

# US editorial writers put Canadian health care under microscope

Charlotte Gray

## In brief

EDITORIAL WRITERS FROM THE US DESCENDED ON OTTAWA recently for their annual meeting, and *CMAJ* contributing editor Charlotte Gray was one of the speakers. She said the visitors received widely differing views on the Canadian health care system and may have emerged from the meeting more confused than informed.

## En bref

DES RÉDACTEURS AMÉRICAINS ONT TENU RÉCEMMENT À OTTAWA leur congrès annuel, et notre collaboratrice Charlotte Gray y était conférencière invitée. Elle affirme que les délégués ont été confrontés à des points de vue si diamétralement opposés sur le système de santé du Canada qu'ils ont sans doute quitté la rencontre plus déconcertés qu'éclairés.

**I**t takes a lot of nerve to tell editorial writers what to think because, by definition, these men and women are paid to think for the rest of us. When about 200 of them met for the 52nd annual meeting of the National Convention of Editorial Writers in Ottawa last month, different speakers told them very different things about Canada's health care system. Which speaker held sway is anybody's guess.

I had it easy. As the author of *Mrs. King, The Life and Times of Isabel Mackenzie King*, I had to tell the writers, three-quarters of whom came from the US, about Prime Minister William Lyon Mackenzie King. Later that day they were going to Kingsmere, Mackenzie King's country residence in Quebec and the site of several seances during which he summoned up the spirit of his departed mother.

Since most of the people in my audience knew as much about Mackenzie King as I know about William Taft, I didn't have to worry about anybody second-guessing me. The American visitors were indeed titillated by information about a Canadian leader with a bizarre private life, but given recent goings-on in the White House our former prime minister's endeavours probably seemed a little tame.

## Legislated mediocrity?

Medicare, however, is an issue about which editorialists on both sides of the border hold strong opinions, and many of them surfaced during a policy session on "the pros and cons of Canadian medicare." The speakers were Dr. Granger Avery, a past president of the British Columbia Medical Association, and Michael Decter, a Toronto-based health care consultant and author of *Healing Medicare*. He also served as deputy minister of health in Ontario.

These editorial writers didn't have to wait long for clues about who spoke for the "pros" and who spoke for the "cons." When asked if Canadian medicare was broke, Avery promptly replied "Yes" and went on to describe the system's failings. In contrast, Decter talked about how the Canadian health care system reflects the country's values. He explained how, in a period of spiralling spending, medicare had managed to keep costs at a reasonable percentage of the gross domestic product.

The speakers covered ground that is all too familiar to veterans of Canadian health care debates. Avery said the shortage of resources is equivalent to a "crisis of care," while Decter maintained that "better management" is the answer.



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When they discussed medicare's underlying values, Avery described the system as "legislated mediocrity" and Decter called it a "social good." They even disagreed on the extent of the role of the private sector in Canadian health care. Avery contended that "over \$1 billion of American health care is purchased by Canadians who cross the border because they don't trust the system here," but Decter countered that "most of those dollars are spent by Canadian seniors enjoying Florida winters."

They even argued over the disastrous state of aboriginal health care. "There is a Third World standard of care because of disastrous government policies," insisted Avery. "Communities need to take ownership of their own services," responded Decter.

As the rhetorical Ping-Pong continued and the well-worn arguments rolled on, moderator Peter Calamai of the *Toronto Star* realized that some of the visitors needed a glossary. He explained that when Avery mentioned the "ROC" he was referring either to Allan Rock (the federal health minister) or the Rest Of Canada (other than British Columbia.)

Calamai also explained that "physician job action" is the polite Canadian way of saying that their docs had gone on strike. And if anyone wanted to unravel the phrase "nonstatus Indians," he said "they should see me after class."

The questions put forward by the American writers laid bare some of the myths about Canadian health care that are still popular south of the border. Many of the visitors had plenty of arguments about Canadian waiting lists, lack of choice, second-rate facilities and a shortage of up-to-date diagnostic equipment.

## American mythology

Unfortunately, much of their information dated from the wads of press releases the American Medical Association and US health insurance companies sent out sent out in 1993 in their successful attempt to sabotage President Bill Clinton's health care reform plans. "What about the rationing of care in your system?" asked an editorial writer from the *Baltimore Sun*. "A friend of mine came down to the States for treatment because he was told he had only 6 months of life in your country. He was seen immediately in the States and lived for a further year and a half."

Michael Decter answered that one. "There is a belief in

the States that the Canadian system is an enormous Soviet-style socialized system. But the Canadian government does *not* own the system. Canadian physicians are essentially private practitioners and they face far fewer controls than if they worked in an American HMO. Our system is much more diverse than the American mythology suggests."

But Avery confirmed the questioner's worst fears about Canadian medicine as he described inadequate nursing homes for the elderly and 6-month waiting lists for cardiac care in BC. "It should be 3 days. Consequently, people are dying."

Decter, who was left fighting a rearguard action, explained that information about waiting lists is uneven in both countries and pointed to a new study of waiting lists being conducted in Western Canada.

"You ration according to

[insurance] coverage," he told the *Baltimore Sun* writer. "The wait for a bone marrow transplant is the same in both countries. The difference is that in your country you can buy your way to the front of the queue."

An editorialist from *Newsday*, the Long Island newspaper, asked if Canadians were engaging in any discussion of a multipayer system, but the answers he heard probably left him confused instead of informed. Avery said there has been no discussion because Canadians are horrified by what they hear about the US system and assume it is the only system on which to base a multipayer system. "The debate is entirely emotional. But it is time we talked about whether we want to join the rest of the world and have a parallel private system. Cuba and North Korea are the only other countries in the world that have [single-payer systems]."

Decter responded that there is no need for such a discussion because Canada already has a multipayer system, with Canadians "paying out of their own pockets for all kinds of drugs and services."

He insisted that Canada would not benefit from building "an explicitly private system," and pointed to the enormous administrative overhead found in US health care.

"If your system received 14.3% of your GDP [the percentage that the US spends on health care]," asked a writer from North Carolina, "would all your problems go away?"

A question like this forces Canadians to consider competing claims for tax dollars. Decter noted that if Canada shifted that amount of resources into health care — we currently devote 9.3% of our GDP to health care — "we'd see a large number of bankruptcies in our manufac-

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turing sector. It wouldn't be good for us as a country."

But Avery was adamant that Canada does not spend enough. "We've cut not just fat out of the system, but also the muscle and bone. We're not providing what we used to provide or what our patients need."

### "I want an MRI now!"

At lunch, I asked several American editorialists how they feel about their own health care system. Since every one of them had generous health care coverage through their employers, nobody seemed concerned about incurring debts back home. "I'm definitely one of the worried well," a writer from Texas told me. "If I wake up thinking I've got cancer, I want an MRI *now!*"

However, there were aspects of Canada other than our health care system that excited some of the visitors. I overheard a man explaining that his \$80 expenditure "was worth it. It was great." Thinking that he might have been referring to a visit to one of Ottawa's more colourful areas, I asked what sensuous experience had cost him that much. He gave me a big grin. "A Cuban cigar. Every American who comes north has to have one."

Did the session change anybody's mind? Or send any

of the editorial writers back home knowing more about Canada's health care system? I doubt it. Granger Avery and Michael Decter gave the various arguments and issues a good airing. However, newspapers that adopt the position that health care should stay in the private sector will continue to focus on our system's weaknesses. And newspapers that champion health care reform and a greater role for government will use Canada as a model to be emulated.

But does it really matter anyway? The following day, *Globe and Mail* columnist Robert Fulford launched a stinging rant on newspaper editorials and the space they waste. Taking particular umbrage at the North American practice of publishing unsigned editorials, he argued that they are a useless anachronism. In the days of George Brown or Lord Beaverbrook, when everybody wanted to know what the owner of the paper thought, anonymous editorials were not really anonymous because the space gave the proprietor a soapbox for wildly bombastic arguments. Today, anonymous editorials are the result of careful debate among members of an editorial board.

"The result is bland, consensual, characterless pieces," he declared. "Today's editorial is like the appendix — better removed." ?

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