

# BRIAN DAY'S FALSE START

## DR. PROFIT DENIES HIS PROFITEERING PAST AND PRETENDS TO LOVE PUBLIC HEALTH CARE

by Stuart Trew

**P**oor Brian Day. He just can't get any respect, even as the new president-elect of the Canadian Medical Association.

Minutes after Canada's largest doctors' organization chose Day, the owner of Canada's largest for-profit medical centre in Vancouver, to be their next president, Dr. Day – or Dr. Profit, as we like to call him – found himself on the defensive. Thanks to an enormously successful campaign by the Profit Is Not the Cure team at the Council of Canadians, Dr. Day couldn't get through one public appearance without being questioned about his views on the privatization of health care.

So Dr. Day repeated again and again that he believes in public health care, contradicting a lifetime of arguments to the contrary. Dr. Day's strategy may work for sound clips, but you can only run so far from your past before it catches up with you.

After the CMA meeting in late August, Dr. Day implored Canadians to "Listen to what I say and not what people say I say." The Council of Canadians is very happy to oblige him. We have a fairly detailed account of his recommendations to the Romanow Commission on the Future of Health Care in Canada.



Dr. Brian Day, otherwise known as "Dr. Profit."

With Dr. Day's wishes in mind, here is precisely what the good doctor said would be necessary in order to "improve" health care in Canada – and what we think of his recommendations.

### 1. DE-POLITICIZE THE DEBATE

**DR. DAY** Solutions should be based on what is best for "consumers" – the citizens who fund the system, and the patients who are served by it. De-politicize issues by assigning responsibility for some of the potentially unpopular decisions to small or even single-person task forces that can make reasoned and objective recommendations.

**WE SAY** Most Canadians don't consider themselves "consumers" of health care, and those who do are in fact

making a highly political statement. They're saying that health care is not a social good but a product whose quality should increase depending on how much you pay for it. They don't believe that Canadians should look out for each other through strong social programs, but that we should adopt a survival of the fittest (meaning richest) model like the one that exists for health care in the United States. That is not the philosophy behind Canada's strong public health care system, and it's not the attitude of the overwhelming majority of Canadians today.

### 2. REPEAL THE CANADA HEALTH ACT

**DR. DAY** This act was based on five principles formulated 37 years ago. The only one of the five conformed to today is "public administration." Universality is a concept that discriminates against lower socio-economic groups, and "comprehensiveness" has reduced access to essential services in order to cover less "medically necessary" treatments.

**WE SAY** As strong as Canada's public health care system actually is, there is no denying that problems exist. All across Canada, provinces are de-listing health services once covered by public insurance, and they're still struggling to maintain proper funding after the federal government cut provincial health transfers in the mid-1990s. But repealing the Canada Health Act, rather than re-investing in our public system, is an extreme solution that could only come from someone devoted to for-profit health care. Dr. Day's claim that the concept of universality discriminates against the poor just doesn't make any sense. Universality ensures that everyone gets equal access to quality health care.

### 3. INCREASE PRIVATIZATION AND CONTRACTING OUT

**DR. DAY** Notwithstanding quotes of ill-defined and statistically invalid "studies," experience in contracting out has been shown to reduce costs and lead to savings, both in direct costs and in the

improved business methods that the public sector is forced to incorporate when they embark on such efforts. (See the Swedish experience, and Lion's Gate locally.)

**WE SAY** Oh no – not the famous “European solution”! As Council of Canadians’ Health Campaigner Guy Caron explained in the last edition of *Canadian Perspectives*, in Sweden only the St. Goran’s Hospital in Stockholm County experimented with for-profit health care in the form of private sector contracts in 2001. The privatized facilities started rejecting seriously ill patients, who then faced longer wait times in the public system, which had been drained of resources by the new for-profit competition. Actually, as Dr. Day was making these recommendations to the Romanow Commission, a new county government put a stop to all further privatization, citing problems at St. Goran’s! The truth is, there are problems with profit no matter where or how it is tried.



Victoria Gibb-Carsley

**Maude Barlow addresses the media, doctors and the public outside the Delta Hotel in downtown Charlottetown on August 20. The Profit is not the Cure team was in PEI to let doctors at the Canadian Medical Association’s annual general meeting know that Canadians want public solutions to Canada’s wait time problems.**



#### 4. INTRODUCE COMPETITION, CHOICE AND ACCOUNTABILITY

**DR. DAY** Hospitals that compete with one another, and with the private sector, will become more efficient. Eliminate redundant services that are expensive and duplicate those available elsewhere – unless they are revenue-positive (outpatient labs, outpatient physio, X-ray, etc.).

**WE SAY** “Choice” for whom? A person who can’t afford to “choose” a private facility has no choice but to rely on the public system, which inevitably suffers from a lack of resources once for-profit competition is added to the health care mix. It happened in Sweden, it happened in Australia, and there is no evidence that it won’t happen in Canada should we decide that the wealthy should be able to “choose” better, more expensive for-profit care.

#### 5. REDUCE INFLUENCE OF PUBLIC SECTOR HEALTH UNIONS

**DR. DAY** They have fought innovation and change. Their negative influence on progress and their propaganda machinery have helped to create the present crisis. Agreements that are responsible for their excessive power should be revised to eliminate that control.

**Leo Cheverie plays the unpopular role of insurance salesperson outside the Delta Hotel in Charlottetown. The crowd jeered as he listed the costs involved in private insurance but cheered when he got to the many benefits of our publicly funded, universal health insurance plan.**

**WE SAY** Canada’s public hospitals are staffed and maintained by unionized workers. Not only does Day show contempt for the nurses and other health care workers who are keeping the system together, he ignores the fact that they are the ones fighting for innovation and change for health care in Canada! They are the ones demanding national pharmacare and homecare programs, and better-organized wait lists that would drastically reduce wait times within a publicly funded, publicly delivered health care system. Day has only one prescription for change in Canada: profit.

#### 6. ACCEPT ECONOMIC REALITY, AND INTRODUCE USER FEES

**DR. DAY** All industrialized nations have user fees. We have them in various forms already. They reduce abuse of the system, and there is no evidence that they have any effect on health care outcomes.



At least 50 per cent of all emergency room and doctor visits are probably unnecessary. This is a very conservative estimate. The "poor" could be exempted. In the experience of many doctors, the majority of abuse of the system is by middle- and higher-income groups. With respect to emergency rooms, the legal impediment of the CHA can be addressed through wording that makes non-emergency visits not "medically necessary" – a definition that is within the domain of the provinces."

**WE SAY** The Romanow Commission was clear in its rejection of user fees as a viable cost-saving measure or deterrent to abuse of the system. "There is overwhelming evidence that direct charges such as user fees put the heaviest burden on the poor and impede their access to necessary health care . . . even when low income exemptions are in place," said the report. "In addition, user fees and co-payments also involve significant administrative costs that directly reduce the modest amount of revenue generated from the fees."

So there you have it. Despite his sound bites from Charlottetown in August, Dr. Brian Day has no intention of helping to protect Canada's public health care system. On the contrary, based on his own testimony to the Romanow Commission and subsequent comments to the Fraser Institute this spring, he has every inten-

**The rain didn't stop people from singing at a "Picnic for Public Health Care" outside the Delta Hotel in Charlottetown on August 20. Here, Kyle Buott (far right) leads the Halifax-based Youth for Medicare in a chant. "There ain't no care like Medicare 'cause everyone gets their share!"**

tion of fighting to dismantle it and to significantly increase the role of profit in the funding and delivery of health care in Canada.

Though Day's election as head of the Canadian Medical Association is certainly a setback, the Council of Canadians has put him on the defensive. We have evidence that profit is not the cure, whereas all he has is hot air and an unhealthy dose of contempt for Canada's cherished and highly successful health care system. It's hardly necessary to put words in his mouth when everything he says about for-profit health care is so easy to disprove.

**Visit [www.profitisnotthecure.ca](http://www.profitisnotthecure.ca), where you'll find lots of information on how to stand up for public health care in Canada.**

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## COUNCIL OF CANADIANS REACHES OUT TO DOCTORS

The Council of Canadians announced it would step up its campaign to reach out to doctors on the need to protect public health care as a result of the CMA's election of Brian Day as their 2007-2008 president, a staunch advocate of for-profit health care.

"We respect the CMA's decision, but this means we will need to work harder to impress upon doctors the consequences of increased privatization on their patients," Guy Caron, Council of Canadians Health Care Campaigner told reporters gathered outside the CMA meeting in Charlottetown on August 22.

The Council spent several days, during the lead-up to the CMA meeting, campaigning in Charlottetown to ask doctors to support public health care.

In addition to the election of Brian Day, 80 per cent of CMA delegates voted in favour of removing barriers preventing doctors from practising in both the private and public sectors.

"We see these developments as an expression of doctors' frustration with the shortcomings of the current system," said Caron. "But parallel private systems have not worked in countries like Great Britain, where privatization has actually lengthened wait times."

The Council of Canadians announced it would address the issue by facilitating greater dialogue between doctors and concerned Canadians throughout the country.