

## **Harper or Romanow, who is the real dinosaur?**

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"If that is where his report is going to go, it should be filed as an exhibit in Jurassic Park."

That's what Alliance leader Stephen Harper said about Roy Romanow's speech of October 16. Romanow's talk gave a clear indication of the recommendations that his report, due at the end of November, will include.

Given that Romanow is the Commissioner charged with setting directions for Canada's health care system, the speech was big news. What did Romanow say that led Harper to call him a dinosaur?

The key issues in the health care debate boil down to how we should pay for health care, and who should deliver that care. Romanow's speech indicates that he believes that public funding of physician and hospital services has been a success. Such a success, in fact, that he will recommend extension of federal funding to drugs and home care.

One reason Romanow considers public funding a success is because it achieves a goal that Canadians value highly. According to Romanow, we believe "that people should have equal access to care, and that medical need should be the only criterion governing who should be tended to first."

Mr. Harper doesn't think so. The Alliance is attracted by a private pay model that already allows queue-jumping for MRI scans in a number of Canadian provinces. Those who can pay get the scan first. Afterwards, they get the surgical or medical treatment indicated by that scan, while those who can't pay are still waiting in line.

Mr. Harper believes that Canadians are ready for a change, that the values Romanow represents are a thing of the past. Perhaps he is right. Canadians used to believe in sharing, in a society that made sure that the basic needs of all our citizens were met. Maybe those values belong to a different age.

The last 10 years have seen cuts in unemployment insurance, welfare benefits, and a shut-down of public housing programs. In Ontario, cuts to education have damaged the public system so badly that the number of children in private schools has more than doubled since 1995. Canadians have seen increased user fees for everything from public swimming pools to prescription drugs.

These policies have resulted in rises in homelessness, the number of children relying on food banks, and increased differences in wealth between rich and poor Canadians. Looking at these patterns, one might forgive Mr. Harper for concluding that the universal health care that Mr. Romanow advocates will share the fate of the brontosaurus.

There is another part of his speech, however, in which Romanow undoubtedly leads, and Harper lags. From the beginning of his work, Romanow committed himself to recommendations based on evidence rather than ideology. The Commission has released dozens of reports summarizing what we know about health care funding and delivery.

While Harper pushes his case for private health care through rhetoric about out-of-control health spending, Romanow's speech included the facts. Publicly administered health care has not only ensured equitable care for Canadians, it has also been responsible for limiting spending.

In 1992, we were spending 10% of our gross domestic product (GDP) on health care. The figure is now 9.4%. Health care is more, not less affordable, than it was a decade ago.

Why is it so clear that single-payer public funding is responsible for cost control? First, in the areas of single payer, hospital and physician services, we are spending no more per citizen than we were a decade ago. Drug costs per person have, on the other hand, doubled. Most of the funding for drugs is private, and payers include insurance companies, employee drug plans, and individuals.

Even more compelling is comparison with United States, which has mixed private-public funding in all areas of health care delivery, and spends 14% of its GDP on health care. Comparison with the US tells us that in terms of avoiding administrative waste, the Canadian single payer system is

spectacularly efficient. Canadians pay an average of \$325 on health care administration each year, Americans \$1,150.

Romanow's speech explains the difference. "Private insurance systems spend a lot of money on the extensive infrastructure required to deal with multiple insurance companies, assess risk, set premiums, design benefit packages, review claims and reimburse beneficiaries." He could have added the profits that insurance companies take out of the system. Single payer systems are free of all these costs.

If Romanow recommends extending single payer to prescription drugs and home care, it will be on the basis of evidence of efficiency and equity.

If evidence-based health policy is the way of the future, Harper is also behind the times in advocating for an increasing role of for-profit health care delivery. A systematic review of American studies from our research group at McMaster showed higher death rates in for-profit than not-for-profit hospitals. American studies also demonstrate that for-profit hospitals are no cheaper, and may be more expensive.

So, whose policies really belong in Jurassic park? Polls consistently show that Canadians prefer high quality health care to tax cuts. Furthermore, Mr. Romanow's public consultations suggest that Canadians still value high quality care for all of us. Finally, even the conservative-leaning Kirby Senate report has recommended expansion of public funding.

Perhaps programs encouraging equity still have a place in the Canadian political scene. And, if our future lies in evidence-based health policy, Mr. Romanow's speech suggests he will be leading the way.