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Noralou Roos and associates[1] cite several reports as saying that a zero price for health care services leads to unnecessary use of the system.[2,3] However, this belief does not take into account the time and effort involved in accessing health care services, particularly for people of low socioeconomic status. People in this situation may be less likely to own a car or to be able to afford public transport, which limits their transportation options and makes it difficult for them to visit a medical clinic. Walking to a clinic may be an option, but clinic location, a patient's disability (especially for elderly patients) and harsh winters often make walking impractical. Furthermore, it may be difficult for a single mother to bring her children along when she needs medical care for herself, but because single mothers are more likely to live in poverty,[4] inability to pay for child care may be an issue.

Because of these barriers to accessing health services, people of low socioeconomic status may be less likely to visit a physician in the early stages of a health problem. Such a delay could result in a worsening of the condition, leading to a need for more expensive treatment or even admission to hospital. This might help explain the higher costs of treating patients of low socioeconomic status, as reported by Roos and associates,[1] and suggests that we should focus on accessibility rather than on implementing user fees as a way to reduce health care costs.

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[Two of the authors respond:]

Jon Gerrard observes that the expenditures we report[1] are lower than those reported by CIHI.[2] Our analysis is based on contacts that patients have with the health care system and includes only those costs that can be attributed to patients. When we discuss the appropriateness or potential impact of user fees or medical savings accounts, only these costs are relevant. CIHI[2] develops its "estimates" of public sector health expenditures on physicians and hospitals from diverse sources that were not relevant to our analysis. CIHI data on total public health expenditures include not just hospital and physician spending but also expenditures on drugs, other professionals (such as chiropractors and optometrists), public health, home care, health research and other aspects of health care.