

Politicians, economists, and lawyers: Who will save us?

During the recent automobile crisis, President Obama's pledge that buyers of Chrysler or GM cars could rest assured that the government would back up their new car warranty was widely supported. Yet, a promise of guaranteed care for American citizens provokes a divisive debate. Why is it acceptable for a government to promise to fix a broken car but not a sick or injured human? The answer is that in both the US and Canada, when it comes to health care, partisan political rhetoric has trumped reasoned debate.

Governments in Canada have boxed themselves into a corner. The World Health Organization has stated that if services are to be provided to all (universality) then not all services can be provided. Let us face this reality and not embrace political decisions and bias guided by 4-year electoral and financial timelines.

Financial sustainability is now a legal requirement in our BC Medicare Protection Act (MPA). With respect to this, the BC government is clearly in violation of its own law.

The MPA also prohibits citizens from spending their own after-tax dollars to enhance the care of themselves or their loved ones. No other developed country has such a law, and, in this respect, the BC government is almost certainly in violation of the Charter of Rights and Freedoms.

Our health system fulfills the criteria for impending bankruptcy. Costs are rising and the customers' (patients') expectations are not being met. The corporation (government) has repeatedly come up with the same response in the form of a cash call on the shareholders (i.e., raise taxes, spend more).

Over 40% of our total provincial budget is currently spent on health care—an amount projected to reach 80% if increases are unchecked. In

value for money, a European consumer group ranks Canada dead last compared to 29 European countries that have universal care.

The Statistics Canada report that placed the annual economic cost of mental illness at \$51 billion and the CMA report that showed the economic cost of waiting in just four of the thousands of categories of illness and injury was \$15 billion in 1 year underline the increasing economic impact of health. Add to such examples the costs generated by aging baby boomers and expensive new technologies, and it is clear that demand will greatly exceed supply.

Reforms such as funds following patients will create major efficiencies but will incur short-term costs. The long-term gains are not attractive to a government that wants to see results before the next election.

Singapore, India, Thailand, and many other countries have recognized the potential of the medical tourism industry—worth \$80 billion in 2008 and likely to double this year. In 2007, 750 000 patients left the US to access health care abroad—a number projected to rise to 12 million by 2012, coinciding with US hospitals losing US\$162 billion in revenue to foreign institutions. Virtually none of that revenue will come here. BC is well positioned to enter this market and be rewarded with jobs and the benefits of infrastructure, technology, and research investment. Just imagine: health care as a positive, revenue-generating, economic activity.

BC currently faces a legal challenge to parts of the MPA that are believed to be in violation of the Canadian Charter. The question being asked of the BC Supreme Court is, "Should BC citizens suffering an unacceptable delay in access to care have the same legal rights as a citizen in Quebec?"

When Supreme Court of Canada Justice Marie Deschamps wrote, regarding the Chaoulli case in June 2005, "I find that the prohibition infringes the right to personal inviolability and that it is not justified by a proper regard for democratic values, public order and the general well-being of the citizens of Quebec," did she believe the same principles should not apply outside of Quebec?

Success in the BC courts will lead to a hybrid public-private European system, as enjoyed by the Swiss, Belgians, Germans, Austrians, French, and Dutch, who benefit from universal coverage and rapid access for all, regardless of income. Drug benefits and dental care are added bonuses. The current legal challenge is one of the most important ever launched in BC. It is not about queue jumping, but rather queue elimination.

It is beyond comprehension that we may purchase liquor and tobacco legally, buy health insurance for our pets, or collision insurance for our cars, but not legally buy health insurance. It is equally nonsensical that our current laws grant preferred status and rights to injured workers, federal police officers, armed forces personnel, and (most remarkably) federal prisoners over the rest of us ordinary folks. Let us hope that common sense coincides with legal sense.

As we celebrate the 200th anniversary of Darwin's birth, let's acknowledge the importance of evolution and adaptation as we reform our health system to meet the realities of the 21st century. We need to embrace the principles of healthy competition, efficiency, accountability, and sustainability. Get ready to observe a fascinating race between "the laws of economics" and "the law simple." One thing is for sure—change is coming.

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