



The **myths** of for-profit health care

The promoters of for-profit health care have been doing their best to convince provincial and federal politicians as well as the general public that the only way to improve Canada's health care system is to open it to private, for-profit interests.

Here is what the promoters of for-profit health care are saying, and the facts that refute their arguments:

They say: Those who can afford it should be able to pay for private health care.

We say: Canada's health care system is based on the five principles of the Canada Health Act: public administration, comprehensiveness, universality, portability, and accessibility. Basically this means that Canada provides a public health system to all residents regardless of their ability to pay. Those who promote for-profit health care say it should be okay for people to pay thousands of dollars at a private clinic if they need a hip replacement, knee surgery, or other treatment. But what about the people who can't afford to pay? What about seniors, single parents, or those dealing with chronic disease? Letting the rich pay to get faster health care in the private sector contravenes the principles of the Canada Health Act and threatens the equality of access to medical services.

They say: There is nothing wrong with provincial governments paying public dollars for surgeries at private clinics to help reduce wait times.

We say: Pouring money into the for-profit system will not reduce wait times. This approach has been proposed in British Columbia, Quebec and Alberta, with Prime Minister Stephen Harper supporting Quebec's plan to use private for-profit clinics. Allowing provinces to pay public dollars to private for-profit clinics for surgeries will result in more money going to the clinics' higher administration costs



and shareholder profits. Private clinics also offer no accountability to the public system. With private investors, their only accountability is to meeting revenue targets. There are many examples of how wait times can be addressed in the public system. Programs like the Cardiac Care Network of Ontario and the Saskatchewan Surgical Care Network show how developing centralized provincial patient registries and sharing information between hospital facilities, can dramatically reduce waiting times for patients.



They say: "Mixed" delivery of public and private is better.

We say: How can it be better to pay for services that have profit margins attached to them? Private companies typically charge 10 to 15 per cent more than the public sector to fund administration costs and shareholder profits. Donald Copeman, a businessman who operates a private clinic in Vancouver and who is looking to open similar clinics in Calgary and Toronto, is getting away with charging patients thousands of dollars for quicker access to family doctors and health care services. Patients at the Copeman clinic are charged an enrolment fee of \$3,900 each and annual dues of \$2,900. The company's plan calls for 4,000 patients to be enrolled at each clinic, so the annual dues alone would amount to \$11.6 million. At the same time, these clinics draw doctors and other health care professionals from the public system, which already faces shortages. The result? Longer wait times for those who can't afford to pay high enrollment and annual fees.

They say: Allowing people to pay for private health care services will free up public services.

We say: Allowing people or governments to pay inflated prices will not diminish wait times in the public system. Studies have shown that adding for-profit health care services actually lengthens waiting times in the public system because doctors opt to perform services in the private sector where they are paid more. For example, in New Zealand, where doctors are allowed to work in both public and private sectors, specialists spend less than 49 per cent of their time in public hospitals. The rest is spent in private clinics. Given that Canada is already facing a doctor shortage, allowing physicians and other health care professionals – whose education has been subsidized by taxpayers – to move into the private system will drain much-needed resources and limit public access even further.

They say: The World Health Organization (WHO) ranked Canada's health care system 30th – this shows that our health care system is broken.

We say: The WHO World Health Report was published in 2000 and, after receiving wide criticism for its methodology, has not been used as a ranking system since. The ranking was based on only two assessments: "overall health performance" and "performance on health level." Both measures attempt to judge "how efficiently health systems translate expenditure into health." What the report did not examine was how health systems were organized and managed, or the measurement of GDP per capita (one of Canada's strengths). The report did not account for many of the things that are most important to Canadians like access, quality or cost effectiveness, and most data was taken from written documents instead of being observed.

They say: Our health care system would be better based on a European model – it's not about Americanizing it.

We say: The North American Free Trade Agreement (NAFTA) signed between Canada and the United States is very clear – the exemption for health care, which has kept large U.S. health corporations out of Canada, applies only to a fully public system. Once Canada's health care system is opened to for-profit private interests, American health care corporations can move in. Under NAFTA, Canada must give "national treatment" rights to U.S.-based companies to compete for health care services. Saying a new system would be based on public-private systems in Sweden, France, Switzerland or other European countries is a complete fallacy. Private is private – no matter what country is promoting the concept – and in Canada, increased privatization would leave our public health care system vulnerable to American interests because of our historic trade relationship with the United States.

Profit is not the cure

Canada's public health care system needs protection from the promoters of private, for-profit health care. With better management and a commitment from the federal government to enforce the letter and spirit of the Canada Health Act, the public system could be strengthened for the benefit of all Canadians. Privatizing health care will only benefit those who can afford to pay, and would allow some doctors, business people and corporations to make money off sick and injured Canadians.

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