Imagine that: We want modern drugs and equipment

By DAVID ZITNER,

AT A HEALTH board meeting on June 28, the chief executive officer of the South Shore district health authority said that "current equipment is suitable," but some surgeons want state-of-the-art laparoscopic equipment similar to that used in other parts of the province and other parts of Canada.

On July 13, the Nova Scotia government announced that it would not insure citizens for the cost of Avastin, a drug that lengthens the survival of people with colorectal cancer.

Some health administrators in Nova Scotia believe that modern equipment and expensive drugs, available in other parts of the province and the rest of Canada, are not necessary in their own communities. Does this mean that health administrators who pay for expensive drugs and modern equipment are engaging in a mischievous waste of taxpayers’ money? Should those provinces that fund Avastin and those districts that insist on modern equipment be chastised for overspending? Or must Nova Scotians consider moving to jurisdictions with a different approach to health care?

Modern equipment and access to life-extending drugs are only two of the health services that are poorly funded in Nova Scotia's deteriorating health care system.

Have you wondered why your family doctor has little time for you? The simple reason is that the Nova Scotia government, as health insurer, decided that, with few exceptions, regardless of how sick you are, your family doctor will only receive a nominal payment for your care. The government insists that the $28 doctors receive for each office visit includes the costs to deliver primary care. Your doctor pays for office rent, nurse and secretarial services, and the cost of information technology.

The government as insurer also pays miserly fees for nursing home visits, house calls and after-hours care. It is no surprise, therefore, that these important services are in short supply and difficult to access. Consequently, many people spend lots of time, unnecessarily, in emergency departments. Family doctors are not available because government policies make it difficult for family doctors to provide ongoing, comprehensive care. And your health insurer, the provincial government, will not pay for telephone or e-mail conversations with your doctor, so you are forced to present yourself for a face-to-face visit even when telephone or e-mail advice is appropriate.

It wouldn’t be so bad having a miserly insurer if you had other choices. Sadly, you don’t. You are forced to rely on the goodwill of provincial politicians and bureaucrats who have monopoly control over the affairs of each health district and the quality of care you receive.

It is hardly surprising, then, that government, in its role as regulator and evaluator, does
not insist that government, in its role as insurer, provide you with timely care using modern drugs and equipment. Also unsurprising is the fact that no sanctions are imposed upon failure to do so, because this would mean government applying penalties to itself.

There are possible solutions. If government is to continue to be the sole insurer, perhaps it could behave as do other insurers, asking people to pay a small deductible amount for health care – for example, the first $200 of health care spending. Let wealthier people pay this deductible and use the savings to support a broader range of insurance (including drugs) for everyone. The savings would be directed toward increased support for a broader range of care for people who can’t afford it. Would you rather have a "free" doctor’s visit when you have a cold, or be certain that government, as the insurer, will pay for expensive drugs like Avastin if you develop colon cancer, or that your surgeon has access to modern equipment when you need an operation?

Another option is to support private health insurance. The Supreme Court of Canada felt private alternatives are acceptable when governments are unable to provide the care citizens require. In this scenario, government could become an effective regulator because government would no longer be forced to evaluate and regulate its own performance. Those who can’t afford private insurance could be generously subsidized by government so they, too, could purchase private insurance.

Either of these new models would enable us to be certain of having modern treatment and expensive medication when we need it. And government would no longer have to deny you necessary care for budget reasons. If the government of Nova Scotia insists on providing health insurance, let’s make sure that the insurer pays for necessary but expensive care, even if it means that some of us would have to pay for services we can afford.

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