Why the Cambie verdict is a huge win for public healthcare

What the plaintiffs wanted:

The Corporate plaintiffs in this wanted the court to overturn **three** key provisions of B.C.'s Medicare Protection Act (MPA) that protect fair access to care for all patients. Instead they wanted the court to allow:

1. Extra billing and user fees - Doctors would be allowed to charge patients more than the public plan pays them now.

2. Private duplicate insurance - Doctors would be allowed to bill private insurers for patients who want faster access to hospital and physician care

3. Dual practice - Doctors enrollled in the public plan could choose whether to bill (1) only the public plan; (2) only the patient (or private insurer); or (3) both the public plan and the patient (or private insurer), for any insured service. Doctors would have a financial incentive to give preferential access to patients who had private insurance or who could afford to pay out-of-pocket.

Source: "Explainer: Canadian Medicare on Trial" by Karen Palmer, with Quoi Media Group. http//quoimedia.com/explainer-canadiana-medicare-on-trial/

Top 5 Key Findings in the Cambie Verdict

1 An expansion of private pay healthcare would *not* reduce waits in the public system: in fact it could make them *worse*

The Court found that "there is clear evidence that wait times would not improve with the introduction of duplicative private healthcare in British Columbia". Further, it noted "there is considerable evidence and literature that, where there is duplicative private healthcare, physicians reduce their time and efforts in the public system. This in turn leads to increases in wait times for care in the public system." (2329, 2330)

2 Private pay healthcare undermines equitable access to care

The Court concluded "that equity is at the heart of a universally based system of healthcare" (2569) and that maintaining equitable access to care was a significant part of the purpose of the Medicare Protection Act.

"The province's goal is to ensure equitable access to quality healthcare for all, and especially vulnerable persons who lack economic means. This includes persons with disabilities and persons outside working age or with low incomes." (2873) **The court found that the provisions of the MPA being challenged by the plaintiffs "are an essential element of ensuring that access to necessary medical care is based on need and not the ability to pay" and that they serve the purpose "of guaranteeing that socioeconomic and health status do not preclude persons with disabilities, the young and the elderly from gaining access to necessary medical services."** (2873)

3 Urgent and emergent care is currently provided in a timely manner. Where waits exist, there are evidence-based ways to reduce wait times through innovations within the publicly-funded healthcare system.

Experts for both the plaintiffs and defense agreed that patients with urgent and emergent needs are provided timely care.

The court noted that many facilities within the public system "are working on techniques to reduce wait times for accessing care, including waits for consultation and surgery. This involves applying resources and triaging as soon as possible after receipt of a consultation from a family physician in order to advance patients to services where they can be helped the most (and where they will probably be in any event if they have to wait for one year for consultation with a surgeon). (1349)

4 Entrenching private pay healthcare would benefit mainly the wealthy and healthy, while harming the rest of the population by undermining the public healthcare system

The Court found that "overall, there is wide consensus that those who benefit most from duplicative private health insurance and private delivery of healthcare, are primarily wealthier and healthier persons. **The wealthier can afford to purchase private health insurance. The healthier would not be excluded because of pre-existing conditions** (where risk selection is permitted). The business of insurance is to reduce risk so for example, pre-existing conditions are often excluded under private plans (but not under public plans). **Those with the greatest medical needs, such as people with disabilities, the elderly, the mentally ill and individuals struggling with addiction would not be expected to participate or benefit from a duplicative private healthcare system because of pre-existing conditions and potential cost barriers.**" (2301)

5 Evidence from around the world showed that expanding privately financed healthcare would make our healthcare system less sustainable overall, so it doesn't make sense from a health policy or fiscal perspective.

"(T)here is sufficient evidence to demonstrate that duplicative private healthcare would lead to competition between the private and public system .... **This would raise the price of healthcare in the province and make it more difficult to ensure an adequate supply of healthcare professionals in the public system.**"

Steeves also noted that striking down elements of the MPA would very likely result in a reduction in federal transfer payments under the Canada Health Act. This is "demonstrated by the recent and substantial deductions from the Canada Health Transfer from Canada to British Columbia as discussed above (extra billing by the plaintiff Cambie Surgeries is a significant component of that deduction). (2693)