

table gesture but it does not work for this reader.

John Stoffman
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[Editor's note:]

As John Stoffman correctly discerned, *CMAJ* wishes to emphasize the content of what we publish and not the qualifications of the authors. The variety of letters after people's names has been growing; while some of these may be as familiar as the MD degree, in other cases it was becoming difficult to determine whether they were in fact academic degrees and what they meant. Most degrees do not describe the subject matter of the degree, only the degree level (undergraduate, masters and doctoral). Our preference is to describe the current position or occupation of the author, not their level of qualification.

Medicare

The information on health expenditures in the Feb. 8, 2000, editorial¹ is dated, although this fact does not necessarily alter the main points made. The national health expenditure database, which is the basis of the Health Canada publication on national health expenditures to which you referred,² was transferred from Health Canada to the Canadian Institute for Health Information

(CIHI). CIHI has produced 3 annual health expenditure reports since the Health Canada document was released in early 1997. The latest CIHI report was released on Dec. 16, 1999.³

According to the latest estimates, Quebec, not Alberta, has the lowest health expenditure per capita among the provinces: \$2453 per person in 1999. Alberta has the 5th lowest expenditure, at \$2832 per person. Nevertheless, Albertans continued to spend a lower proportion of their provincial gross domestic product on health in 1999 (7.6%) than citizens of any other jurisdiction in Canada.

Geoff Ballinger
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References

1. Klein's surgical strike at medicare [editorial]. *CMAJ* 2000;162(3):309.
2. Health Canada, Policy and Consultation Branch. *National health expenditures in Canada 1975-1996*. Ottawa: 1997. Available: www.hc-sc.gc.ca/datapcb/datahesa/hex97/fact.pdf (accessed 2000 Mar 20).
3. Canadian Institute for Health Information. *National health expenditure trends 1975-1999*. Ottawa: The Institute; 1999. Summary-level data available: www.cihi.ca/facts/nhex/nhex.htm (accessed 2000 Mar 20).

The statement in your editorial in the Feb. 8, 2000, issue that "private health care is always more expensive"¹ mixes opinion with fact. The reference you gave² provides no statistically valid data to support such a statement. In British Columbia, private surgical clinics offered to provide contract sur-

gical services for medicare patients at 60% of the government-calculated cost in public hospitals. We did not need a study, or a health policy analyst, or a health economist or any other redundant bureaucrat to back up our calculation that we could achieve this and still make a (nasty word) profit. Why *CMAJ*'s editors continue to blindly trust the ability of a state-controlled monopoly to deliver efficient, effective and excellent health care services is mind-boggling to many of us.

The bottom line is very simple. There is nothing morally wrong with spending one's own money on the health of oneself or a loved one. The hogwash being spouted by self-serving lobbyists and unions is being matched by the editors of *CMAJ*.

Brian Day
Orthopedic surgeon
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Reference

1. Klein's surgical strike at medicare [editorial]. *CMAJ* 2000;162(3):309.
2. Rough seas in US managed care [editor's preference]. *CMAJ* 1999;161(6):669.

[The editor-in-chief responds:]

Perhaps Brian Day, in criticizing our editorial,¹ should reread the referenced paper.² Although that piece focused on the debacle of for-profit managed care in the US we could also draw Day's attention to studies specific to the question of hospital ownership. These show, for example, that US medicare spending in 1995 in for-profit markets resulted in \$5.9 billion in excess costs when compared with spending in not-for-profit markets.³ Privately financed care costs considerably more than equivalent publicly financed care.

John Hoey

References

1. Klein's surgical strike at medicare [editorial]. *CMAJ* 2000;162(3):309.
2. Rough seas in US managed care [editorial]. *CMAJ* 1999;161(6):669.
3. Silverman EM, Skinner JS, Fisher ES. The association between for-profit hospital ownership and increased medicare spending. *N Engl J Med* 1999;341:420-6.

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