



The Myths of Canadian Health Care

Many politicians are asking us to look north to Canada if we want to see a health care system that really works. Can Canada's government-run health care system really provide universal coverage for less money? Maybe the Canadian newspapers will tell us what proponents of socialized medicine won't.

Claim #1: Canada's System of Socialized Medicine Is Sufficiently Funded to Provide Care to All. Canada spends about 9 percent of its GDP on health care and provides coverage for all, while the U.S. spends 14 percent and has millions of people uninsured. Proponents of a Canadian model thus conclude that the federal government could cover every American for what the country is spending now -- *or less*.

That argument ignores the fact that there is no government-run health care system in the world that is adequately funded. And the reason is simple: health care must compete with education, welfare, defense and other valid claims on government funds. As a result, every government-run system rations care, with bureaucrats and elected officials deciding who gets what and when.

Case Study: Canadian hospitals need money. On Dec. 24, 1999, the *Toronto Star* reported, "The Ontario government is bailing out deficit-ridden hospitals to the tune of \$196 million." This infusion marked "the second year in a row the Tory government has come to the rescue of about half of the province's hospitals." Indeed, the Ontario hospital system was forced to absorb a 10 percent decrease in funding between 1997 and 1999.

Case Study: The shortage of doctors. Just one day earlier, Dec. 23, 1999, the *Toronto Star* ran the headline: "Ontario government report calls for up to 1,000 more MDs." In response to the report, the province's health minister said the government would provide "\$11 million in 'short-term' aid . . ." and try to attract more foreign doctors, according to the article.

Case Study: Shortages in the ER. Residents of Montreal can rest a little easier this summer. Doctors reached an agreement with the provincial government in Quebec so that emergency rooms will remain open, according to the *Montreal Gazette* (June 20, 2003). "In the summer and

fall of 2002," the paper reports, "Quebec's general practitioners fought a pitched battle against Bill 114, a new law that compelled doctors to work in understaffed ERs or face \$5,000 fines." Instead of fining non-ER doctors for *not* working in emergency rooms, the government will be giving them a bonus if they do.

Claim #2: Canada Provides Universal Access to Care. Proponents of socialized medicine argue that the uninsured typically postpone seeing a doctor and end up in the emergency room, which costs the system a lot more than it would had they just gone to see a family doctor. If everyone has government-provided coverage, then you remove that costly inefficiency and people have access to care when they need it. Or do they?

Case Study: Waiting lines in Canada. Access to a waiting line is not the same (nor as good) as access to a doctor. On Jan. 18, 2003, the Canadian Press carried the headline, "Send cancer patients to U.S., Alberta MDs urge." The story begins, "Breast-cancer patients whose wait to see a specialist has jumped up to eight weeks from less than four should be sent out of province for treatment, the president of the Alberta Medical Association says."

In a story about a proposal to allow private day surgeries in Vancouver, British Columbia, to reduce waiting times, the *Vancouver Province* (June 11, 2003) reports, "But even when the (Richmond) hospital was at its most efficient, 40 per cent of patients were waiting three months or more (for elective surgery)."

As bad as that is, it's better than England, where 57-year-old Peter Smith got his heart surgery a full five months after he first complained of chest pains to his general practitioner (*London Observer*, May 25, 2003).

Claim #3: The Quality of Care in Canada Is as Good as or Better than the U.S. "Quality health care" means different things to different people. For individuals, quality health care usually means a good outcome, conveniently obtained at a reasonable price. But can you have quality health care if a patient can't see a doctor?

Case Study: The quest for quality health care. The headline in the June 16, 2003, *Vancouver Sun* pretty much says it all: "Doctors Demand Patient Care Guarantees." The

British Columbia Medical Association has released a paper calling for “the establishment of maximum wait times, or ‘care guarantees’ for various medical procedures,” according to the story. The report “proposes that patients not helped within the guaranteed time frame should be able to seek care out of province – in a public or private facility – at no cost to themselves.”

In Canada it is against the law for a citizen to pay out of pocket for care that is provided by the government-run health care system. The only other countries that criminalize privately paying for health care are North Korea and Cuba.

Case Study: Canadians heading south. But it isn’t against the law for Canadians to cross the U.S. border and pay for care they can’t get in Canada. In fact, the U.S. has become the safety valve for a foreign health care system that would implode economically and politically without access to U.S. doctors, hospitals *and* drugs.

On Jan. 16, 2000, the *New York Times* titled a story, “Full Hospitals Make Canadians Wait and Look South.” The article concludes: “As a result, Canada has moved informally to a two-tier, public-private system. Although private practice is limited to dentists and veterinarians, 90 percent of Canadians live within 100 miles of the United States, and many people are crossing the border for private care.”

Claim #4: In Canada’s System, Everyone Is Treated the Same. The push for socialized medicine isn’t just about health care; it’s also a quest for social justice. Advocates don’t want the rich to get better care than the poor. But the rationing that *always* accompanies a government-run system means that some people will not get the care they need, and it is nearly always society’s marginal citizens – the poor, the very old and those with very high costs – who get substandard care, if they get care at all.

Just consider some of these headlines from England:

- “Am I too old to be treated?” *The Sunday Times*, April 17, 1994.
- “Kidney patients die as costly dialysis machines lie idle,” *The Times*, July 26, 1993.
- “Too old to be cured of cancer,” *The Times*, Aug. 16, 1993.

But there can be other perverse results from rationing. Greg Moulton of Guelph, Ontario, was in a three-month wait to get a CT scan “to learn the cause of his ‘excruciating’ headaches.” Since York Central Hospital’s radiology department was only open to the public at specified hours, the hospital decided to allow pet owners to

bring in their animals in need of a CT scan after hours — for \$300 a scan. “For dogs, a scan can be arranged within 24 hours,” according to the Canadian Press (“Humans wait in pain, dogs don’t,” June 14, 1991).

Another Canadian was more resourceful. On Dec. 18, 1999, the *Washington Post* reported that waiting lines for MRIs in Ontario had grown so long that one Ontario resident “booked himself into a private veterinary clinic that happened to have one of the machines, listing himself as ‘Fido.’”

In a socialist effort to avoid a two-tiered system where wealthy people can get health care but the poor can’t, Canada has created a different kind of two-tiered system – where people can’t get care, but dogs can.

Conclusion. These news articles (and many more not included) tell the story of a financially strapped health care system that threatens the health and lives of its citizens. The dates on the articles, ranging over a decade, tell the story that these are not simply past problems nor current problems, but systemic problems inherent to government-run health care.

Seniors in the U.S. Medicare program are already in a government-run system; and they are experiencing many of the same problems Canadians face every day. If we emulate Canada, America’s health choices will narrow, and health innovations and breakthroughs will be suppressed. And while price controls and rationing mean we may spend a little less money, we will get a lot less care – just look at Canada. That is the story we are not being told.

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