

## Editorial on Health Care In Canada

As a Canadian who has been a long-time beneficiary of our health care system, I was dismayed by the blatant misinformation about it spread by certain politicians prior to the recent congressional elections in the U.S. While I have concerns about our system, at least we do not have close to 20% of our population bereft of any health care.

At age sixty-three I must face the inevitable decline in my health and the fact that I will eventually require more medical attention than ever before. Till now, I never gave our Medicare system much thought. I took it for granted. It has been around for quite some time. It was legislated and is administered by government thus it would require an Act of Parliament to abolish or change it. It is portable. It is comprehensive. It is universal. It is accessible and most importantly it is affordable for the users. Furthermore, it is administered by officials accountable to the public. It is an attribute of our society that we can be proud of. Would our government ever have the political will to emasculate it? Up to recent times the answer was a categorical no.

In light of some very ominous signs about its future, based upon a growing perception that we can no longer afford it, I decided to re-examine my thoughts on the subject. I discovered that the health care delivery system is a complex mine field replete with contrary facts, suppositions and ideas. For example, some are:

- An individual's genetic make-up governs that person's predisposition towards good or bad health. Up to now, it could not be altered. However, the potential of genetic engineering raises a myriad of ethical and moral dilemmas that need to be addressed.
- Government can control most environmental health factors including those that are occupational in nature. This often requires an ability to balance health and economic priorities;
- Lifestyle is a major health factor over which individuals have debatable control;
- Since very few if any have a real understanding of the practice of medicine, the monitoring of the profession and the institutional arrangements under which it operates, there is a great deal of controversy over these parameters;
- Bio-medical research mainly funded by government is supposed to generate innovative diagnostic techniques and therapies, as well as identify the causes of various diseases and the means for preventing them;

Having pondered the preceding, I offer the following points for consideration. Some I deem desirable. Others fill me with dread. I want:

- Peace of mind and assurance that my needs will continue to be served by a quality health care system without fear of financial ruin because of illness. I want to be given real medical attention on a par with the wealthiest in our society;
- Medicare broadened to embrace dental care. Not including it under the umbrella of medical care suggests that the deterioration of one's teeth is not a disease, that chewing food is somehow disparate from other bodily functions and that tooth decay leading to loss of dental function is not related to other disabilities that are covered by Medicare. This is akin to treating the symptom of a disorder and not its cause. Furthermore the monopoly position held by the dental profession only exacerbates the situation. Dentists are truly the only game in town. With other disorders I can go to a chiropractor, physiotherapist, a faith healer, or as a last resort, treat myself. I know that a dental problem with the usual associated intense pain, renders me very vulnerable and I have

no choice but to run to my dentist for relief and pay whatever is asked. I understand that in each province, dental associations set the fee schedules. Moreover they serve as watchdogs over the profession, like the infamous fox guarding the chicken coop;

- Stronger government regulatory authority to ensure that I am not knowingly exposed to unacceptable hazards or risks. Moreover, I want an input into the process of establishing standards and regulatory policies;
- Increased emphasis on prevention rather than cure, both in bio-medical research and in public education;
- Much more bio-medical research into diseases prevalent among women;
- A centralized medical data base holding the medical records of all Canadian citizens together with a linkage of their medical disorders with all other pertinent factors such as their genetic background or their exposures to possible causes. This would be of inestimable value for epidemiological research and allow a medical practitioner instant access to an individual's medical history when seeing that person either for the first time or because of a medical emergency;
- The introduction of cost-effective measures such as eliminating wasteful practices, rationalizing the use of medical facilities and costly medical devices, using para-medics, nurses and midwives to greater advantage, prescribing generic as opposed to brand name drugs, and reducing the size of the medical bureaucracy;

I do not want:

- A market approach to the delivery of health care;
- A multi-tiered hierarchical system of health care based upon economic class distinctions;
- Bureaucrats deciding upon a rigid list of disorders to be covered by Medicare with doctors allowed no discretion or flexibility. Medical decisions should be left to physicians. Their decisions can always be questioned. Bureaucrats and politicians have no place in a doctor's office except as patients.
- Free medical treatment refused because of a perceived high risk lifestyle. Too little is known about the complex relationship between disease and personal habits. In addition, most diseases are caused by multiple factors acting in concert of which lifestyle is only one.

What I want does not exactly match what I get or am likely to get. I would be delighted if we were all equal before the bar of health as, in theory, we are before the bar of law. This is not the case. Instead, we have Medicare, which entitles us all to quality health care. While it is not a 'right', Medicare is right. This is what the Canadian people wisely chose via their elected representatives. Unfortunately, what parliament gave it can take away unless we, the electorate, give that body a very clear and compelling signal not to undermine Medicare, not to allow provincial governments to do the same and not to follow the American lead.

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