

Presidential musings: prescriptions for the nation

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Wait time programming is a poor “surrogate” for a proper health human resources strategy.

The use of private clinics to alleviate wait lists will eventually eliminate any possible need for private clinics.

Harsh truths, anomalies and seeming paradoxes marked the passing of the presidential torch at yesterday’s closing session of the Canadian Medical Association (CMA) 140th General Council in Vancouver as outgoing President Dr. Colin McMillan and incoming President Dr. Brian Day weighed-in with their prescriptions for the nation’s health care woes.

Day elicited a prolonged standing ovation from the 250 physician delegates after delivering a blunt inaugural address in which he accused opponents of private health care of shameless hypocrisy, dismissed the entire public-private health care debate as “largely irrelevant and counterproductive” and repeated earlier calls for a system in which hospitals receive funding directly proportional to the number of patients they treat, rather than through block grants (*CMAJ* 2007; 177[4]: 333-4).

McMillan, meanwhile, wrapped up his tenure at the CMA helm by telling reporters that Canadians are now paying the price, and the health care system is moving into crisis because of the short-sightedness of politicians who have failed to implement a comprehensive health human resources strategy that would have ensured there are enough doctors and other health professionals to meet the system’s needs.

Asked if he believed the failure to implement a pan-Canadian strategy is a function of inertia, cost, lack of political will or jurisdictional wrangling between the federal and provincial governments, McMillan candidly replied:

“some or all of the above.”

“I think the basic template, however, is that the decisions that were made, unfortunately a generation ago, are starting to reap the repercussions today,” McMillan added. “The attention to wait times and wait lists is a surrogate to the lack of capacity and the chief lack of capacity is human resources.”

There is a desperate need for a “made in Canada, pan-Canadian approach to human resources and eventually we [will] be self-sufficient,” McMillan said.

Day charged that governments have compounded their reluctance to engage in long-term planning with “self-inflicted” wounds. “Governments do not offer the opportunity for physicians to work once they graduate, and so they leave.”

In his earlier inaugural address, Day dismissed the relentless public-private brouhaha as a non sequitur, arguing that the ship essentially sailed while the debate raged. “Canada has a multi-tiered health care system that allows selected Canadians access to quick and better care. The terms ‘medically necessary or required’ are widely used, but have never been defined. As a result, patients are charged for ‘upgraded’ implants and devices and a host of other items prescribed by physicians. How can crutches after breaking one’s leg or an ambulance for someone who has had a heart attack not be ‘medically necessary’? How can antibiotics prescribed to fight an infection, or painkillers to relieve pain, not be ‘medically necessary’?”

The staunchest advocates of publicly delivered medicine are hypocritically covered by private insurance in a way that the poor simply cannot afford, Day added. “It is a fact that almost 3 out of 4 Canadians have private insurance for these essential services in the form of extended health benefits. We tend to forget that it is the people who need it most that lack such coverage. Many who profess to oppose private insurance have it through their employers and use it regularly. They accept for themselves what they reject for others.”

Day called for immediate action on 5 priority issues: an overhaul of the Canada Health Act, a new process for funding hospitals, an increase in the number of medical school graduates, funding for more extensive use of technologies by physicians and more private delivery of health services.

In order to ensure government accountability, Day said the Canada Health Act should be overhauled to include the principles of “effective,” “efficient” and “responsible,” as originally recommended by then-Saskatchewan Premier Tommy Douglas in the 1961 Saskatchewan Medical Insurance Act.

Elimination of block hospital funding would promote efficiency and lead to the treatment of more patients, Day said, noting Canada is the only developed nation that hasn’t moved to a more market-driven system of funding hospitals.

Day also said the training of physicians has been so neglected that Canada now ranks 26th among developed nations in the number of doctors per capita, while the medical community’s adoption and use of information technology lags behind their international counterparts.

The Vancouver-based orthopedic surgeon and founder and operator of the for-profit Cambie Surgery Centre was equally unabashed in his defense of private delivery of health services.

“Our system must be redesigned based on rationality, not rationing. Wait listed patients are an unfunded liability on the books of governments. It is simplistic to equate the introduction of market principles with privatization or ‘Americanization’. Market-oriented mechanisms reduce costs even in publicly funded, government operated services.”

Day later told reporters that alleviating wait lists through the use of private clinics would yield systemic savings and ultimately put private operators out of business. “If there are no wait lists, then there’s a lesser role for the private sector because there’s no queue to jump.” — Wayne Kondro, *CMAJ*

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