

Status quo—not an option

On the weekend of 11–12 November 2005 a conference took place in Vancouver that will likely be referred to in future years as the official beginning of a popular movement in Canada that eventually was successful in engaging politicians in a dialogue focused on the need for basic changes in the ideologically driven philosophy around state monopolization of medical insurance for our citizens. It has been obvious for far too many years that if our much-loved but terribly dysfunctional publicly funded system is to survive, all Canadians must consider themselves stakeholders and accept that if properly planned change doesn't happen soon the whole unsustainable thing will come apart completely.

The conference was organized in a heartbeat by the Canadian Independent Medical Clinics Association (CIMCA) subsequent to the historic Chaoulli Supreme Court decision (August 2005) and I remain completely in awe that the organizers managed to locate, coordinate, and confirm an amazingly comprehensive list of speakers in a few short weeks.

The Saving Medicare—Strategies and Solutions conference took place at the Fairmont Hotel Vancouver and had attendees from across Canada as well as a diverse cohort of speakers from many different points on the medical-political compass. There were constitutional lawyers, politicians (active and retired), a senator or two, the for-

mer Minister of Health of Great Britain, insurers (from Europe and Australia), economists, physicians (including Dr Jacques Chaoulli), nurse educators, and a number of concerned patients, several of whom spoke passionately in favor of private medical insurance.

Of great interest to me was the conspicuous absence of the federal Minister of Health (this meeting took place prior to the non-confidence motion in the federal parliament by the way), the BC Minister of Health, and every other provincial Minister of Health, except one. You guessed it, the Alberta Minister of Health was front and centre and made no bones about how important it was for her to be there. The other notable absences were the CMA and the BCMA presidents. The former had apparently withdrawn a short time before the conference with a brief message about political appropriateness.

However, at least in BC the very visible absence of the BCMA president can likely be explained by the recent press announcement of the federal/provincial wait-list strategy endorsed by the BCMA and described in an announcement by the BCMA president on 12 December 2005.

For the most part the speakers at this conference were all on the same philosophical page (except perhaps for the head of the BCNU). Virtually every speaker emphasized how important it was to begin planning a made-in-Canada parallel system of private insurance that supports and enriches our publicly funded system. The speaker who struck the most resonant chord with me was Tom Sackville, the former Minister of Health in Britain. He made a number of interesting statements that bear repeating, and although I did not tape his talks I think I recorded things fairly accurately. He said that if this

subject was being discussed in the privy council in Britain the way it was in Canada there would be charges of criminal negligence. He also stated that in every country where it has been tried, a centrally controlled, highly bureaucratized government monopoly on the provision of medical care has failed miserably and in his opinion has no possibility of being successful. Mr Sackville also stated quite passionately that he thought Canada was a lovely place populated by wonderful people and he loved visiting us; he just wouldn't want to get sick here. One of his final observations I think is the most important, and should be considered by all of our elected representatives. Mr Sackville related that when he was British Minister of Health he was frequently invited to luncheons and presentations by various private health insurers in Britain. However, he was advised by his bureaucrat handlers to send regrets (as it would be politically inappropriate to attend). Mr Sackville ignored every recommendation and attended them all. He asked, "How was I to know what was happening in a domain that would almost certainly become extremely important to British health care in a few short years if I didn't freely communicate with the planners and thinkers in that domain?"

I think Canadian historians will record that once they were shown that it was okay to discuss how a parallel, privately insured system could support and enrich our current system our politicians gradually came out of the closet and entered the necessary public dialogue. Before that can happen however, it is clear that most of the dialogue will have to take place outside of a purely political arena. Mr Preston Manning made it clear that this kind of

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Please glance at enclosures

When you tear open the polybag containing your new issue of the BCMJ, please be sure to glance at all the enclosures.

Taking a proactive role on social issues

Last Saturday night I was called to the operating room to help deal with a young man who had been shot through the abdominal aorta. Despite the valiant efforts of three surgeons, a half a dozen nurses, and two anesthetists—not to mention the use of 40 units of blood—4 hours later he died. I was never told why he was shot or who shot him. All that I knew was that he was a young man around the age of my children and that he was dead.

This is a pretty commonplace occurrence in Vancouver now. I think in one week we had four shootings in the downtown clubs. Most people assume that it is “gang bangers” or drug dealers killing each other, and, therefore, probably acceptable. But some of the victims are innocent bystanders. One woman was shot through the wall of her home. All of them are someone’s daughter or son.

The situation seems to be getting worse. Property crime is worsening to the point where the police can do virtually nothing about it. In addition,

we have over 1000 homeless people living in the street.

It is just me or does it seem like the quality of life in our city is deteriorating significantly?

Our politicians seem to say anything to get elected but seem unable to deliver as far as remedying the situation once they are elected. Half of the time government seems to be unable to even diagnose the cause of the problem. We know that a lot of homelessness is due to significant mental illness but important programs and even psychiatric hospitals have been cut back. Some of the people in the street are elderly and clearly are not able to cope. The other day it was heartbreaking to see a 20-something woman sleeping outside beside her shopping cart.

There is no question that illicit drugs are a significant problem and are likely at the root of many of these related issues such as property crime, homelessness, and violent crime.

Obviously there is no easy fix. On the one hand having mandatory jail

time for gun infractions, tougher sentences for drug-related crimes, and more police on the street may cut down on some crime. However, a hard look at social issues, such as programs for mental illness, the actual demographics of the homeless in our society, as well as reasonable treatment programs for those suffering from addictions are necessary, and all come with a huge price tag. On the other hand, what is it worth to be able to have no fear about going for a walk in the evening or not worry about your kids going to a show downtown, or avoid having your home or your car broken into on a regular basis and to not have young and old alike sleeping in the mean streets of Vancouver? Perhaps the physicians of British Columbia who come in contact with all of these people and issues need to take a more proactive role in trying to come to grips with these issues.

Maybe this is just the way society is now, but I don’t like it and it sure isn’t the way it used to be.

—AJS

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dialogue will never happen in Canada between politicians during any kind of public political debate because the basic strategy of political debate here is to focus on the extreme of the other person’s opinion and to hell with the need to find a consensus. In Mr Manning’s opinion (one I share), in order for medicare change to move forward it is clear that passionate, committed people in this country have to get together, form strong, politically astute groups and associations, and start issuing campaigns that catch the imagination of the voting public throughout Canada (this is exactly how the Canadian Reform Party got

started).

Finally, I think it is clear that private health insurance will happen in this country in very short order. The list of countries that stubbornly cling to a system where there is a centralized, monopolistic government control of the country’s health services has shrunk to just two, North Korea and Canada. Every other country on the planet that provides government-funded medical care to their citizens does so by working in concert with some form of parallel private insurance. Some of these systems are better than others, but to even a casual observer even the ones with obvious flaws seem to work better than ours.

Purely from an economic perspective it makes no sense to me that Canada ranks 2nd in the per capita cost of our system but 30th in the WHO’s measure of quality. We have to do something about medicare. Canadians cherish this system and are passionate about it. However, when you speak with people from Britain, France, New Zealand, and other countries they are just as passionate about their systems as we are about ours. The difference is, theirs works.

—JAW