

# **When Patients Become Victims**

## **The Crime of Government-Run Health Care**

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While the French proudly tout their Noble Prize-winning organization “Medecins sans Frontieres” (Doctors without Borders), Canadian politicians are being forced to acknowledge that their health care system has become “Medicine sans Docteurs.”

Take the tragic case of 18-year-old Joshua Fleuelling of Ontario, who died on Jan. 22 of asthma. It might be more accurate if the death certificate identified the cause of death as “acute failure of the Canadian health care system.” In his effort to become a patient, Joshua instead became a victim — a fatal example of just how sick a government-run health care system can get.

Joshua suffered a severe asthma attack and was rushed to a nearby hospital. But his ambulance was turned away because the hospital was on “critical care bypass,” meaning the emergency room was full. The additional 18 minutes it took to reach a second hospital apparently cost him his life.

And why was the emergency room full? Canadian officials recently explained that Canada has been experiencing an outbreak of the flu. But why are people with the flu going to the emergency room? Shouldn't a model of government-run health care get those patients to a family physician?

**The Joys of Socialized Medicine.** Welcome to the Maple Leaf version of socialized medicine — shortage of doctors, shortage of beds, and in some cases, no health care at all.

How could this happen to one of the best health care systems in the world? Bureaucrats cut funding to medical schools and hospitals, closed hospitals left and

right — despite Canada's burgeoning population — and capped doctors' incomes (and even expect refunds if the caps are exceeded). Why? Because the system is broken.

Provinces used to get a large share of their health care dollars from the national government. Today, those allotments have been cut by half in some cases, even as health care costs are rising rapidly.

Tight financial conditions led Quebec officials recently to induce 3,600 nurses and 1,200 doctors to take early retirement. Meanwhile, Ontario has conceded it has a shortage of 1,000 doctors.

Family physicians are booked for weeks in advance. Herb Phillips of Oakville, Ontario, developed flu symptoms just after Christmas. When he called for an appointment with his local doctor, he was told the wait would be five weeks. When you can't get to a family doctor, you go to the ER — even with the flu.

A few weeks ago, 23 of Toronto's 25 hospitals turned away ambulances because they were not able to care for new patients. At one point, 20 percent of the heart attack patients — who should be treated within 15 minutes — entering Vancouver General Hospital had to wait an hour or more, according to the *New York Times*.

Moreover, the wait for non-elective surgery and chemotherapy is months. According to the Vancouver-based Fraser Institute's annual survey of waiting lines, 213,000 Canadians were waiting for surgical procedures in 1998, a 13 percent increase over 1997.

**Decline in Popularity.** Widespread popularity has been the only pillar still supporting socialized medicine in Canada. Now two new polls indicate the tide of Canadian opinion is changing.

Last month, a survey by Ekos Research Associates found that 93 percent of the 3,007 Canadians interviewed thought the federal government should make health care its top priority.

Even more amazing, in a survey by Toronto-based Pollara:

- For all income levels, 74 percent supported the idea of user fees for those who can afford it, meaning that people should be required to pay out of pocket for part of the cost of their medical care.
- For those making \$25,000 a year or less, 85 percent supported user fees.
- Perhaps more tellingly, only 23 percent supported increasing taxes on workers to keep Canada's socialized medicine afloat.

Clearly, many Canadians are beginning to agonize over the problems facing their health care system and whether reforming it would mean the death of Canada's commitment to social equality. But many Canadians are beginning to believe it is better to let that commitment die than patients.

**Decline in the Quality of Care.** Canadian officials have seen the hemorrhaging for years, but they only turned to Band-Aids. For example, six years ago the government in Ontario tried to discourage patients from overusing Canada's "free" health care system by spending \$500,000 to print up eight-page brochures suggesting that patients with colds or flu self-medicate. "Egyptians favor mustard," the brochure recommended, "Greeks use vinegar and pepper. Russians swear by horseradish. And South Asians drink ginger-and-coriander tea."

In the past, critics of the U.S. health care system liked to point out that Canada only spends about 9 percent of its GDP on health care, while the U.S. spends about 14 percent. Canadians were getting excellent care, they claimed, for a little more than half the money.

The truth is that Canada's socialized medicine has been leeching off the progress and investments made when the system was still largely capitalistic. Socialism doesn't force a system to collapse immediately; it takes a generation. And that's how long Canada's socialized health care system has had.

Fortunately for patients, and perhaps for politicians as well, frustrated Canadians have a safety valve — the United States. Much like their geese, Canadians travel south by the thousands, only in this case to get the care they need. Some seek care for the growing list of treatments and medications not covered by their provincial health plans. Many pay out of pocket, while others have American health insurance. As a result, a

number of U.S. hospitals and clinics close to the Canadian border are doing a booming business.

But is it fair to Canadians to, in essence, force them to pay twice for care — first through unbelievably high Canadian taxes, and then out of pocket to private providers to get care in a timely manner?

**What Can Be Done?** Premier Ralph Klein of Alberta has proposed letting American for-profit health care providers come to the province so the sick can get care. And a clinic in Ontario has been charging patients \$1,100 cash if they want to jump the eight-month waiting queue for an MRI. But since that is illegal, officials have initiated an investigation.

Of course, it's not so bad if you're a dog, since Canadians pay for veterinary services out of pocket. A recent *Washington Post* article told of a man who was tired of waiting for an MRI and booked himself into a veterinary clinic which had a scanner — registering under the name Fido.

In an effort to avoid a two-tiered system in which rich people get health care and poor people can't, Canada has instead created a different type of two-tiered system in which pets can get health care but their owners can't. So perhaps the best solution is for Canada to shift to the same type of system the country provides for pets — a fee-for-service health care system, where patients pay, either personally or through insurance, for what they get.

Those who really favor a switch to a government-run health care system need to get their heads examined. It is just not likely to happen in Canada.