

Romanow, Romanow, where art thou?

Canadians ignore the royal commission's findings at their peril, says health-policy expert CHARLES PASCAL

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A true Canadian tragedy is in the making as the findings of the Commission on the Future of Health Care in Canada seem to have evaporated from the ranks of our political, media and legal hierarchies, and commercial interests invade the very heart of publicly funded medicare.

Key elites, low on evidence but high on ideology, are effectively advancing their two-tier views to a confused public, weary of rhetoric and inaction. How, and why, is it that such a seminal compass for the future of our most cherished Canadian program can be set aside by such "evidence amnesia"?

During the course of his 18-month process, Roy Romanow sought out the best evidence the world has to offer, the best advice of leading experts, and commissioned dozens of studies. Those who now claim there is a need for a "real debate" must have been sleepwalking while Mr. Romanow engaged thousands of Canadians who dared to trust one of the most democratically accessible public consultations in our history.

In his blueprint for reform, Mr. Romanow noted that any new funding must buy real change. Yet the so-called \$41-billion "fix it for a generation" health accord contains no way for Ottawa to ensure that provinces do the kind of heavy-lifting required for this new money to buy change.

He noted that reforms must be integrated, not piecemeal. That moving resources from expensive hospital delivery, to primary community and home care, creation of allied health professional teams, and other reforms, must take place in a coherent manner.

The evidence from other jurisdictions warned against simplistic solutions such as focusing solely on wait times. Improving access to care is more than just speeding access to elective surgery. It's also about appropriate, timely interventions along the full spectrum of care. That requires an overhaul of our entire approach to care, the kind of re-engineering innovation that can take place within the public system, such as the joint-replacement project recently highlighted in Alberta.

Mr. Romanow documented the evidence showing that for-profit delivery is a more expensive alternative, whether used in the public or privately funded systems, and has, at best, mixed results on health outcomes. The evidence also shows that the introduction of a parallel stream of access, available for those who can pay, siphons off doctors from the public delivery system. All the evidence points to the public system -- including the private not-for-profit and public arm's length institutions that work within our public framework -- as the most cost-effective vehicle for re-engineering and reorienting health-

care delivery. In fact, Mr. Romanow pleaded with those favouring private delivery to offer up evidence to the contrary, not just opinion. To date, no compelling evidence has been provided.

As a former premier, Mr. Romanow understood that many arguing for private alternatives were offering the excuse that "our health-care costs are eating everything else up." But he also understood the facts, which clearly show that whether we are compared to the U.S. or the European-hybrid experiences, our Canadian single-payer model, even without the major overhaul Mr. Romanow recommended, still provides the best bang for the buck.

Instead, polemics trump evidence, and facts are ignored in favour of unchallenged words like "flexibility," "choice," and "innovation," chosen carefully as weapons of mass obfuscation to market something old as something new.

The recent response to health-care "innovations" in Quebec and Alberta is interesting in this regard. With his hand on the political doorknob, Alberta Premier Ralph Klein has initiated a frontal attack on the Canada Health Act. The federal government, likely to seize this gift as an opportunity to appear "centrist," has joined the media voices, telling Mr. Klein he cannot offer Alberta doctors double-dipping rights and those with money a chance to move to the front of the line.

And, naturally, Mr. Klein proffered his "third way," knowing that sanctions for contravening the act require such cumbersome and time-consuming arbitration that he will be well retired when the process is complete, and that the fines, if assessed, would be equivalent to a parking ticket for Bill Gates in the context of resource-rich Alberta.

But witness how the elites gush over Quebec's "clever" and "moderate" plans to allow profit-seeking companies and doctors to expand their reach under the umbrella of the public system. Or the equally "clever" proposal to allow the purchase of private insurance for a limited group of medical procedures. Apart from a scribe here and there, Mr. Klein's "third way" is getting all the attention. Yet the Quebec approach could be more threatening to the future of single-tier, reformed, and sustainable medicare than the Alberta plan which, because of its brazen assault on the Canada Health Act (CHA), will likely be modified. And Quebec, with a population relatively more amenable to private alternatives, stayed clear of Mr. Klein's double-dipping for docs.

Clear away the fog and Canadians still want their public system reformed and retained. But they are increasingly frustrated with governments' inability to get the job done, according to ongoing Ekos polling. Governments know where their constituents stand. So do others who -- for self-interest and/or ideology -- want to move us back in time, carefully draping themselves in the CHA. They say, "Don't worry, you won't have to pay, it's under the CHA, just use your health card." For the time being at least.

By flying below the radar screen of the CHA, it could be said that Quebec, and others, are preparing the soil for the blossoming of a "new" attitude toward health care, one which is actually very old and inefficient -- the shift in attitude from health care as a *right*,

provided on the basis of need, to health care as a *commodity*, provided on the basis of ability to pay. The danger is in the subtlety.

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