

Mazankowski report: contradictory, not revolutionary Hamilton Spectator and Straight Goods – February 8, 2002

By Dr. Gordon Guyatt

Depending on your perspective, the build-up was exciting, or chilling. A new health report, coming out of Alberta, would challenge public health care, and promote private care. The report would give Ralph Klein, itching to move to a user pay system, the justification to charge ahead.

But that's not what happened.

In fact, the Mazankowski report failed to deliver the rallying cry to privatization that the media, and Ralph Klein, were apparently expecting.

"All Albertans should have access to the very best health care when they need it. And it should be available to everyone in equitable terms."

Rather than challenging publicly funded, universal health care, this key theme of the report provides a simple and powerful endorsement of the fundamental principle of Canadian health care, and the Canada Health Act.

Ralph Klein accepted that conclusion. Klein, writing in the Globe and Mail, said "Neither the Mazankowski report nor the Alberta government suggests allowing private funding of insured services. In fact, allowing (or requiring) patients to pay for insured services would violate Alberta law."

Of course, Klein is speaking out of political expediency rather than personal conviction. In the mid-1990s, Klein encouraged a private pay eye clinic where patients could shell out \$1,000 to get their cataracts fixed more quickly than in the public system. Only the federal Liberals' threat to enforce the Canada Health Act, and penalize the province by reducing tax transfers, forced Klein to stop the practice. Remember Ernie Eves, who rapidly backpedalled after suggesting that Ontarians should be able to pay for quicker access to high technology MRIs. Like Eves and other right-wing politicians, Klein is just biding his time until private pay becomes politically acceptable.

Nevertheless, there it is in black and white in the Maz report (as Klein

likes to call it): Canadians must have equal access, irrespective of ability to pay. Despite this, the media has played up the private care aspects of the report. Indeed, the Spectator called the report revolutionary. How was this possible?

First, the report repeats the distortion that is becoming standard fare from right wing politicians, and most of a compliant press. Health care spending is out of control. Health care is gobbling up more of the provincial budget, cutting funds for education and social services. Trouble is, it's not true. Despite medical technological innovation, inflation-adjusted spending per citizen on health care has increased only marginally in ten years. In fact, health spending has grown more slowly than the rest of the economy. Education and social service spending is being squeezed by tax cuts, not by health care.

In keeping with the "costs out of control" rhetoric, the report suggests that we should consider removing services from public coverage. Maz advocates establishing a permanent panel to review what services should be publicly funded. But other expert panels, including one in Ontario, have found that there is precious little that is currently covered that is not necessary. If the Alberta panel cuts substantial services, the public will suffer, and the Maz principle of equitable health care will be violated.

The report mentions options for generating revenue, including user fees, expanding supplementary or private insurance, introducing co-payments, and medical savings accounts. But if Maz believes in equal access to high quality care, how can he advocate policies that allow those who can pay to access quicker or better care? If he is consistent, he can't. So, the report either expresses major reservations about these options, or suggests them as future possibilities.

Contradictory? Yes. Revolutionary? Not by a long shot.

The press focussed attention on the privatization message, and a distorted message at that. While the report endorses equal care for all irrespective of ability to pay, the press treated musings about private-pay options as if they represented the central message. What the media downplayed was some potentially useful suggestions.

If there is anything really revolutionary about the report, it is its

recognition that health care is not the most important factor determining whether we are healthy. In keeping with this recognition, the report recommends ensuring that children have access to early childhood education programs, children at risk are identified, and their needs met. Maz recommends that the government ensure children have enough to eat. This has implications for welfare cuts, and the increasing reliance of poor families on food banks. The report advocates attention to a clean environment, and increased tobacco taxes to decrease smoking.

This part of the report, although number one in the recommendations, received almost no attention from the press. Unfortunately, we can expect that Ralph Klein, despite his statements about wholesale implementation of the Maz report, will also ignore it.

Within the health care system, the report suggests immediate action in implementing a 90 day maximum from diagnosis to health service access, reducing waiting lists by centralized booking, integrating health care to make better use of the full range of health care providers, and making better use of health care technology, including an electronic medical record. These are all good ideas, and Klein will earn legitimate applause if he implements these initiatives.

Perhaps the most important message from the Maz report is that those who believe in universal, equitable health care should take heart. Even the right wing isn't ready to come out in the open for two tier care. For now, the fundamental principles of equitable care remain intact.