

Patients before profits

Don't surrender health care to the market model. If we let the rich opt out, they'll take their power and influence with them, says ethicist ARTHUR SCHAFER. What's left won't be worth having

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The great Canadian health-care debate hinges, in large part, on a key question: Can our health-care system preserve equal access and still provide high-quality care at an affordable cost to society? As long as most Canadians believe that our publicly funded medicare system will provide them with high-quality care when they need it, they willingly agree to forgo the right to buy health-care services privately.

Equality of access to health care is probably the defining value of our health-care system. It is clearly the moral value in which most Canadians are most heavily invested. The principle of equal access -- access based on medical need rather than on ability to pay -- speaks both to our sense of fairness and to our sense of community. Nevertheless, polling data also suggest that political support for medicare may erode substantially, particularly among the more prosperous classes, if people think that preserving universal access will undermine the quality of care.

Critics of medicare insist that we already face such a tradeoff. Proponents argue that we can have both justice and efficiency -- indeed, our universal health-care program, with its administrative simplicity, provides high-quality care for many more people than does the U.S. system, which is burdened with enormous administrative costs and generous profit margins for private shareholders.

Despite a powerful neoconservative tide in the affairs of our nation, every Canadian who needs to see a doctor can do so without direct charge, regardless of how fat or thin the person's wallet may be. People who need hospital care get it at no direct cost, wherever they live in Canada. Our medicare system pays -- from tax revenues -- for all services deemed to be "medically necessary."

This happens because Canadians (like Europeans but unlike our American neighbours) see health care as a fundamental human right. According to this social justice tradition, all citizens, regardless of ability to pay, are part of the same moral community and therefore entitled as a matter of justice, rather than charity, to receive the medical treatment they need.

While a majority accepts the philosophy of competitive individualism, it is striking that Canadians simultaneously support a communitarian health-care system: one based on the values of equal access and compassion for the weak and vulnerable. Although Canadian

medicare is under attack, it continues to elicit passionate loyalty, because ordinary citizens see it as the institutional embodiment of their commitment to such core values as social justice and human decency.

Equally important, perhaps, medicare provides Canadians with personal security -- the knowledge that, whatever their economic future, they will always be able to get health services. "Two-tiered health care" remains a negative term in our national lexicon because most Canadians continue to defend the egalitarian assumption that, rich or poor, all lives are of equal worth. We may live our working lives within a predominantly marketplace economy, but most Canadians say they don't want to live in a totally marketplace society.

Common sense might seem to suggest that, were the rich to jump out of the queue for public-health services, then everyone else will receive speedier service because there would be fewer people in the queue. This argument has been advanced by, among others, the governments of Ontario and Alberta. However, once a society's elites lose their personal stake in the public health-care system, there's a real danger that it will become a slum.

The deterioration of Britain's public health care is due partly to the fact that the private system drains off key health-care personnel from the public system. When the upper and middle classes opt to go private, the public system loses its most powerful advocates. If elites can't buy essential health-care services privately, they have a stake in ensuring that medicare offers high-quality services to everyone in a timely manner.

To this point, our discussion of values has centred primarily on financing mechanisms, but there are also major value concerns raised by our choice of delivery mechanism. Several provincial governments want to introduce or greatly expand the role of for-profit hospitals and clinics. Other provinces, and the federal government, are fighting to ensure that hospitals and health-care clinics remain not-for-profit. In either case, medicare will continue to pay for all "medically necessary" services.

Should Canadians care whether for-profit, private health-care corporations run an increasing number of our hospitals and clinics?

They should. Here's why. Since the time of Hippocrates, the medical profession's highest ideal has been to heal the sick. Yet the health-care debate in contemporary America has come to be dominated by the market metaphor. Patients are now commonly referred to as health-care "consumers," and physicians as health-service "providers."

This linguistic shift both reflects and reinforces the fact that the centuries-old humanitarian orientation of the health-care professions is giving way to the values of business.

The great danger of applying the market metaphor to medicine is that it may obscure the more fundamental truth that physicians are altruistically committed to their patients' well-being. When a patient sees a cardiac surgeon about a heart murmur, he'd be shocked to discover that the surgeon (or private hospital) was viewing this encounter in terms of

profit maximization. The inescapable danger of a corporate model for health-care delivery is that it may depersonalize patients and deprofessionalize doctors and nurses.

Some patients search the Internet to become better informed about their health problems, and engage in "doctor shopping" or "hospital shopping." But patients are hardly the independent shoppers of market theory. Patients seldom enjoy equal power in relationships with doctors or hospitals. Few possess the specialized medical knowledge necessary to make informed choices about health-care options without professional assistance. The sick are often in pain, or dulled by analgesics. Fear of illness, disability and unpleasant treatments may make them anxious. None of these factors is conducive to the educated "comparison shopping" that figures prominently in the marketplace model of the "sovereign consumer."

Good health is not simply one among many components of the "good life." Health enjoys perhaps the very highest priority in our hierarchy of values, because it is important for virtually every other life project. This means that health care is special. When we are sick and vulnerable, we need to be able to count on health-care professionals and health-care institutions to serve unequivocally as our impartial advisers and advocates.

If Canadian health facilities become part of a medical-industrial complex, under the covering guise of such buzzwords as "choice" and "diversity," we can expect that our hospitals, clinics, diagnostic laboratories, and nursing homes will increasingly see themselves as "beleaguered businesses," and their patients as consumers to whom they sell as many expensive services as the market will bear. And health care's prime measure of success will become what it is in every other business: the maximization of profit.

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