

*The Great Canadian Health Care Debate: the smoke of battle begins to clear*

*Arthur Schafer, Winnipeg*

We've already heard from Senator Kirby, and Roy Romanow is promising to release his Report later this month. Even before Romanow, however, it seems clear that the contours of the struggle have been redefined. Those who champion user fees and private insurance are in temporary retreat. Canadians see health care as a fundamental human right, and they overwhelmingly insist that the medical care one receives should depend upon one's health needs rather than upon whether one's wallet is fat or thin. So government financed universal health care insurance is here to stay, for the foreseeable future, anyway.

The major battle will now move, therefore, from how we finance Medicare to how we provide health services. Several provincial governments – including those of Alberta and Ontario - advocate expanding the role of private for-profit clinics, hospitals and laboratories.

If Medicare continues to pay for “all necessary services”, should Canadians mind whether those services are provided by for-profit corporations rather than by not-for-profit public hospitals and clinics? If every citizen is entitled to free (at the point of delivery) health care at a public hospital, should we mind if wealthy Canadians have the added opportunity to purchase their health care in the private marketplace?

In a recent speech [23<sup>rd</sup> September] to the Canadian Club of Toronto, Mr. Mario Dumont, Quebec's rising political star, complains that under the current principles of Medicare he is not permitted to spend his own money to buy his mother a speedy hip replacement. The right to buy one's way to the front of the health care queue is now becoming a central plank in the ADQ's campaign for election in Quebec.

Ontarians will hear in Mr. Dumont's lament a strong echo of the rhetorical question posed by Mr. Tony Clement, during his campaign for the leadership of the Conservative Party of Ontario:

Does it make any sense to you that your cat can get an MRI at 2:30 in the morning and you can pay \$20 to do that, but your mother can't? Does that make sense to you? Is your cat more important than your mother? How about your daughter, is she more important than your cat? It doesn't make sense.

Mr. Clement and Mr. Dumont both invite us to view health care as simply one commodity among others to be bought and sold, for profit, in the marketplace.

Clearly, both Mr. Clement and Mr. Dumont love their mothers. That seems admirable. But their advocacy of for-profit clinics and hospitals raises serious problems. After all, loving your mother isn't the same as claiming the right to have your mother

receive faster or better health care than others who are equally needy, simply because you can afford to pay.

Any cat owner in this country could inform Mr. Clement that when he takes his pet for an MRI scan his vet bill is likely to be much closer to \$1,000 than to \$20; but that is not the point. Clement's cat, like his Lincoln Continental, is a commodity that he purchased in the marketplace. And if the cat falls ill, or the Lincoln needs repair, the financial burden for purchasing the services and parts needed to set things right will fall entirely upon the Clement family. If they cannot afford the vet's bill, then the cat will die. A pity, if it happens, but most Canadians would accept this sad result with a shrug of resignation.

Very few Canadians, however, share the view held jointly by Mr. Clement and Mr. Dumont that chemotherapy for breast cancer or hip replacement for a person suffering crippling arthritic pain should be viewed as commodities, no different in principle from chemo for Mr. Clement's cat. One wonders if even the Dumont-Clement axis truly believes that we ought to view health care for sick patients as indistinguishable, morally speaking, from health care for pets.

Suppose that health care in Canada were to become a commodity, as Mr. Clement and Mr. Dumont advocate. Suppose further that one of these esteemed politicians, Mr. Dumont, let us say, were to lose his job and his life savings, so that he could no longer afford to pay privately for the medical treatment needed by his family or himself. If his wealthy neighbour were then to receive prompt diagnosis and treatment in the pleasant surroundings of a private hospital, while the treatment available to the Dumont family in a dilapidated public hospital was delayed for weeks or months, would the destruction of one-tiered medicine still seem so common sensical?

In the United States, this is not a hypothetical question. Dr. Bernard Lown, professor emeritus at Harvard School of Public Health, describes the current American health care situation as follows:

At a time of unprecedented affluence, one third of Americans are inadequately insured. Compared with the fully insured, they are sicker, poorer and die younger. Nearly 45 million Americans are uninsured, and their numbers swell by one million annually.

By contrast, Canadian society has established a health care framework that, for all its imperfections, guarantees to every member of society a fundamental right to health care services, based solely on medical need. Our system falls short of its highest aspirations and could benefit from some reforms, but it does provide a certain guaranteed basic level of health care to everyone.

A final word about Tony Clement's cat. There does seem to be something truly amiss when wealthy pet owners have quick and easy access to high technology diagnostic services for their pets at the same time as many Canadians wait anxiously for weeks or

even months, in a health care queue, for the scan which will confirm whether or not they have cancer. The proposal favoured by Mr. Clement and Mr. Dumont - that we enable a few of the wealthy to jump the queue by “going private” - doesn’t answer the question: why should anyone, wealthy or poor, have to wait for months to receive urgently needed medical services?

The scandal would appear to reside partly in the process whereby public diagnostic equipment is rented out to private entrepreneurs during “off-hours” (for use by vets, say), instead of being employed round-the-clock to deliver the care that human patients need. There is a strong case to be made for reforms to the system as it is now operating.

Common sense might seem to suggest that, when the rich leave the queue for public health services, then everyone else will receive speedier service because there will be fewer people in the queue. This argument has been advanced by, among others, the Harris Government in Ontario and the Klein Government in Alberta. However, once the privileged elites of any society lose their personal stake in the public health care system, there is very real danger that the public system will quickly become a slum. Something very much like this is already happening in Britain.

The Dumonts and Clements of the world are wont to argue that the wealthy can already find ways of buying themselves (and their mothers) access to the head of the health care queue. To a limited extent, they have a point. No system is perfect. But if the dike of equal access already has a few small leaks it does not follow that our wisest response would be to drill further and larger holes. In Quebec no less than in the rest of Canada, equal access to essential health care services for every citizen helps to define our identity as a people and as a nation. This seems still to be a principle for which it’s worth fighting.

*Professor Arthur Schafer is Director of the Centre for Professional and Applied Ethics at the University of Manitoba. His Report “Waiting for Romanow: health care values under fire” is published by the Canadian Centre for Policy Alternatives.*