Real choice should trump medicare monopoly
The Globe and Mail

Dated: 17/8/06

In Brief: In this exclusive comment to The Globe and Mail, AIMS Fellow in Health Care Policy, Dr. David Zitner, points out people are more important than medicare. He delivers a message to delegates of the upcoming CMA convention, don't confuse care with delivery, and Zitner reminds doctors their first obligation is to do no harm to their patients, not the government programs.

by David Zitner

Globe and Mail Update

One would think that the candidate selected by British Columbia doctors as President Elect of the Canadian Medical Association would be acclaimed because he advocates better health care for patients, and better working conditions for professionals. Yet, some members of the CMA have made this normally routine election controversial by preferring ideology to better outcomes for patients.

The problem was unwittingly summed up in yesterday’s op-ed in The Globe and Mail by Danielle Martin entitled "First, doctors, do no harm to Medicare". Actually, the classical injunction is for doctors to do no harm to their patients, not to government programs. And, where those programs compromise the well-being of their patients, they have an obligation to speak out against them.

Next week, doctors meet in Charlottetown to choose the Canadian Medical Association's new president-elect, who assumes office next year. The election pits Brian Day, an advocate of giving real choices to patients, against Jack Burak, who supports a government medicare monopoly.

Dr. Day believes that patients, and governments, should be able to purchase excellent and timely care from the public or private sector, whichever does it best.

Services provided by firms with a monopoly are often scarce, expensive and of poor quality. It is no surprise, therefore, that as long as government alone delivers health care, Canadians will suffer from lengthy wait times and poor-quality care. Oddly, many Canadians, including physicians, continue to lobby for a health-care system that virtually guarantees limited access and unacceptably poor quality.

The public health-care monopoly limits the choices of doctors and their patients. Doctors in Canada can choose to take the working conditions and fees that government-employed administrators deem appropriate, or leave to provide clinical services in other countries, or uninsured non-clinical services in Canada.

Instead, where public-health insurance and public administration are inadequate, doctors should be encouraged to provide services in ways that allow them to meet their professional obligations. Why force Canadians to travel to Bangalore or Boston for timely care when Canadian doctors and nurses are able to provide high-quality care?
Private delivery (paid for by public or private insurance) is often more efficient, allowing one clinician to care for more people. In Nova Scotia, one gastroenterologist working in a hospital can do as few as six endoscopies in a working day. A privately organized gastroenterologist, using two rooms, might do as many as 16 to 20 scopes in a day. It is no surprise that waiting times in Nova Scotia and elsewhere are unreasonably long.

Price controls are historically associated with poor quality and rationing. Rent controls in the Bronx meant that property owners would neither build new buildings nor repair old ones: Many parts of the Bronx came to resemble a war zone. In New Brunswick, government now sets the price for gasoline, with some gas station owners saying they will close rather than sell at a loss. Access to medical care is declining for the same reason.

Family doctors in Canada provide a narrower range of services compared to 10 or 20 years ago, because government, as the only insurer, pays $27 for an office visit - a price that includes the full cost of running a medical office and communicating with patients.

Current price controls are contributing to the continuous breakdown in our health-care system. Simple economics suggests that the supply of services increases when professional and financial rewards increase.

Professional associations that do not encourage competing payment systems are harming both their communities and their members. Members are harmed because the inability to provide private care means that some members must choose between delivering delayed and poor-quality care, and engaging in non-essential clinical activities.

Delegates to the Canadian Medical Association convention have an opportunity to contribute to improved lives for all Canadians, including their members. CMA delegates must challenge the monopoly delivery of essential health services. Only the most heartless delegate will vote to support a system that guarantees delayed access and poor-quality care. Optimistic and forward-thinking delegates will vote for the proposition that Canadian patients must be able to choose for themselves between public and private delivery of essential services.

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