

Talking health care in the real world

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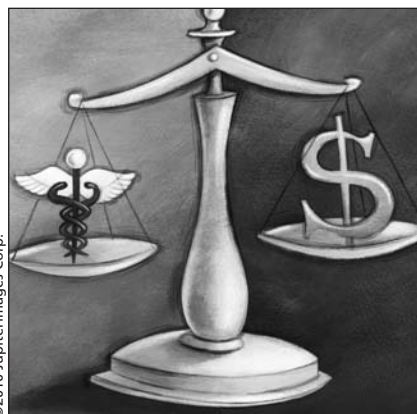
The Canadian Institute for Health Information tells us that health spending in Canada will reach \$183.1 billion or \$5452 per person this year, 11.9 per cent of our gross domestic product. Are we alarmed?

In the salons I frequent, health care is the main — and sometimes the only — subject of conversation. We grumble about retirement being necessary to give us time for all of our tests and appointments. We compare notes on waiting times and line-ups. We mull over the options we'll have when we lose the ability to look after ourselves. It's often not happy talk.

But our fretting and anxiety is usually countered by deep satisfaction with modern health care. It goes further than instinctive pleasure at not having to pay out-of-pocket bills in Canada. Virtually everyone I know realizes how fortunate we are to be the beneficiaries of a health care system that gives us daily miracles of diagnosis and treatment. It's an appreciation that grows with age. It's the realization that most of our generation have had the quality of life, often life itself, preserved by medical interventions.

We can complain till the cows come home, but none of us with the slightest historical sense denies our good fortune in being the beneficiaries of generations of medical progress. I was once on a Canadian Broadcast Association historians' panel that was asked to discuss the best era in all of history to be alive. The panel fell flat when we instantly agreed that the best time to be alive is now — the present — and the reason is the chance to live a long and healthy life. We may argue about the exact mix of the determinants of good health, factoring in prosperity, sanitation, education and other conditions. But no one wants to go back to the bad old days before vaccines, antibiotics, imaging, spare parts, miracle drugs, and much more.

Everyone in the salons of the literate knows that our health care is expensive. It's not free, it's not even cheap. In fact it's almost certainly wasteful. Which of us hasn't been asked to undergo extra procedures that are "probably unnecessary, but just in case"? Which of us doesn't spend some of our own money on extra over-the-counter pills and potions, which might be useful and don't seem to do any harm?



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Health care spending has historically risen faster than the rate of inflation and faster than the general growth of the economy. The 11.9 per cent of gross domestic product we spend now is up from about seven per cent in 1975, well above the Organisation for Economic Co-operation and Development average, but well below United States levels. In the real world, as opposed to the health economists' world, it is hard to find people who really want cuts in health spending. We want our communities to have more health care facilities, more health care personnel and offer more pharmaceutical and therapeutic options. I do not think there would be much outcry if health care consumed a US-like 18 per cent of gross domestic product, or even more.

Some health economists argue that a self-interested medical establishment systemically oversells its products to us gullible patients. We know what happened when gullible governments took

that idea seriously in the 1990s and cut back on the production of health care workers. The demand for doctors' services is real and will continue to grow as we age.

Fifty years ago, Canadian-born economist John Kenneth Galbraith published *The Affluent Society*, which instantly became a classic. In that book Galbraith was harshly critical of North Americans for wasting their newly acquired affluence on hedonistic consumer goods such as televisions, flashy cars and other toys. He argued that as societies become richer, citizens should spend proportionately more of their resources on health and education, which benefit both the community and the individual.

As a matter of fact, that is exactly what we have been doing with our affluence since the 1950s. We spend a constantly increasing percentage of our wealth on health and education, and a fixed or declining percentage on defence and basic household needs. The world is unfolding as Professor Galbraith hoped it would, and as most Canadians feel it should.

We may not be able to keep the ball rolling indefinitely — and we should certainly try to make it roll as economically as possible — but most of us hope, rightly or wrongly, that serious health-care austerity will not have to come in our lifetimes.

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