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Dangerous to your health

During a progressive supper, the guests enjoy a course at one house and travel to another home for the next course. When my wife and I attended a progressive supper 25 years ago in Calgary, a guest developed a serious allergic reaction to the main dish. She was driven to the emergency room at Foothills Hospital, got a shot of cortisone, and arrived at our house in time for dessert and coffee.

Such quick care is unimaginable now. More typical today is what happened to me this summer after I took a nasty fall in the mountains. My wife got me to the emergency room by 10 p.m. and I was patched up by 3 a.m. Afterwards my friends told me to stop complaining about the delay; I should be thankful to have got out in just five hours!

My wife has to make an appointment six months in advance to see her arthritis specialist. A friend waited six months for hemorrhoid surgery (humorous if it's not your hemorrhoids). Another friend is confined to a wheelchair for the rest of her life because she was unable to get timely surgery. A third has permanent neural damage because he had to wait 12 hours in the emergency room before his dislocated shoulder could be put back into place.

Canadians kid themselves that their health-care system is superior to the American one, and indeed the American system has its own problems. I worried when one of my grown children in the United States chose to go without medical insurance for a few years, but he was young and nothing bad happened. When my father, living in a small Illinois town, needed an MRI scan, he got one the next week. He was a retired auto-parts salesman, not wealthy or well-connected. The system worked when it was needed.

To understand what's wrong with Canadian health care, read David Gratzner's just-published book *Code Blue: Reviving Canada's Health Care System*. Mr. Gratzner, a medical student and political columnist, does more than tell scary stories; he shows in detail how the perverse incentives built into our vaunted system lead patients to demand too much care, doctors to perform too many services, and hospitals to prefer easier-to-cure, cheaper patients.

Such perverse incentives cause emergency-room delays, overcrowded hospitals, equipment shortages, long queues for surgery and the departure of doctors from Canada so they can practice medicine without feeling they are harming their patients. More money is needed, but more money by itself will not fix such a badly designed system.

Socialized medicine, Mr. Gratzner argues, worked well initially because Canada's population was young and healthy (median age 21) and market medicine had built up a stock of buildings, equipment and trained personnel. That's when the reputation was established that our system was the "best in the world." Now our aging population (median age 40) needs much more attention, medical care has become more technological and more expensive, the stock of buildings and equipment has been depleted, and trained personnel are leaving in despair.

With this in mind, I was depressed to read in the United Alternative's draft policy document that "we are committed to maintaining the founding principles of our health-care system: universality, accessibility, comprehensiveness, portability and public administration." What a time for Reformers to pledge allegiance to the principles that give us the best medical care money could buy in the 1970s!

The historical mission of the Reform Party has been to say things that no other federal party would say at the time: that you couldn't defeat Quebec separatism by appeasement, that an annual immigration target of 1 per cent of the population was too high, that budgets had to be balanced by cutting expenditures, that unemployment insurance and social assistance were too generous, that taxes were too high. The other parties furiously denounced these self-evident truths, but within a few years they were racing to build their own policies around these same ideas.

Whether or not it renames itself the United Alternative, it is time for Reform to start telling the truth about Canadian medicine. In the next decade, health care will become an overriding political issue. Canada faces a medical policy disaster as the population ages, as medical facilities and equipment deteriorate and as skilled personnel depart for the United States. Because of our anemic dollar, only the very wealthy will be able to afford state-of-the-art care in other countries, while most Canadians will make do with obsolete technology and second-best procedures. Many will die before they should.

Given the self-induced narcolepsy of our political class, things will get a lot worse before they get better. Can you say "two-tier medicine"? You'll be begging for it before too long.

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