

What's at risk in the B.C. Supreme Court hearing on health care? The future of our system

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This week, the Supreme Court of British Columbia began to hear closing arguments in a case that will decide the future of Canada's health-care system.

In 2016, the for-profit Cambie Surgeries Corporation launched a constitutional challenge against B.C.'s public health-care system. The plaintiffs hope to overturn key provisions in B.C.'s Medicare Protection Act, including the ban on extra billing patients at the point of care and the ban on private insurance that duplicates what is already covered under B.C.'s provincial plan.

If B.C.'s law is deemed unconstitutional, then the Canada Health Act will be unenforceable. This would unravel medicare across Canada. Far from improving our system and increasing choice for patients, a victory for Cambie Surgeries would be a loss for the many Canadians who would not be able to pay out of pocket or afford private insurance and who would thus have to wait longer for treatment.

We did not enter medicine to charge patients privately for our services. We do not want to battle with insurance companies that will inevitably refuse to cover the care our patients require.

We never want to face the ethical dilemma of deciding which patient to treat first: the one who can pay for faster access, or the one who can't but is in greater need. This is simply not who we are as doctors.

As physicians, we know that the Canadian health-care system is not perfect. But expanding private-pay options will not improve access to care for everyone who can't afford to pay privately; it will just make their waits worse.

Calls to expand private payment aren't unique to Canada; we've seen what happens in other countries when such proposals see the light of day, and we know how such measures would harm our patients.

Australia introduced private health insurance, touting it as a way to infuse cash into the system without raising taxes, ostensibly to address increasing waiting times. Instead, waits grew even longer for those who depend on the public health-care system. Premiums are

also rising and consumers are dropping their coverage, despite the Australian government subsidizing private insurance to the tune of \$9-billion annually.

The same thing happened in Germany, where those without private insurance wait three times longer for an appointment. It is false that introducing a parallel private-pay system would improve access or sustain Canadian medicare and protect its future.

What we need instead is commitment from across the health-care system – providers, patients and policymakers alike – to implement well-described system solutions that use our resources in ways that improve health for all, and not just for those who have the means to pay. We can get there by scaling up existing innovations in health-care delivery that are proven to save money and enhance outcomes, capturing new technologies, and maintaining creativity.

For example, a multidisciplinary rapid-assessment clinic improved care for patients with chronic back pain by providing co-ordinated consultations, reducing waiting times to see a specialist from 18 months to 2 weeks. An E-Consult service in eastern Ontario saved money and avoided unnecessary specialist consultations.

The Alberta Hip and Knee Joint Replacement Project modified the care pathway by developing a one-stop clinic with multidisciplinary professionals for patients awaiting joint-replacement surgery and cut waiting times from more than 14 months to less than two months. The College of Family Physicians of Canada has recorded several similar innovations in primary care across Canada.

These are only a handful of examples to highlight the countless ways our public health-care system is changing, and continues to change, for the better. Reforming our system so it works better only for those who can afford to pay, at the expense of everyone else, is not progress at all.

Newly trained doctors want the real innovations and meaningful changes our health-care system needs. Measures like those proposed by the plaintiffs in the trial, which benefit the privileged few at the expense of the general public, are a distraction from the real challenges facing our health-care system, and from the real solutions that will improve care for all Canadians.