Catholic Health Association of Canada

A CHAC Reply to the CMA's *Medicare Plus* Policy Paper

Undermining Medicare is not the Solution to Improved Access to Health Care

In November 2002, after two years of intensive research and consultation, the Commission on the Future of Health Care in Canada concluded that Canadians still strongly support the core values on which our health care system is based. Put simply, medicare rests on the fundamental ethical value of solidarity: a value which holds that in the face of illness Canadians are committed to caring for one another.

The Commission also reported that despite its call to those who support greater private financing of health care, and the creation of a parallel private system, to present evidence that such approaches would improve and strengthen the health care system, no such evidence was brought forward. As a result, the strongest language in the report is directed to those who would make health care in Canada a business. The Commission rejected this proposition stating that the consensus view of Canadians on this is clear. "No! Not now, not ever. Canadians view medicare as a moral enterprise, not a business venture."

In the years that have passed since then, the debate about health care reform has shifted dramatically from one focused on values and evidence-based public policy, to one dominated by support for the use of private, for-profit delivery of health services in which a commitment to sound evidence appears to be lacking. In fact, as stated by Nuala Kenny, "the move toward privatization rests on the *repudiation* of evidence-based health policy."

This shift in the health care reform debate is evident in the policy statement released in July 2007 by the Canadian Medical Association (CMA) titled *It's Still About Access! Medicare Plus*.

The CMA paper expresses support for a strong publicly funded health care system, but then recommends options that are known to undermine public systems. This is most apparent in its suggestion that the solution for reducing wait times and sustaining Canada's health care system lies in expanding the role of private insurance and private payment, and allowing physicians to practise in both public and private systems. Will the CMA's recommendations improve and strengthen medicare? The evidence says no.

Allowing physicians to practise in both public and private systems

Currently, the *Canada Health Act* prevents doctors who are paid by public medicare from also providing medically necessary care for private payment. The CMA's recommendation assumes the creation of a parallel private system of health care in Canada. Those who are wealthy and able to pay privately for health services, or for private insurance to cover such services, would likely benefit in the kind of health system proposed by *Medicare Plus*. It would enable them to access better care more quickly than those left to be served by the public system.

This proposal represents a fundamental departure from the values that have directed health care in Canada over the past 40 years. It envisions a system where money, rather than need, determines who gets access to care.

Moreover, the CMA's proposal ignores the fact that, given the limited supply of physicians and other health care professionals in Canada today, the introduction of a parallel private system would mean the doctors we do have would have to be distributed between both public and private patients. This would decrease the number of hours doctors, nurses and other health professionals practise in the public system.

The proposal also raises a very real possibility that a dual practice system could create incentives for doctors to maintain long wait times in the public system in order to make doctors' private practice more attractive.

As a result, private patients would pay more in order to receive preferential attention, leaving public patients to face even longer waiting lists. To quote Colleen Flood of the University of Toronto's Faculty of Law, allowing doctors to practise in the public and private sectors will not "improve access to the entire population."

Private Insurance
For several years, the CMA has been calling for the development of a "public-private interface" to improve access to quality health care. Central to this plan is the establishment of private health insurance. In *Medicare Plus* the CMA states:

> "When access to timely care cannot be provided in the publicly funded system, Canadians should be able to use private health insurance to reimburse the cost of care obtained in the private sector."

Again, this proposal envisions a fundamentally different health care system than that which currently exists in Canada. The system of private health insurance that is proposed can only work with a parallel, private and for-profit health delivery system.

In a study published by Calgary economists Herb Emery and Kevin Gerrits titled "The Demand for Private Health Insurance in Alberta in the Presence of a Public Alternative," if a private health system were to be established private care would have to be clearly superior to public care. Otherwise, it is very unlikely that anyone would be motivated to pay for private care out of pocket or purchase private insurance for such care. "The introduction of a private system would require the political will to institute a tiered health market" they write; one which would consist of a superior private system and a mediocre public system.

Do we really want one health system for those who are rich, and another for those who are poor?
The CHAC believes the important goals of reducing wait times and adapting medicare in response to current realities can be achieved through innovation and improvements within the existing publicly funded, not-for-profit delivery system.

The creation of a parallel health care system, as is envisaged in the proposals put forward in *Medicare Plus*, would represent a fundamental departure from the vision of justice and fairness in health care that has been a defining feature of our identity as Canadians. It would move us as a society away from a stance of interdependence and caring for one another in times of illness toward one of greater self-interest.

Health care would be distributed not on the basis of need, but on the ability to pay, and this would result in a two-tier system that offers preferential access to those who are wealthy.

Canada's health care system needs reform – and the CHAC is not supporting the status quo. But reform must be evidence-based and recognize the values that are at stake in the policy choices we make for the future of health care. Without such consideration the decisions we make today risk contributing to the transformation of an equitable health care system into a profoundly inequitable one.

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