

February 10, 2009 – For Immediate Release

CMA SHOULD AVOID CHERRY-PICKING EVIDENCE ON HEALTH SYSTEMS, SAY DOCTORS

Canadian Doctors for Medicare today applauded Canadian Medical Association President Dr. Robert Ouellet's call for action on healthcare, but warned that an emphasis on privatization would put the interests of owners of private healthcare facilities ahead of the needs of Canadians.

In a speech to the Economic Club, Ouellet once again argued for increased privatization, a solution that has been rejected by most provincial governments, most health policy analysts and several national commissions. He commended European governments on their willingness to integrate the private sector with the public, but failed to note that these governments also tend to spend more on healthcare than governments do in Canada, have higher tax rates and maintain broader social safety nets and train and pay for more doctors and nurses. Dr. Ouellet's emphasis throughout his presidency has instead been on a push for more private healthcare according to a narrow interpretation of the 'European model'.

"Dr. Ouellet should be explicit in his descriptions of European health systems," said Dr. Chris Mackie, a public health physician from Hamilton and member of the CDM Board. "Each has evolved within the context of social policy and cultural norms quite different from Canada's. To simply pluck out one aspect such as the role of private delivery is profoundly problematic."

For instance, Ouellet discussed Denmark in his speech, but failed to mention that it currently has one of the highest tax rates in the world. France, which was also raised as an example, currently has 3.4 doctors per 1000 compared to Canada's 2.1 doctors per 1000. "Expanding private delivery is not going to create 60% more doctors in this country. In fact, it will reduce the number of doctors available to the general public," explained Mackie. "Context is important."

In England, which Ouellet visited and has often cited as an example of market reform, the Chairman of the British Medical Association recently said: "We've had the market in England for nearly 20 years. Where's the evidence that it works? Where's the balance sheet that shows that the argued-for and promised increase in efficiencies and decrease in costs outweigh the transaction costs and bureaucracy of the market...Instead we get competition not collaboration; fragmentation not continuity; inefficiency not efficiency. Not good for doctors, not good for patients, not good for the NHS."

"We hope Dr. Ouellet will not be pressing for more commercial care in an environment where thousands of Canadians are losing their jobs each month," said Dr. Danielle Martin, Board Chair of CDM. "At a time like this, most Canadians are very happy they live in a country where the government provides equal access to care regardless of their current employment situation or financial assets. It would be shameful to try to exploit the economic crisis, which has made Canadians even more vulnerable to market insecurity, as an excuse for promoting the interests of for-profit health care providers."

“Rather than focus on privatization, perhaps Dr. Ouellet should look more closely at how European nations have improved their public, non-profit systems to benefit patients,” added Dr. Mackie. “We can learn a lot from countries that pay for prescription drugs and dental care. We should also study how other countries have managed to implement electronic health records and nurse-led primary care clinics. The focus on privatization—not surprising given Dr. Ouellet’s history as an owner of a chain of private radiology centres—is an unfortunate bias that distracts us from the innovations we need to make within Medicare.”

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