

For-Profit Health Care

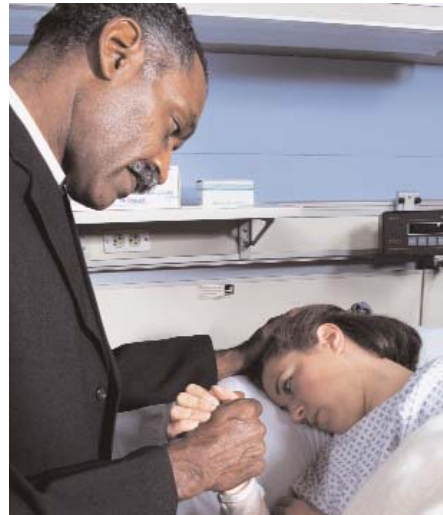
Dispelling the Myths

Myth #2 Health Care is Just Another Commodity

The arguments in favour of increasing for-profit market forces in Canada's health care system are based on a view which says that the physician-patient relationship is fundamentally an economic one and that health care is like any other marketable commodity. Proponents of this position maintain that, when it comes to health care, government has corrupted the market and replaced normal market processes and incentives by bureaucratic rule making.

This is a view that was strongly opposed by the late Joseph Cardinal Bernardin. Speaking in 1995, he said: "Not all of society's institutions have as their essential purpose earning a reasonable rate of return on capital.... the value of human life and the quality of the human condition are seriously diminished when reduced to purely economic considerations."¹

The availability of good health care is vital to the character of community life. It involves the most intimate aspects of people's lives — their bodies, as well as their minds and spirits. As such, it cannot be reduced to a mere commodity.



"For-profit health care is an oxymoron. The moment health care is rendered for profit, it is emptied of genuine caring. This moral contradiction is beyond repair.

It entails abandoning values acquired over centuries of professionalizing health care into a humanitarian service."

B. Lown
"For-profit Care's Morbid Results"
The Boston Sunday Globe
Aug. 1, 1999

In fact...

Canadian society has long recognized that the non-economic ends of the family, social services, and education are essential to the advancement of human dignity and the common good. For example, we recognize that individual human dignity is enhanced through a good education, and that we all benefit by having an educated society; so we make elementary and secondary education available to all. To achieve this goal, we are prepared to heavily subsidize education.

Medicare is based on a similar set of social values.

Canadian underpinnings of the health care system include the premise that it ought to be government-run and not-for-profit, that money is not the primary consideration and that all are entitled — as a matter of citizenship — to equal access to quality care. This typically Canadian approach is, for many people, emblematic of a commitment to compassion, to equality of opportunity, to a sense of community and to a common purpose.²

While Canadians have expressed concern in recent years about problems with the health care system, recent polls indicate that the vast majority of Canadians are pleased with the health care they receive. The findings also indicate that Canadians remain committed to the values on which the system is based.

From where then do the never-ending calls for “two-tier medicine” come from? As Robert Evans notes — there are sound economic reasons for undermining medicare, if one is wealthy and healthy. The higher the income one has, the more one has to gain by rolling back medicare coverage and substituting private funding.

Albertans, and other Canadians, may not want a two-tiered system, but a strategically placed and influential minority does want a two-tiered system. There are those who do stand to benefit considerably from such a system, and they may be able to force it on the rest of us.³

The challenges faced today in health care call for an affirmation of the values on which medicare is based, and for the development of strong policies that will protect it into the future.

Canadians Support Medicare

- 93% of women and 83% of men who were patients in the past year described themselves as very or somewhat satisfied with their care.
- The survey found that the five principles of the Canada Health Act have virtually universal support among Canadians.
- 77.5% of Canadians expressed willingness to make compromises to their access to ensure everyone has access to quality health care.

HealthInsider Poll
Globe and Mail, Nov. 27, 2000



References

1. Cardinal Joseph Bernardin, *Making the Case for Not-for-Profit Health Care*, Catholic Health Association of the United States, 1995, pg. 5.
2. National Forum on Health, “Canada Health Action: Building on the Legacy,” Volume II: *Synthesis Reports and Issues Papers*. Published by the National Forum on Health, Ottawa, 1997.
3. Robert Evans, in a keynote address titled “The Role of Private and Public Health Care Delivery in Alberta”, Health Forum sponsored by The Alberta Congress Board, Edmonton, Alberta, Feb. 5, 2000.