

On the record

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, the Canadian Medical Association today published evidence that patients treated in for-profit hospitals have a 2% higher risk of dying than those in not-for-profit hospitals. Based on 38 million patients, the study demolishes the health minister's contention that who owns or operates hospitals does not matter as long as when you present your health card, your stay and treatment are paid for by a publicly administered health care system. Has this dramatic evidence finally persuaded the health minister to change her mind?

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, the hon. member misunderstands what I said. I do not advocate for-profit hospitals. What I do advocate for is evidence-based decision-making. The importance of the Canadian Medical Association Journal article is that it provides us with more evidence that provincial and territorial health care ministers can use in making decisions as to how to best deliver health care on behalf of all Canadians.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, I certainly welcome that the minister is now acknowledging it is hard evidence that needs to underlie these decisions. The minister sent shock waves through the country on Jan. 18 when she talked about how it does not matter who owns and operates the hospitals. This is evidence to be sure based on 26 000 American hospitals. Applied to the Canadian context, this means that 2200 Canadians each year would die unnecessarily. I ask the minister again, will she withdraw her contention that it does not matter who owns and operates the hospitals?

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, what I will say is that which I said earlier, which is what is important is evidence on which provincial and territorial health care ministers can make decisions around how health care is delivered in this country. In relation to that, the Canadian Medical Association Journal article is in fact an important contribution. It is one which I am sure my provincial and territorial colleagues as well as myself will review very carefully and with great interest. Hansard, May 28, 2002 (see CMAJ 2002;166[11]:1399-406)

Private medicine's inroads growing in UK

A decision to use private hospitals to reduce waiting times may undermine needed reforms within the National Health Service (NHS), some critics say.

More than 2 years ago the British government signed an agreement with the country's private hospitals to rent spare operating rooms and share information on clinical mistakes, workforce supply and patient demand. Since then, NHS use of private facilities has expanded to include a deal with one of the largest American health care providers, HCA International, to treat 10 000 NHS cancer patients at its facilities in Britain. It is also being contracted to provide private rehabilitative services for NHS staff injured on the job.

One NHS ambulance agency used a private treatment centre to provide care for 18 staff members with back injuries, at a cost of about £1200 per patient (Can\$2700). After a 4-to-6 week course of treatment, all but 2 of the workers were able to return to work full time, saving the agency thousands of pounds.

However, critics question why the NHS could not provide timely treatment for its own employees, and criticize years of underinvestment in the NHS. The Audit Commission, which oversees public spending in the UK, recently released a report stating that the NHS could perform another 300 000 operations a year if its operating theatres were better managed.

Nearly 1 in 8 Britons now has private medical insurance, and many people without such coverage are opting to pay for private treatment rather than face long waits for NHS services. One study by independent analysts found that spending on private medicine in the UK is growing faster than government spending on the NHS. Revenues from private hospitals and clinics now total more than £2.1 billion annually.

There are also concerns about private health care providers overcharging the NHS. In May, Health Secretary Alan Milburn said the government will send guidelines for hospital pricing to NHS managers and doctors. "There is no blank cheque. We want to get high standards of treatment for patients and value for the taxpayer. If the private sector does not compete, it will not get business from us." — *Mary Helen Spooner, West Sussex, UK*