

Doctors demand action on private health insurance

TORONTO, March 12 /CNW Telbec/ - Canadian Doctors for Medicare today called on the federal and provincial governments to immediately take all necessary steps to stop the spread of private health insurance for medically necessary services in British Columbia.

"The recent exposé that Acure Health Corp is selling 'Medical Access Insurance' for services already covered under Medicare undermines the public health care system to the detriment of the vast majority of Canadians, and contravenes the Canada Health Act", said Dr. Danielle Martin, Chair of Canadian Doctors for Medicare.

"It is illegal in British Columbia to sell private duplicate insurance for services already covered by MSP. If it turns out that ACURE has been collecting illegal insurance premiums, the money should be returned to the consumers," said Dr. Martin.

"It's not ethical to collect illegal payments from unsuspecting patients," said Dr. Bob Woollard, a CDM Board member and head of Family Medicine at the University of British Columbia. "If it turns out that opted in physicians are unaware that they have been collecting private insurance payments from Acure for MSP insured services, they, too, should return their fees," added Dr Woollard.

"Those who think private health insurance is a panacea for our system should take a look at the Australian . The major beneficiaries there have been higher income Australians, private insurance companies, private hospitals and medical specialists - and not the wider Australian community," said Dr. Martin.

In a 2004 study, Leonie Segal of Monash University's Centre for Health Economics found evidence that Australia's heavily subsidized private system has been "wasteful, inefficient and inequitable". The estimated cost of government policies to support it total more than \$2,500 million. Among Segal's findings:

- Private insurance has been largely ineffective and inefficient as a means of taking pressure off the public system
- Competition for physicians and nurses may make it harder for public hospitals to meet patient needs
- Where a private system runs alongside a universal public system, private hospitals have no incentives to provide a full range of services, thus they can focus on more profitable services

"There is a concerted campaign by the proponents of commercialized care to ignore this type of evidence and try to convince Canadians that private health insurance is the way out of Canada's health care 'challenges'," said Dr. Martin. "The only way to do that is to keep plugging the suggestion that the system is failing, and that it is in 'crisis'. Yet despite its challenges, the evidence shows that a universal single payer system is fairer and more cost-effective than other systems of providing care, and is massively

supported by Canadians."

In its 2006, in its discussion paper "It's About Access", the Canadian Medical Association reviewed all the evidence and found:

- Private insurance for medically necessary physician and hospital services does not improve access to publicly insured services
- Does not lower costs or improve quality of care
- Can increase wait times for those who are not privately insured; and
- Could exacerbate human resource shortages in the public system.

Last year the Canadian Centre for Policy Alternatives released a study showing how successful initiatives in team-based care in B.C., Alberta, Saskatchewan and Ontario have produced dramatic cuts in waiting times for surgery, which can undoubtedly be emulated across the country.

"This is where the focus should be," said Dr. Martin, "not on trying to decimate our current system, which Canadians are justifiably proud of, so that insurance companies and private hospitals can increase their profits at the expense of average Canadians."

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