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SPECIAL FORUM ON PRIVATIZED MEDICINE WITHIN UNIVERSAL HEALTH CARE SYSTEMS

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FOCUS REVIEW

The case against increased privatization of Canadian health care: whither health care?

Harvey Barkun

The title of this article is that of a submission to the Romanow Commission which published its report in November 2002. The arguments that raged through the years of hearings dealt mainly with funding issues. The federal and provincial governments, who cover approximately 73% of all health-related costs, were in dire financial straits. They were all running huge deficits and federal transfers to the provinces for health and post-secondary education had been cut drastically. With the focus on finances, the country's deputy health ministers commissioned two eminent health economists to produce recommendations on how to curtail costs. Since many of the costs incurred were generated through the practice of medicine (the common wisdom was that each new medical graduate added $250,000 to the national health bill), the experts recommend a 10% drop in admissions to Canada's 16 medical schools. The national number of admissions fell from an average of 1770 students in the 1980's and early 1990's to a low of 1552 in 1997-98. Similar "logic" was applied to schools of nursing. It is estimated that over 5000 nurses were permanently lost to the system. Both physicians and nurses were offered financial incentives and urged to take early retirement. Drastic measures were being implemented to solve the crisis in medicare, which, at the time, was not enough money.

The consequences have been painfully visible in Québec, where overworked and exhausted staff recently left emergency rooms in protest because they could no longer provide patients with proper and safe care.

The critics were most vocal. The public purse could no longer sustain a universal health care system; the private sector could surely run things more efficiently. Patients who could afford it would bear the cost of services while medicare would take care of those who couldn't.

This is the situation presently in the United States. Yet although the US spends over 15% of its gross domestic product (GDP) on health (Canada spends less than 10%), 46 million Americans currently have no health insurance, another 40 million have inadequate coverage, and the US lags behind Canada and most other industrialized nations in health outcomes. These facts should provide enough arguments to dispel any thought of adopting a privately funded system.

But critics maintain that private funding will cure what currently ails the system. They base their arguments on factors that may have been relevant in 1999, but which are no longer pertinent. Indeed, despite millions of dollars provided by the Québec Ministry of Health to the Outaouais Region for emergency room care (where the crisis cited above took place), there were simply not enough health professionals available to solve the problem. The problem in 2007 is *wait times*.

You wait to see a family physician; you wait to see a specialist; you wait in emergency rooms; you wait for elective surgery; you wait for laboratory and radiological procedures. And will an infusion of private money cure these ills? Not at all. These long wait times exist because of a very serious lack of health care personnel. The nationwide financial deficits of the late eighties and early nineties have been reversed. The federal government has declared repeated surpluses, as have many provinces. The feds have increased transfer payments. One only has to look around the country to notice widespread building and renovation of health care facilities; there are daily announcements about the acquisition of state-of-the-art equipment. The only problem is that there are not enough people to run them! The ill-advised decisions of 1991 to 1993 have created a situation where there are not enough doctors, not enough nurses and not enough technicians to staff operating rooms, intensive care units, emergency rooms and radiology installations. The financial deficit has

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become a personnel deficit, and no transfer of activity or responsibility to the private sector will solve the problem. Indeed, if privatization of the system were instituted, the problem would be compounded. As the British National Health System (NHS) has demonstrated, private practice would drain the public service and the current dearth of doctors and nurses would worsen with the movement of these professionals to more lucrative areas of practice.

But take heart! Help is on the way. Governments had realized the folly of their ways in 1999, and by 2001 the number of authorized admissions to medical school had risen to 2025. Nursing schools are turning out many more nurses through their 4-year and 3-year accelerated programs. Unfortunately, although warned, governments now realize that it takes a minimum of six years to turn out a family doc, and up to ten years for certain specialties. Nursing began increasing class sizes in 2002. Results will begin to show in 2008.

Proper treatment requires a proper diagnosis. The diagnosis of our current ill is a lack of people, not lack of money. Privatization is the wrong treatment. The public system is healthy and thriving. With the arrival of newly trained professionals, therapy will provide a vibrant and sustainable health care system. Let no one tinker with it!

Harvey Barkun, OC, MD, FRCPC, was born in Montreal. After receiving an MD degree at the Université de Montpellier (France) in 1957, he completed his residencies at various McGill hospitals. Dr. Barkun was medical director of the Royal Victoria Hospital and was Executive Director of the Montreal General Hospital from 1972 to 1988. He served as the Associate Dean, Professional Affairs, of the Faculty of Medicine, McGill University, from 1977 to 1997. Dr. Barkun was instrumental in creating the first CLSC's in Montreal and chaired the committees which implemented the provincial Departments of Community Health. He was a member of the Rochon Commission and became Executive Director of The Association of Faculties of Medicine of Canada. He is an Officer of the Order of Canada, an Honorary Fellow of the Royal College of Physicians & Surgeons of Canada, and an honorary member of the College of Family Physicians of Canada.