

HEALTH POLICY

CMA debates public, private health care

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The Canadian Medical Association re-opened debate today over the creation of a parallel private health care system, after pressure from delegates to its annual meeting in Edmonton.

"There are huge expectations in this country that CMA will be a leader in terms of policy decisions. I think it's crucial to finish that debate," Dr. Victor Dirnfeld, a former CMA president, told assembled delegates.

On Tuesday, during time allotted to debate the role of public and private health care funding and delivery, physicians attending the CMA's general council meeting refused to reject the introduction of private health care. They voted down a motion opposing a parallel private health care system and ran out of time to debate several other motions.

Instead, they promised to deliver a report within 6 months that would act as a "blueprint" for a public-private interface.

When delegates returned to the meeting today, some physicians introduced a new motion from the floor calling for the CMA to depart from its agenda and re-open the discussion.

Dr. Marquis Fortin, the Speaker guiding discussion, agreed. For the first time in the memory of those assembled, he scrapped the remainder of the agenda and re-opened the debate.

"We don't want the delegates to go back home with the feeling that CMA failed to achieve what it wanted to achieve," Fortin said.

On Tuesday, the 7500-member Canadian Association of Internes and Residents (CAIR) halled on the CMA to oppose a parallel private health care system "as a solution to unreasonably lengthy wait lists." The as-

sociation had asked CMA to find those solutions instead within a "strong, vibrant" public system.

"We recognize the status quo is no longer good enough," Dr. Benjamin Hoyt, who put forward the motion as CAIR's president, said Tuesday. "But we refuse to accept that paying out-of-pocket is a solution."

The membership defeated the motion by a vote of 143 to 70.

Members of the New Health Professionals Network (NHPN), representing 20 000 health professionals in training, including Ontario interns and residents, say they were disappointed by that vote.

"This was a watershed moment," said Dr. Sacha Bhatia of the Professional Association of Internes and Residents of Ontario. "This was a moment when we could have sent a strong message to politicians and policymakers that we believe in strong public health care."

But CAIR is not disappointed, insisted Hoyt. "We're all striving for better care for all Canadians," he told a news conference Tuesday, where he sat beside outgoing CMA President Dr. Albert Schumacher. "We feel publicly funded [health care] is the best option, and the CMA is saying we need to study our options."

"The debate has just begun," added Hoyt. "We need information to have an educated debate. ... A parallel private system is not inevitable."

The CMA instead endorsed a motion for a policy paper to define and guide the relationship between the public and private sectors in delivery and funding. The paper will examine public-private models world-

wide in light of Canada's access difficulties and will seek a made-in-Canada solution. "This is more than a report, it's a blueprint," said Schumacher, who insisted the debate was about timely access, not privatization.

But a spokesman for "Friends of Medicare," an advocacy federation of patient, union, and professional groups, characterized the report differently.

"It's a road map for privatization," quipped Harvey Voogd, coordinator of the organization. "Canadians should be very concerned. Doctors have basically voted against putting a stop to private health care."

Today, Dr. Dana Hanson, another former CMA president, said debate needed to be re-opened so delegates could "clarify and direct" the Board before it developed its "blueprint."

Addressing the meeting Monday, Federal Health Minister Ujjal Dosanjh told CMA delegates that privatization is not a "panacea" and warned that it could create inequitable access.

CMA delegates did endorse another motion from CAIR on Tuesday supporting the principle that access to medical care must be "based on need, not ability to pay" — a phrase both Schumacher and Dosanjh reiterated.

Delegates also agreed to ask the federal/provincial/territorial governments to introduce and implement national wait times developed by the Health Canada-funded Wait Time Alliance in its report last week. Another motion stated that Canadians who can't get timely access in Canada should be allowed to go elsewhere and be reimbursed by government. — *Barbara Sibbald, CMAJ*

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