

# PROTECTING PUBLIC HEALTH CARE – IN YOUR OWN WORDS

## COUNCIL MEMBERS SHARE THEIR STORIES

By Jan Malek

Last year the Council of Canadians undertook an extensive survey of our members asking them to tell us their stories about public or private health care – we received thousands of responses. Many people talked about the benefits of public health care and their experiences receiving timely, quality health care with no medical bills, their fears about increasing privatization and doctor shortages, and their experiences with health care delivery in other countries. People rightly asked what Canadian governments, both federal and provincial, are doing to protect public health care, which continues to be Canada's most treasured social program.

### DOCTOR SHORTAGES

Deep health care funding cuts through the 80s and 90s by both the Mulroney and Chrétien governments led to a reduction in federal health care spending from 42 per cent to an all-time low of 10.2 per cent. Spending has slowly increased in recent years, but the cuts have left devastating effects. Most pressing, and most often pointed to by our members, are serious doctor shortages – of family doctors and general practitioners in particular. People rely on these doctors as their entry point to the health



Jan Malek

**The Cambie Surgery Centre, located in Vancouver, British Columbia, is one of an estimated 200 private health care clinics now open in Canada.**

care system. Without one, many will instead visit hospital emergency rooms, face delays in getting referrals to specialists, or have difficulty obtaining timely medical care.

A number of years ago my wife and I moved from downtown Edmonton to a suburb of the city after our family doctor became ill and moved to B.C. We have been unable to find a new family doctor and so have to rely on a local medical clinic for prescriptions and health care. We regard them merely as

prescription writers. I am coming on to 92 years of age, and we would like to have the services of a family doctor to continually assess our physical needs. The health care needs – especially of seniors – are certainly not included in the Alberta government's priorities.

*Brian Davis  
Edmonton, Alberta*

When my doctor left his practice suddenly last December, he put about 3,000 people in a position where they had no doctor. (Other doctors in my community were not taking new patients.) This put a tremendous strain on the emergency department of our hospital, causing long wait times there. I was lucky – I was put on a waiting list and now have a family doctor.

*Dorothy Letman  
Perth, Ontario*

Our region in Peterborough, Ontario, has had from 20,000 to 30,000 people with no family physician for years. When our doctor threw in the towel we were lucky to find a wonderful doctor in Toronto. We drive almost two hours and pay \$9 an hour for parking.

*Joan Reeves  
Peterborough, Ontario*

I am devastated that my family doctor, a relatively young man, is leaving the profession because of his utter frustration with medicare as it is now. He can only give 10 minutes of his time to each patient per visit. He can no longer be the good GP he had trained to be. If you have several (sometimes related) medical issues, you need to make more than one appointment. There is obviously a movement afoot at the government level to let medicare deteriorate to a point where the public will beg to have a privatized system like the U.S. That must never happen. Medicine is not a business.

*Ruth Hogan  
Mission, British Columbia*

## EXPERIENCES IN OTHER COUNTRIES

When speaking about the benefits of Canada's public health care system, many of our members gave their experiences in other countries as reasons to keep Canada's public health care system. Both the United States, with an almost fully privatized medical system, and Britain, with a mixed public-private system, were offered as examples of the dangers of health care privatization.

Two hours after landing in Kansas City, Missouri, I started to feel sick and soon had a severe pain in my abdomen. My wife and I took a taxi to the North Kansas City Hospital. Twenty days and two major operations later I was released from hospital. I had had a blood clot in my small intestine. The bill was approximately US\$100,000. Fortunately, I had 100 per cent medical coverage. The bill in Canada would have been zero.

*Richard Austin  
Wyevale, Ontario*

I'm a U.S. citizen by birth. One of the scariest aspects of my life during my twenties was the possibility of injury. For me and all my friends, we had no safety net because we were no longer dependants on our parents' insurance policies and affording our own was out of the question. When one friend broke his arm, we debated for hours alternatives to heading to the hospital because we knew it would saddle him with years of debt.

*Gail Lotenberg  
Bowen Island, British Columbia*

As a family physician, before emigrating to Canada in 1974, I practised for 15 years in Britain, where public and private health care is allowed in parallel since the inception of the National Health Service in 1948. It was a disaster from the start, and still is. In many cases the quality of care leaves much to be desired. The specialists choose to treat only those patients with the highest

profit potential and then attempt procedures without the staff or equipment to deal with the post-surgical complications. When this occurs, transfer to a public facility is the only option. Private health premiums have risen year after year and are now the preserve of the very wealthy. Many of the private hospitals have closed.

*Walter Baxter  
Saskatoon, Saskatchewan*

## THE GROWING TREND OF PRIVATIZATION

Health care privatization advocates like private clinic owner Dr. Brian Day and new Canadian Medical Association president Robert Ouellet, who owns private MRI clinics in Quebec, are waging a strong battle against public health care. The Harper government has given its silent blessing to increased privatization by allowing a dramatic increase in private, for-profit clinics that sell health care services for a price, and by not clamping down on private clinics that allow and encourage queue-jumping.

My husband has, for the first time, been unable to schedule a colonoscopy through the public health care in Quebec with the doctor who performed his previous two colonoscopies. He is supposed to have the procedure every three years. When he called the doctor for an appointment he was told the doctor could not make an appointment until next year, but if we wanted have it done privately at a cost of \$450, it could be scheduled right away. We are trying to find another doctor.

*Chantale Labrecque  
Latterrière, Quebec*

As a doctor, I see more and more colleagues charging private fees to patients, effectively negating the possibility of referring my poorer patients to them.

*Dr. Jean Zigby  
Montreal, Quebec*

My wife hurt her shoulder last winter while cross-country skiing. She was in a lot of pain, but the doctor felt that nothing was broken and that the separated muscles just needed time to heal. After numerous treatments and no improvement she was put on the waiting list for an MRI. She waited five months to get the MRI examination, which revealed a broken bone. She could have paid the \$500 and had the MRI immediately at a private clinic. This is not right! We could have afforded the \$500 to jump the queue, but many people would not have that option.

*Robert Paulsen  
Sherwood Park, Alberta*

My doctor recommended a colonoscopy because of my age. It turned out the doctor who was to do the procedure charged a fee (\$40). He said it was for administration costs and because he was doing this, pressure on the public system was being relieved. I refused to pay. I had to wait only three weeks for the public system, proving it is not as bad as some would have us believe.

*Herman Sallmen  
Ottawa, Ontario*

Maude Barlow, National Chairperson of the Council of Canadians, sums it up best in the opening lines of *Profit is Not the Cure: A Citizen's Guide to Saving Medicare*: "We Canadians treasure our universal health care system. Polls consistently confirm that, no matter what turn the economy is taking or where the political winds are blowing, support for this core foundation of Canadian society never wavers. Yet we are currently experiencing the most sustained and deliberate assault on medicare. Unless ordinary Canadians from every part of the country rise up to defend it, our public health care system will not survive."

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