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CANADIAN DOCTORS FOR MEDICARE CALLS ON BC GOVERNMENT TO REJECT TWO-TIER HEALTH CARE DISGUISED AS 'SUSTAINABILITY'

The BC government should remove “sustainability” from the proposed Medicare Protection Amendment Act, Bill 21, unless it unequivocally rejects private for-profit care for medically necessary services and commits to keeping the universal single-payer system, says Dr. Randall White, BC Chair of Canadian Doctors for Medicare.

“We all believe in a sustainable health care system,” says Dr. White. “We all believe in innovation, transparency and accountability – words the government wants to enshrine in the legislation. We all believe patients should have choice in the kind of care they get, that there should be personal responsibility. But we believe in these principles within the context of the public system because the evidence is that single-payer systems provide better value for money than private systems, with health outcomes that are as good or better.”

When governments enshrine these principles in legislation, they provide fodder for the supporters of for-profit care to argue that choice, personal responsibility, and the needs of other public programs require private for-profit health care, says Dr. White. This creates the impression that health care is siphoning funds from other programs, like education. “The reality is the health care budget has grown so much compared with other program budgets because the BC Liberals have reduced social spending and cut taxes.”

Alarmist rhetoric from promoters of commercialized medical care suggests Canada has a crisis that demands privatization, says Dr. White. For example, for-profit supporters use statistics stating Canada ranks 30th in the world in health care. This is from a discredited World Health Organization report that ranked Colombia as No. 1 in “fairness in financing” and the United Arab Emirates as No. 1 in “responsiveness”. Meanwhile, favourable studies, such as a 2008 report showing that Canada ranks sixth in preventing deaths from medically treatable disease, are ignored.

Private for-profit care requires commercial insurance, which most Canadians will not be able to afford; or will not quality for. Studies elsewhere show the major beneficiaries of private insurance are investors in insurance companies, private hospitals, and specialist doctors who command high fees. Private clinics will take less complicated cases, leaving the more difficult cases to the public system – along with even longer waiting lists because the specialists will be busy in private clinics.

“We don’t need private for-profit care to have a sustainable system,” says CDM Policy Advisor Karen Palmer. “What we need are innovation and reform within the public system. This means more surgical capacity in our public hospitals, queue management to reduce wait times, the most efficient use of operating space and staff; and systematic collaboration between generalists and specialists. We also need

widespread efforts to prevent chronic diseases such as obesity, diabetes, and addiction.

“The path to sustainability is through a universal, single payer system, not through efforts to cap spending, outsource care to for-profit clinics, and shift costs to patients.”

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