



Issues Note

Private-Public Health Care Debate in Canada

Background

In the last few months, four key events have thrust the debate on private-public health care into the spotlight:

- The Supreme Court of Canada's ruling in *Chaoulli-Zeliotis v. Government of Quebec* that Quebec citizens have the right to purchase private insurance to pay for medically necessary health care services when wait times are unreasonably long. This decision intensified debate on private versus public care and cast a more powerful light on discussions regarding wait times in Canada.
- Before the Canadian Medical Association (CMA) convened its 2005 annual General Council meeting in Edmonton, it was revealed to the media that private health care would be a topic for discussion. Federal Health Minister, Ujjal Dosanjh, immediately condemned the CMA for tabling what many see as a contentious topic.
- On August 10th, the Wait Time Alliance released its final report: *It's About Time!* In responding to the establishment of wait time benchmarks, the CFPC cautioned that the future of publicly funded health care could be in jeopardy in light of the Chaoulli decision, especially if governments are not willing or able to meet an agreed set of national benchmarks.
- At the CMA General Council meeting on August 15-17, 2005, several resolutions were passed following discussion about private health care.

The CMA Resolutions

The CMA resolutions on private health care reflected the frustrations most physicians feel in trying to secure timely care for their patients. During the CMA debate and in speaking to the media, a number of physicians stated that governments are failing patients and these private care resolutions are a response to years of government inaction. Other physicians, including those representing medical students and residents, spoke against support for private care options.

In the end, a two thirds majority of the CMA General Council (GC) approved a motion that ... *the CMA supports the principle that when timely access to care cannot be provided in the public health care system, the patient should be able to utilize private health insurance to reimburse the cost of care obtained in the private sector.* In addition, GC defeated a motion to call ... *on governments and other key stakeholders to work with*



physicians to ensure that, instead of permitting the development of a parallel private health care insurance system as a solution to unreasonably lengthy wait lists, Canada maintains a strong, vibrant, publicly funded health care system that is capable of meeting the health care needs of all Canadians. It was further resolved that the CMA would develop a discussion paper with policy principles that will define and guide the relationship between the public and private sectors in the delivery and funding of health care in Canada ... to be presented to the Board within six months. (Italics refer to wording of motions.)

Commentary

Canadians and their family doctors find themselves increasingly caught up in a debate that is gaining momentum, one that is sure to change the face of medicare as we have known it over the past 20-30 years. The private-public health care debate does not signal the end of medicare but it does signal a new approach to health care – an approach that some fear will create parallel systems of access based on ability to pay. At its best, the debate is a continuing search for the best use of publicly funded resources to allow Canadians to have timely access to care that meets the same standards across this vast country – whether we are talking about wait times for a knee replacement in Fredericton or the availability of an MRI in Yellowknife.

Health care leaders are trying to read the caution signals at the crossroads in this debate. The way the next steps are managed by governments in collaboration with all key stakeholders will significantly determine the future of health care in Canada.

Nowhere has this challenge been better demonstrated than in the Chaoulli-Zeliotis decision reached last June by the Supreme Court of Canada. In that, four out of seven Supreme Court judges decided wait times have grown too long and denying patients the right to seek private health care insurance violates Quebec's Charter of Rights. While this ruling cannot at this time be extended to a violation of the Canadian Charter of Rights, the decision delivers a powerful message about the shortcomings of our present health system and the need for change.

About two weeks ago, the Wait Time Alliance (WTA) released its final report outlining wait time benchmarks for Canadians in five important areas of health care, in alignment with the goal of First Ministers to create medically acceptable wait time benchmarks to be shared with Canadians by December 31, 2005. In its report: *It's about time!* the WTA provided a wide spectrum of recommendations to address the next steps, including the establishment of a \$1-billion Health Human Resource Investment Fund and a \$2-billion Canada Health Access Fund.

Upon the release of the WTA report, Dr. Alain Pavilanis, the President of the CFPC, was quoted:



“While the CFPC acknowledges that it will take time for the implementation of wait time benchmarks, it is vitally important that governments consider the consequences if they do not start to take action now. We have already witnessed a Supreme Court decision that states if faced with unreasonably long wait times for care, patients should have the right to purchase private health care. If provinces do not adopt a set of benchmarks and allocate resources for reasonable access to care, we risk a greater number of court challenges by patients. If these challenges are successful, private health care in Canada will increase.”

The CFPC continues to support a universal, single payer, publicly funded health care system. But the quote from Dr. Pavilanis on behalf of the CFPC affirms the belief that if governments cannot guarantee care within an agreed wait time benchmark for patients, then there will be more challenges similar to Chaoulli. Further to that, the CFPC believes wait time measurement should start from the first visit to the family doctor for diagnosis and that benchmarks should be universally applicable to all Canadians.

Federal, provincial and territorial governments must address the kinds of health care challenges generating the private-public debate – or face further deterioration in our highly valued system. Not just more money, but political courage is needed to focus on the drivers that are straining the system – for example, insufficient numbers of family doctors and inadequate or not enough medical equipment and facilities.

As the private-public debate unfolds over the next several months, the CFPC will continue to support its mission – championing the rights of every Canadian to high quality health care and ensuring that the voice of family doctors is heard in education, training, research and practice. The CFPC will be an active participant in the debate, recognizing the changing face of health care in Canada, the increasing proportion of privately funded care and the need for every Canadian to have access to publicly funded, medically necessary health care within a reasonable wait time, starting with the first visit to the family doctor.

Key Messages

- The CFPC remains committed to a single payer, publicly funded system for all medically necessary services.
- Patients should not have to pay for medically necessary services, even if such services are delivered by the private sector.
- Private and public services should be required to meet the same standards and quality of care.
- All Canadians must be assured of access to publicly funded, medically necessary services that are provided within agreed wait times.



- Patients must be assured of high quality, comprehensive and coordinated continuing care during their wait times.
- If access to timely care is not provided to Canadians, more legal challenges may follow. And if governments are not willing to fund and provide the resources necessary for timely care, private care may increase in Canada.
- The debate on private-public health care is of great concern to both family doctors and their patients. The CFPC will continue to be involved in this debate in health policy discussions with its board and members, all interested government leaders, associated health professions and other health authorities.