

## Medicare reform

## Whose health? Who cares?

Tim Wynne-Jones

*This is the fifth in a series of essays in which notable Canadians give their perspectives on the future of medicare. In the next issue, former Ontario Premier Bob Rae considers priorities for health care reform.*

The health of a people is about more than hospital beds and prescriptions. A country at war or internally demoralized by civil strife, a country out of work, a country with little sense of itself or its reason for existence as a nation is an unhealthy country no matter how well equipped, staffed or administered its medical facilities might be. Clearly, politics, economics and culture play a crucial role in sustaining a robust and resilient populace. But how that society views the well-being of its citizens when they are in need of social or medical care, or when they are infirm, reflects more clearly than any other single indicator what that society believes to be the essence of the human condition.

There is probably not a single Canadian who cannot speak anecdotally to the condition of health care in this country. I will take it as a given that there are hospital boards and health experts and watchdogs in the field ready and willing to hash out what is needed to remedy the system. What must happen first, however, is that ordinary Canadians decide unequivocally whether they still believe in universal health care. But this is a choice fraught with political, economic and cultural significance.

I find myself watching the debate on health and medical care in this country with unease if not outright alarm. I have the same species of misgiving about our changing attitude toward education and cultural policy. And I think the root of my concern has more to do with who is calling the shots rather than with the changes that may need to be made.

Plainly, there is a problem with how our health care is delivered. There are signs that, in the almighty name of efficiency, we are stretching resources to ludicrous lengths, overworking employees, and shutting down badly needed facilities. (There is perhaps no worse example of the “cult of efficiency,” to use Janice Stein’s term,<sup>1</sup> than what we have done to medicare.) Simply stated, our health care system is cash starved. But the failure, I suspect, is one of will rather than wherewithal. Do we *want* to financially support a truly efficient and equitable publicly funded health care system, or are we preparing ourselves to just give up?

Perhaps “give up” isn’t the right phrase, exactly. I think we are recoiling, tiring under the barrage of opinion from

those who believe that public funding of any kind is anathema and that privatization is the only cure.

I believe that medicare is not beyond recovery. Nor does it need heroic intervention. It isn’t so much that this country needs a good and caring health care system; our health care system needs a good and caring country.

I have faith in the basic tenets of democracy. If a majority of the population feel that dismantling medicare is somehow in the best interest of the country, then so be it. But, during this important period of review, I wonder whether we, the public, and those charged with carrying out our will are hearing balanced and impartial reports on what is a very complex issue. I worry that this whole profound debate might deteriorate into a battle between conflicting public relations organizations — in which case, underfunded advocates of public health care are not likely to win the battle of rhetoric against the combined forces of right-wing think tanks and the formidable for-profit lobby. I would hate to think that our health care system might be shanghaied by the highest bidder.

It is not so much what we choose to do about the future of health care in this country that bothers me, as whether or not we, through our elected representatives, are the ones who do the choosing. My greatest apprehension comes from the knowledge that if we decide to scrap medicare it will most certainly be an irreversible decision.

There is in the Western world right now an overwhelming compulsion toward the market solution to everything. I am referring, of course, to the increased pressure on governmental policy-making applied by the corporate sector through such international trade obligations as NAFTA and the WTO’s General Agreement on Trade in Services. I am not against the idea of the marketplace in principle. As a writer I am prepared to live and die by the will of the buying public. But I cannot help but believe that this compulsion is more in the nature of a leveraged coercion than of the commonly held conviction of the average citizen.

I find it intolerable to imagine that our sovereignty in such critical matters might be usurped. I find it intolerable to imagine that the decision-making about what we take to be an essential precept will be carried out, not truly in the houses of parliament but in the boardrooms of transnational corporations by functionaries who are not elected and whose grasp of the common weal is perverted by an overweening consideration of the bottom line.

To think of human well-being as a commodity would not represent, historically speaking, a paradigm shift. Slav-

ery, forced labour and sweat shops, let alone privileged access to medical care — survival of the fittest — have always been with us in one form or another. But I had this idea that maybe we were getting somewhere — that, here in this new century in this extraordinary country, we believed enough in our fellow humans that there was no “us” and “them” where access to medical care is concerned. I would like to hope that this is still possible.

If not, then I only hope that those who decide to cut the cord look at *all* of the statistics and listen to *all* of the facts and arguments most assiduously. I hope that they are able to distinguish whose health is on the table and whose welfare we are looking after. I hope that our representatives are willing and able to discern the ulterior motives of those factions whose concern for our well-being is not really motivated by accountability, effectiveness or sustainability, but by no more human an emotion than greed.

Tim Wynne-Jones is the author of over 20 books for children, older children and adults. He has won a Governor General’s Literary Award twice. His books have been translated into 8 languages and published in a dozen countries.

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## Reference

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### Articles to date in this series

- Lewis S. The bog, the fog, the future: 5 strategies for renewing federalism in health care. *CMAJ* 2002;166(11):1421-2.
- Maxwell J. Bringing values into health care reform. *CMAJ* 2002;166(12):1543-4.
- Suzuki D. Expanding the health care debate. *CMAJ* 2002;166(13):1678-9.
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