

Two-tier medicine threatens equitable health care delivery

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(Winnipeg Free Press Headline: Stop queue-jumping patients)

Periodically, the guerilla-warfare style battle over Canadian one-tier health care breaks out into the open. Then, it returns to the shadowy world of back-room negotiations between federal and provincial governments.

Early in December, British Columbia's provincial government passed legislation mandating penalties of up to \$20,000 against doctors who accept payments for medically insured services. Within two weeks, the government changed direction, refusing to proclaim the bill, and sending it back to the drawing board – or to oblivion.

Understanding this bizarre drama requires some background. For a host of medical services, Canada has two-tier health care. Patients can pay for getting quicker and better services, and those who cannot pay may not get the service at all. Such services include drugs, home care, and eye care.

For physician and hospital services, however, things are different. In 1984, the Canada Health Act reinforced the principle that Canadians should have access to medically necessary physician and hospital services according to need, rather than ability to pay.

The act allows the federal government to penalize provinces that allow user charges for physician and hospital services. For each dollar charged to the patient, the federal government can withhold a dollar of transfer payments to the offending province.

The act stopped user charges cold, and established Canada as the world's leader in equitable access to physician and hospital services. But in the years since the federal government passed the act, user fees, and the two-tier care that goes with them, has crept back.

Canada Health Act violations happen for a number of reasons. First,

Canada has serious problems with waiting lists for services such as elective orthopedic surgery, and sophisticated diagnostic tests such as magnetic resonance imaging (MRI). Those waiting lists create an appetite for queue-jumping among those who can pay.

Second, it's not simple to catch the cheaters. Patients who pay to get the benefit of quicker service are unlikely to complain. Queue-jumping happens in for-profit surgical and radiology facilities as a quiet understanding between doctor and patient.

Third, there are two areas in which it is legal for money to catapult patients to the front of the line. The Boards in charge of injured workers pay larger amounts for diagnostic and therapeutic services than provincial health plans, and injured workers get quicker service. The same is true for insurance companies seeking assessments for patients who have suffered from automobile accidents.

Fourth, the federal government has been lax in enforcing the act. In October 2002, Auditor-General Sheila Fraser reported that the Health Department is sitting on at least 21 outstanding complaints about provincial violations of the act, 11 of which had been unresolved for five years or more.

The picture has changed little since that time. So little, in fact, that a coalition of groups concerned about equal health care access, including the Canadian Health Coalition and the Council of Canadians, has taken the Health Minister to court for failing to enforce the act.

This doesn't mean that paying to jump the queue is epidemic. Overwhelmingly, provinces and doctors play by the rules. Major Canada health act violations are largely restricted to two provinces, Alberta and British Columbia, whose governments sympathize with private pay and with investor-owned for-profit health care delivery.

Violations are also restricted not only geographically, but also to elective surgery – particularly orthopaedic procedures such as joint replacements, and cataract surgery – and expensive diagnostic tests such as MRI.

So, what happened in British Columbia? The federal government prefers to negotiate with the provinces behind the scenes rather than penalizing

them openly for Canada Health Act violation. BC health minister Colin Hansen described his legislation as a response to increasing pressure from the feds in these negotiations.

Naturally, the legislation upset for-profit facilities that were charging patients. They threatened closing down, and therefore increasing waiting lists.

Their reaction, of course, confirms how important the extra charges are to the facilities. As Hansen himself said at the time the government passed the legislation, "if these clinics have been operating lawfully up until now, there's no reason why this is going to affect them at all." Their reaction tells us that they had not been operating lawfully.

Nevertheless, apparently in response to pressure from the for-profit providers, the government backed off. Or was it that the federal government turned down the heat? With a new prime minister at the helm, BC Premier Gordon Campbell suggested,

"I think it may well turn out that we don't need (the legislation) at all."

Overwhelmingly, Canadians want equitable access to high quality health care. The best solution to Canada Health Act violations is reduction in waiting lists to acceptable levels. Federal action to ensure provinces do not allow paying to jump the queue will hasten the day when no Canadian will face intolerable waits for diagnosis or treatment.