

## **Privatization: A Patient's Perspective**

Privatization has its downfalls.

Predominantly, it has been shown to lead to a rise in healthcare inequity – simply look to our neighbours in the United States for evidence of that: 27.6 million individuals cannot afford private health insurance, and one in every five people in the bottom third of income report skipping medical treatment because of cost (KFF, 2017).

And yet, despite evidence against a two-tiered healthcare system, Canada has begun to let the proverbial private-genie of out the bottle. Saskatchewan recently implemented private-pay diagnostic services. Dr. Brian Day, an orthopedic surgeon practicing in British Columbia, has launched a constitutional challenge that is currently at trial in the BC Supreme Court, which would allow the for-profit delivery of medically necessary services within Canada.

Why are we seeing this? Canada covers medically-necessary and medically-required healthcare services under our universal health insurance. We as Canadians pride ourselves on the fact that we don't have to worry about excessive medical bills or access to care.

Right?

Evidence suggests that this is not true. Basic services such as dental, optometry, and physiotherapy are not covered under Medicare, and are therefore inaccessible to individuals in low income brackets (Government of Canada, 2018). We rely on doctors to provide care more than any other country, which is surprising, because we have only 2.2 physicians per 1,000 population (Picard, 2017).

And even within our universal “one-tiered” healthcare system, queue-jumping occurs regularly. The wealthy and the well-connected have the ability to manipulate the system through personal connections, expensive user fees, or out-of-country travel in order to receive timely treatment. Health journalist Andre Picard argued, “under Medicare, all Canadians are entitled to the same care, regardless of age, condition or ability to pay ... but in the real world ... some are more equal than others” (Picard, 2017).

Further, our health analysts tend to focus on the failures of our healthcare system on a macro-level – quantifying wait times, discussing doctors-per-capita, examining levels of insurance. But in very few circumstances do policy makers and researchers discuss the implications on the lives of the patients. Sure, a five-month wait for an MRI of one's hip doesn't seem like too much of a burden – after all, the patient is guaranteed a spot in the queue, and aren't we so lucky in Canada to be able to access free services fully funded by our government?

Wrong. This five-month wait neglects to consider the period the patient had to wait to see a GP or a specialist in order to get the right referral in the first place, as well as the subsequent wait that the patient will face following the scan - both to initially see a specialist (10.2 weeks) and to receive surgery (10.9 weeks). Urgent diagnostic scans, such as brain lesions and chest tumors, are supposed to be performed within seven days; yet Canadians can expect to wait one month

before receiving an MRI. The stress of living with an undiagnosed condition is immeasurable, and is the reason so many patients are willing to pay exorbitant out-of-pocket sums for private services.

These are complications that I have experienced first-hand. After having visited seven GP's over the course of a year for a misdiagnosed chronic-pain condition, I was finally referred to a specialist – which, of course, led to an additional and agonizing three-month wait. Due to lack of timely treatment, I've dealt with a multitude of complications. Eventually, and at no small cost, I sought treatment in the US (technically, "queue-jumping") when the second specialist I saw referred me to a chronic-pain clinic with a wait time of eight months.

Wait times are a big deal to patients. While letting the queue grow may save the Federal and Provincial Governments large sums for their healthcare budget, complications resulting to patients (both mentally and physically) are priceless.

Privatization is occurring because patients are demanding it. Simply look at the stats: more than 63,000 Canadians left the country for treatment in 2016 (CTV, 2017). Doctors are frustrated with the inefficient operation of the public system – Dr. Day began his pursuit of private practice in 1990 for this reason: "I personally had 450 patients waiting to get into hospital, and my [operating room] time had been cut from 22 hours a week progressively to five hours a week as a form of rationing" (Bennett, 2016). Privatization advocates, while unpopular, are attempting to effect prompt and meaningful change for patients despite having limited abilities under the Canada Health Act. And can we blame them?

B.C. Health Minister, Adrian Dix, argued: "It's the government's responsibility to strengthen the system and focus on improvements to prevent the need for a parallel system where people feel the need to buy their way to the front of the line" (Hunter, 2018). If the Federal Government was offering change in a reasonable time frame to our public system, the discussion surrounding a privatized, two-tiered system would hardly be entertained. It is no longer good enough for government officials to discount the privatization movement without offering tangible solutions to fix our public system. If change cannot be enacted (and soon) by our government, then the privatization movement may have a necessary place within Canada.

## **Work Cited**

Bennett, N. (2016, October 18). The public face of private health care. Retrieved April 12, 2018, from /article/2016/10/public-face-private-health-care

CTV. (2017, July 2). 63,000 Canadians left the country for medical treatment last year: Fraser Institute. Retrieved April 16, 2018, from <https://www.ctvnews.ca/health/63-000-canadians-left-the-country-for-medical-treatment-last-year-fraser-institute-1.3486635>

Government of Canada. (2018). Canada Health Act - Frequently Asked Questions. Retrieved April 15, 2018, from <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act-frequently-asked-questions.html>

Hunter, J. (2018, April 4). British Columbia cracks down on doctors' illegal billing with stiff penalties. Retrieved April 15, 2018, from <https://www.theglobeandmail.com/canada/british-columbia/article-bc-targets-private-health-care-with-new-penalties-for-extra-billing/>

KFF. (2017, November 29). Key Facts about the Uninsured Population |. Retrieved April 15, 2018, from <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

Picard, A. (2017, February 16). The real challenge to Canada's health system is not wait times. Retrieved from <https://www.theglobeandmail.com/opinion/canada-must-address-the-problem-of-long-waits-for-medical-care/article34056251/>