public insurance would pay. She saw it was undermining medicare and responded with the Canada Health Act, one of very few pieces of federal legislation passed unanimously by parliament.

The act stipulated dollar-for-dollar penalties in federal transfers to provinces that allowed extra-billing -- user charges to patients for medically necessary services. All provinces eventually introduced measures to end the practice. Doctors in Ontario responded with a month-long strike in 1986-- and lost that strike, in the process demonstrating that they were out of touch with public values.

For a time, Canada's doctors learned from the strike. For most of the last two decades, provincial and federal medical associations have been relatively quiet regarding the fundamental tenets of medicare, implicitly lending support to universal, equitable access to high quality care.

But at the recent Canadian Medical Association meeting, delegates made the tragic choice of repeating a sad history. They chose a president-elect, Brian Day, who openly violates the Canada Health Act by allowing well-heeled patients to jump the queue at his private clinic, and uses rhetoric such as comparing universal health care to that of North Korea.

They passed resolutions in support of private insurance, and doing away with rules that prevent doctors from simultaneously taking advantage of public insurance and charging patients for quicker or better care.

Day is now softening his down-with-medicare rhetoric, and delegates also passed resolutions expressing support for medicare. Unfortunately, the policy choices in their resolutions, and their choice of Day as president-elect, leave no doubt about the CMA's fundamental position.

Fortunately, there are many doctors with Canadian values who see the evidence of the impact of a parallel private system and for-profit delivery. That evidence has been carefully studied and well articulated in the Romanow report's definitive analysis of the options for Canadian health care. Private insurance leads not only to inequities in

healthcare that are unacceptable to the majority of Canadians, but to huge administrative inefficiencies.

The U.S. experience has shown us that a parallel private system is a recipe for runaway health care costs. Rigorous comparisons of for-profit versus not-for-profit hospitals and outpatient clinics have shown that the requirement to provide profits to investors compromises care in for-profit facilities. In both hospitals and dialysis clinics, lower funding for care delivery results in higher death rates.

Doctors organizations like Canadian Doctors for Medicare and the Medical Reform Group understand that evidence, and will continue to speak out on behalf of medicare, and the interests of the Canadian public.

But those voices from the medical profession may be overshadowed by the attention given to Brian Day and the CMA. The CMA has placed itself in the camp of such right-wing think tanks as the Fraser Institute and politicians such as Preston Manning and Mike Harris, whose clear goals are the destruction of medicare. That destruction would serve the interests of three groups: wealthy Canadians, doctors whose priority is maximizing their incomes, and investors interested in profiting from health-care delivery.

Ordinary Canadians would find themselves at the back of the health care queue. It's a sad day when Canada's leading medical association sets itself at odds with the interests of the public it should be serving.

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