Ottawa abandoning health "by stealth," scholar says

Heather Kent

Historical and political factors have contributed to health care rationing that often "puts patients last," an American specialist says.

Dr. Donald Light says most rationing at the bedside is caused by "upstream" organizational arrangements, such as payments to physicians, and the result is simply "downstream" rationing in areas such as home care and prescription drug plans. His suggestion? Put patients' needs ahead of those of health care providers and politicians.

Light, visiting senior scholar at the Centre for Bioethics at the University of Pennsylvania Health Care System, made the comments when he delivered the annual John F. McCreary Lecture at the University of British Columbia this fall.

"Universal partial health insurance"

Light said Ottawa is "abandoning its efficient universal health care system by stealth," since public funding has been slipping gradually and now covers less than 70% of total health care spending. The federal government now pays only 11% of the public total, down from 50% when medicare was introduced. In the process, Canada has been creating "universal partial health insurance." Light argued that drugs and most home care should be covered under the public system, since they are "key to reducing reliance on costly hospitals and doctors."

He said that centring care around hospitals and paying doctors by fee for service are "deep sources of inefficiency built into how services are delivered, putting providers and politics first, and patients last. Maximizing physician autonomy, as years of research by physicians themselves have shown, means uneven quality and large variations in surgery and hospitalization."

Ethically, said Light, universal health care is fundamental in a "just society." He also asserted that universal coverage is more efficient and that competition often increases costs and produces new inefficiencies — he claimed this has happened since the United Kingdom introduced its health care reforms.

Light suggested that any erosion within the health care system is borne primarily by women and the poor: women have to provide the bulk of unpaid home care required because of illness and the poor rely on the system more than others because they do not have the luxury of buying insurance to cover uninsured services.

Patients treading water

Light likened waiting lists to "pools of patients treading water until someone fishes them out." He says there are 4 "waiting pools," beginning with waiting for a family doctor to refer a patient. This progresses to waiting for an outpatient consultation, then waiting for inpatient or day-case procedures. The fourth — "the urgent pool" — holds patients who require emergency care but may still have to wait for several days. Light said the definition of urgent "varies considerably from place to place and season to season."

Moreover, because there is usually a "pool" for each specialist, and sometimes for different conditions within a specialty, hundreds of "waiting pools" are actually created. He attributed this proliferation to "unaccountable physician autonomy." He claimed that "no one knows what criteria [Canadian] doctors are using for fishing patients out of the pool for treatment." He cited cataract surgery rates that are much higher in Saskatchewan than the rest of Canada as an example of dramatic geographic variations, with no apparent scientific basis.

The solution, he says, is to coordinate all phases of waiting through a referral centre run by payers, not health care providers. The next step is to implement a scale of severity, which would balance the need for treatment with the clinical and quality-of-life costs of waiting. A scale could quickly be adapted from those already in use, he said.

Light also called for a system of rewarding hospitals for fast treatment of high-priority patients. When this method was introduced in Victoria, Australia, he said, the number of "neediest" patients waiting more than 30 days for care plunged. Informing patients about their treatment options and enabling them to share in decision-making can also lead to dramatic drops in waiting lists, he added.

Heather Kent is a Vancouver writer.

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