

Winds of change

Last June's Supreme Court of Canada ruling, coupled with growing wait-time angst have prompted 3 provinces to open the door, at least part way, to the private delivery of health care. The Alberta government has announced it will allow physicians to work in both the public and private sector, while Quebec has pledged to provide hip and knee replacements and cataract operations within a timely 6 months — or it foots the tab at private clinics. British Columbia is also poised to plunge into the privatization fray according to its recent Throne Speech. Read on for the details of this evolving story.

Quebec's proposed wait time guarantees

The province of Quebec is proposing a “new era” in health care standards, guaranteeing timely access to ageing Quebecers in need of knee or hip replacements or cataract surgery — and offering a limited role to the private sector to ensure no patient waits for those operations beyond 6 to 9 months.

Premier Jean Charest and Health Minister Philippe Couillard released a policy paper outlining their proposals on Feb. 16. They were responding to June's Supreme Court of Canada ruling, which struck down the province's prohibition on private medical insurance. In a landmark 4–3 decision, the court agreed with Quebec physician Jacques Chaoulli that his patient George Zeliotis's year-long wait for hip replacement surgery in 1997 violated Zeliotis's right to life, liberty and security under Quebec's Charter of Rights.

In a reluctant nod to the ruling, Couillard said the government will allow Quebecers to buy private insurance — but only to pay for hip and knee replacements or cataract removals performed by the few Quebec specialists who have opted out of the public health care system. Such insurance would likely be expensive and therefore an unattractive option for most Quebecers, especially if they are guaranteed access to surgery within a legally proscribed time frame, Couillard acknowledged.

The other option for patients is what Charest calls Quebec's “health guaran-

tee.” It states that if patients awaiting those 3 elective procedures cannot undergo surgery at a public hospital within 6 months, the province will pay to have them treated at a private clinic in the province. The doctors working in these clinics have not opted out of the health care system but they have chosen to expand their practice into a private setting. Establishing these specialized clinics was a key recommendation of Quebec's Clair Commission in 2000.

“These clinics will be partners in the health system,” said Couillard. “They will belong to doctors participating in the Régie de l'assurance maladie (Quebec's health insurance board,) they will be built and equipped by those doctors, and the government will buy their services from them at no extra cost to citizens.”

If those clinics — or other public hospitals in Quebec and elsewhere — are unable to treat a patient within the guaranteed time, then Quebec would pay doctors who have opted out of medicare to perform the surgery.

Quebec will control how many doctors it will allow to withdraw from the public system, like Dr. Nicolas Duval, who runs a for-profit orthopedic surgical centre in Laval, Couillard says.

“How do you set it up so that, from one day to the next, you don't have 100 orthopedic specialists who decide to leave the system?” Couillard asked. The health minister believes most doctors prefer to remain in the public sector. Only 100 of the province's 18 504 practising physicians now work outside the Régie.

The province does not want to provide incentives for doctors to leave the

public system, further aggravating Quebec's shortage of specialists and general practitioners. For that reason, says Couillard, doctors will not be allowed to move back and forth between the public health insurance plan and the private sector.

The province plans to hold legislative hearings on its proposals in April, and has invited public comment on the 60-page consultation paper. The plans are due to be finalized before the June 9 deadline that the Supreme Court imposed for implementing its ruling.

Chaoulli says the policy paper is an affront to the people at the heart of the ruling: patients. “The point is not whether the government will be satisfied with the waiting time. The point is whether a given patient considers himself to suffer.”

“What I wanted to see is a movement toward the freedom to choose for the patients — between private health care and public health care.”

Despite Charest's avowed commitment “first and foremost” to the public health care network, too many elements of the plan remain vague, says Michel Venne, the director of l'Institut du Nouveau Monde, the independent organization that hosted a symposium on Quebec's private–public health care debate in February.

Marie-Claude Prémont, an expert on



Quebec Premier Jean Charest (right) and Health Minister Philippe Couillard explain their complex “new era” in health care.

health care law and public policy in McGill University's law faculty, worries Quebec risks opening a Pandora's box by allowing for the possibility of contracting out operations to doctors who have left the public system, even though Couillard insists that is only a last resort.

"It means a physician who opts out no longer has really opted out, if he or she can be paid by public money," Prémont says.

Rénald Dutil, the president of Quebec's Federation of General Practitioners, said he is pleased the government plans to restrict the right to purchase private insurance. But he said his members have many questions about how the access guarantees will work. Waiting times don't begin the day your name is added to the list for surgery, he says. "What about the time leading up to that?"

The government will have to find a way to take those waiting times into account, he says — and that means tackling the chronic and pressing issue of improving access to family physicians and primary care. — Loreen Pindera, Montréal

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DOI:10.1503/cmaj.060332

Alberta's hybrid public-private "third way"

The Alberta Government claims its new Health Policy Framework allowing patients to pay out-of-pocket for certain surgeries, and physicians to slide between the public and private systems will help save a sinking health care system. Critics say the proposals put a hole in the boat.

The Framework, released Feb. 28, finally fleshes out Premier Ralph Klein's vague promises of a "third way" to deliver health care. Under the proposal, which must still be passed by the legislature, patients would be able to circumvent the public system, purchase extra insurance and buy specific, privately offered surgeries.

Health and Wellness Minister Iris

Evans says this does not constitute 2-tiered health care. "These changes are about offering more health care options and reducing wait times, not about buying better care," she says. "No Albertan will be denied access to essential health services because they can't afford it. Physicians providing services in the private system may also be working in the public system, so the ability to purchase 'better' care is not an issue."



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Alberta Health Minister Iris Evans says the third way is not 2-tiered health care.

Alberta NDP Leader Brian Mason disagrees. "I call it full-blown two-tiered health care," he said. "It's not about a clash of ideology. It's not a reasoned debate. It's about greed and profit and a government that openly supports both."

Harvey Voogd, coordinator for the Friends Of Medicare lobby, was similarly blunt. "It fundamentally violates Canadians' and Albertans' sense of fairness and violates the Canada Health Act with queue-jumping," he says. "The only winner in this could be the provincial treasury, at the cost of people's pocketbooks."

Both Prime Minister Stephen Harper and Federal Health Minister Tony Clement say they plan to examine the framework for compliance with the Canada Health Act.

The 10-point policy framework would off-load the cost of continuing care and pharmaceutical drugs to private citizens and expanded insurance plans; allow people to pay out-of-pocket for joint replacement and cataract surgery at private clinics; and allow physicians to practice in the public and private systems simultaneously.

The province hopes private joint and cataract clinics will take patients off long public waiting lists and help Alberta keep annual increases to health

care spending in line with inflation.

"This year inflation was 2.1% and our [health care] spending increased over 7%," says Evans. If this trend continues, "by the year 2030, health care will take over the entire provincial budget... The new Act gives us the legislative tools we need to allow for more flexibility in the public health system to meet emerging needs in a sustainable way."

Alberta now has a budget surplus of \$7.4 billion.

Dr. Tzu Kuang Lee, president of the Alberta Medical Association, says members are split down the middle in supporting and opposing the government's plan. The AMA says the framework was vague and neglected to define care guarantees and a basket of core, insured services. "Without these 2 elements in the framework, discussion at this time is speculative," Lee says.

At a Mar. 11 meeting, the AMA's Representative Forum, a province-wide governing body of more than 100 members, passed resolutions calling on the province to define core services and respect benchmarks, wait times and care guarantees. They also offered support for any initiative that gives timely access for patients to quality medical care that would put the patient first.

The economics of public-versus-private health care in Alberta have spurred a decade of fierce debate, public protest and media hype.

Dr. Ian MacDonald, chair of Ophthalmology at the University of Alberta, raised concerns recently about oversight, continuity of care and competition in private cataract clinics.

In the early 1990s, when Alberta was restructuring health care delivery, the Calgary region opted to contract most of its cataract surgery to private clinics. Edmonton, conversely, consolidated most of its cataract care in the public system. Wait times are now shorter in Edmonton than in Calgary, says MacDonald.

But wait times should not be the only driver of a system, he says. Government contracts with private clinics focus on the number of surgeries performed, leaving no mechanism for gauging success rates, patient satisfaction and follow-up, he adds.

Alberta Liberal Leader Kevin Taft says health care should not be left to the open