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Mei-ling Wiedmeyer, Srinivas Murthy, Lynn Farrales: Health care case is really about doctors' incomes and corporate profit

Any B.C. doctor can choose to work entirely in private-pay clinics by giving up the ability to bill the public plan — Day has never been prevented from working entirely on a private-pay basis at his Cambie Clinic.

MEI-LING WIEDMEYER, SRINIVAS MURTHY & LYNN FARRALES

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The B.C. Supreme Court is hearing final arguments in the landmark health care trial between Cambie Surgeries Corp. and the B.C. government.

Cambie Surgeries, led by private clinic CEO Dr. Brian Day, claims to be working for "patient rights" by striking down laws that have been in place for decades.

As doctors practising in our province, we are concerned about misinformation on what this case is about.

Our patients will not benefit from striking down these laws. If the plaintiffs are successful, it will enrich doctors and corporations and mean longer waits in the public system that most rely on.

B.C.'s Medicare Protection Act currently restricts doctors from having one foot in the public system and the other in the private-pay system ("dual practice"). It prevents doctors who work in the public system from charging patients extra fees for care that is already covered under the public plan ("extra billing"). The act also bans the sale of private insurance that duplicates what is already publicly covered.

Together, these provisions protect more equitable access to public health care, and ensure that our public system is financially sustainable for generations to come.

This constitutional challenge is actually about providing free rein for doctors and private clinics to bill both patients and the public purse, and encourage patients to buy private insurance to pay whatever doctors want to charge for queue-jumping medical care.

Striking down these laws, as the plaintiffs seek to do, would move us far closer to an inequitable system like the U.S. than to any of the European countries that Day often references. In other countries where physicians work in the public and private-pay systems, doctors have a tendency to work where they earn more. As a result, wait times in the public system are longer for people who cannot afford to pay for special access.

What the plaintiffs seek has nothing to do with reducing public wait times or improving the system for everyone, but everything to do with increasing doctors' incomes and corporate profits.

The patients we treat will not benefit if the plaintiffs are successful. Our patients rely on the principles that underpin Canadian medicare and that we value as doctors — care is based on need, not ability to pay.

Most troubling is that the plaintiffs do not need to dismantle the legal foundation of our public health care system. Any B.C. doctor can choose to work entirely in private-pay clinics by giving up the ability to bill the public plan. Day has never been prevented from working entirely on a private-pay basis at his Cambie clinic and charging patients out-of-pocket whatever the market will bear.

As doctors, we find it extremely troubling that patients and wait times are being used as cover for what this case is really about: increasing doctors' incomes and corporate profits.

We are grateful to work in Canada, where we can provide ethical care to people when they need it, and our patients don't have to take out loans or go bankrupt. Many communities already struggle accessing basic care — whether due to income, geography, discrimination or otherwise — and undermining our public system is not the solution.

We are very well paid for our work as doctors in B.C. At a time of growing inequality that threatens the health of many British Columbians, doctors do not need new income sources from extra-billing patients.

Can we improve our public system? Absolutely. We have plenty of evidence from B.C. and beyond to help us improve access to care — for everyone.

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