

The Private Sector can Offer an Antidote to what Ails our Health Care System

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In September, B.C.'s Supreme Court ruled that patients cannot access medically necessary diagnostic and surgical procedures through the private system. The ruling was a blow to Brian Day, the founding medical director of Vancouver's Cambie Surgery Centre, who brought the original lawsuit against the province more than a decade ago. He was seeking to legitimize what was already the status quo in B.C.: having private clinics provide access to private medically necessary diagnostic and surgical procedures within the context of our present universal public health care system.

This ruling was a most disappointing result, and the fear-mongering narrative against Dr. Day may have had something to do with it. Critics claimed that he sought to imitate the U.S. health care system, which is of course incredibly complicated, egregiously expensive, fraught with corruption and leaves millions of Americans uncovered. But the suggestions that were weaponized to fight the Cambie case – that Dr. Day's proposal would lead to the collapse of Canada's universal public health care system, which is a core facet of our national identity, and that surgeons would abandon the public system and stampede to the private system – are pure bunk.

And ultimately, the court's decision hurt Canadians. Indeed, the judge in the case himself acknowledged that British Columbians are waiting beyond the provincial government's own maximum acceptable wait times for medically necessary procedures in the public system for serious and, in some cases, life-threatening conditions. British Columbia's wait time performance, against its own benchmarks, is abysmal and, in recent years, has been getting worse, even apart from the pandemic. Yet, despite this overwhelming evidence of patient suffering, the court rejected even the possibility of a better way, which only confirmed that

our courts risk becoming political, and that health care is indeed the third rail of Canadian politics – to the disservice of Canadians themselves.

Look past the narratives around Dr. Day, and the Cambie case was only ever about adding on a private-sector alternative, or a parallel system, to our health care. One can find a good metaphor for this in the more than 1,500 independent private schools operating successfully in every province in Canada within the framework of public education. This kind of private-sector alternative is already in place in Britain, New Zealand, Germany, France and Australia, among others, and they all maintain universal health care systems similar to ours. None of these countries, however, follows the Canadian approach in 100-per-cent prohibiting medically necessary services in the private sector. And none of them have devolved into U.S.-style chaos. It hasn't happened in a dozen or more major countries, and it won't happen in Canada. Indeed, evidence in the trial – affirmed by an opposing expert witness – confirmed that Canada is the only country in the world where there are laws banning private-health insurance for medical surgeries.

There is also no evidence of surgeon flight to a potential private system. Evidence from the case shows that surgeons are fully committed to the public system and to fulfilling their allocated operating room times. There was absolutely no evidence to the contrary. The international evidence also supports the fact that doctors that engage in dual practice are fully committed to fulfilling their obligations in the public system.

And in B.C., there is absolutely no evidence that private clinics offering medically necessary services – which have been operating successfully for the past 25 years under successive governments and under five premiers of different political parties – have caused any detrimental effects on the public system. Instead, they have acted as a safety valve to relieve financial and patient pressure on the public system, helped people get back to work sooner, and allowed for more services overall in the province. That is why the B.C. government contracts out some public surgeries to private clinics. (Ironically, the government takes no issue with the Workers Compensation Board and Insurance Corporation of British Columbia patients accessing privately paid expedited procedures from private clinics.)

There are also important and unintended consequences of the system we do have. The chronic underfunding of Canada's universities, the failure to build critical infrastructure, the inability to address long-term care – that all stems from the fact that health care absorbs almost half of all provincial program spending. That

percentage is only growing, meaning that other critical areas of our society will invariably suffer.

A private sector alternative would also introduce a degree of competition into our health care system, to encourage change, efficiency and innovation. A monopoly like we currently have, meanwhile, encourages inefficiency and complacency.

Dr. Day has appealed the B.C. Supreme Court's decision, and it seems inevitable that his journey will continue to the Supreme Court of Canada. In the meantime, we would do well to have a fresh, intelligent and necessary debate about our health care system – one that acknowledges the pain and suffering of patients who wait far too long for medically necessary diagnostic and surgical services, and one that doesn't suffer from small-minded parochial thinking. Political courage at both the provincial and federal levels is what's needed – and in doing so, our leaders cannot allow politics to trump good policy.

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