

The Tommy Douglas Institute Health Report: What was the fuss all about?

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On January 25, the Tommy Douglas Research Institute released its analysis of the state of the Canadian health care system.

The reaction, in several quarters, was outrage. The Ontario Medical Association, by its own description "ripped" the report. In a prominent article in the Spectator, the Fraser Institute described the report as "bizarre". The National Post published an aggressively hostile editorial.

What did the report say to cause such a violent response?

The report's authors, two renowned health economists and two respected health policy analysts, identified a number of significant problems in Canadian health care delivery. They focussed on 3 of the problems: emergency room overcrowding, waiting lists, and drug costs.

No one argues that Canadian health care is problem-free, and the three issues the authors chose to highlight have all received prominent publicity. No source of controversy here.

What about the proposed solutions? The authors remedies include extending public health programs such as influenza immunization, and greater access to home health care for the elderly. Few would argue with these proposals.

Other suggestions in the report might stir debate. While the reform of primary health care the authors suggest is gaining more and more advocates, many remain unconvinced. The report's solutions for high drug costs would not please the pharmaceutical industry.

But it was not these proposals that drew the intense criticism.

The howls of protest came because the report suggested that the

problems in the Canadian health care system were significant, but not a "crisis". The report suggested that enemies of our publicly funded Medicare system were exaggerating the impact of the systems limitations.

Who are these enemies? The National Post has an explicit editorial policy that Medicare has failed, and private money must provide the rescue. The OMA has launched repeated attacks against the Canada Health Act, the federal legislation that provides the bedrock of protection against two-tier medicine in which the rich get quicker, better care. The Fraser Institute, a right-wing think tank, has issued repeated calls for moving to an American style system in which private money guarantees better service.

These are the same groups that launched the harshest criticism of the Douglas report. Coincidence? No way.

Historically, Canadians have judged Medicare as their most popular social program, and reported a high level of satisfaction with the system. That's bad news for anyone pushing for the sort of fundamental change that would allow doctors to charge patients directly, and permit the rich to pay for quicker and better hospital care.

The solution to this problem excessive public support for a health care system built on equitable access to care is to undermine confidence in the system. The tactic is to create an atmosphere of crisis, to persuade Canadians that desperate solutions are necessary.

So, the Fraser Institute produces a never ending series of reports claiming, for instance, catastrophic growth in waiting lists. The National Post splashes headlines about health care problems, and public willingness to move to private, two-tiered care.

The terrible emergency room overcrowding that occurred in the holiday season of 1999–2000 provides a good example. The problem occurred all over North America, and was just as bad in the United States as Canada.

In the US, the media reported the problem as a flu epidemic. In Canada, according to the many media sources, the problem was a crisis in our health care delivery system.

The best indicator of the success of attacks on Medicare are the results of public opinion polls. While Canadians still report a high level of satisfaction with the medical care they receive when they need to see a doctor, or visit a hospital. Yet, many of these same people feel the system is failing.

Why the gap between their personal experience and their view of the entire system? The apparent contradiction results from what Canadians read in the newspapers, and see on television.

The right-wing does not have a monopoly on strategic use of a crisis atmosphere. In the last election, the New Democrats began to use the word "crisis" to describe health care problems. They too, wanted a basic change, but not a change in the structure of health care delivery. Rather, the NDP was using the rhetoric of crisis to prod the public to reject the governing Liberals.

So, you now know the code to understand health care debates, and the strong language that accompanied comments on the Douglas report. Everyone agrees that Canadian health care like every other health care system in the world has problems.

"There is a crisis" translates "let's scrap Medicare, and move to a US-style private system."

"There are problems, but no crisis" translates as "we need resources, and reforms, to make our basically successful public system work better."

Perhaps our real crisis is one of communication. Anyone for fundamental change?