

Contrary history: socialized medicine and Canada's decline

There is no greater fallacy than the idea that Canada's system of socialized medicine is essential to our system of national values. Without it, Roy Romanow and others tell us, we would not be Canadian.

This is intellectual hogwash.

Canada had existed as a distinct country for 101 years before the introduction of a form of socialized medicine in 1968. Millions upon millions of Canadians were born, flourished, received health care and died without giving a thought to the "core value" of a state monopoly on the provision of essential health care. They defined their country sometimes as a rugged northern land, sometimes as a British kingdom, sometimes as a bastion of personal freedom, sometimes as an improvement on the US. Canadian lumberjacks, farmers and their wives, hockey players, and the men who seized Vimy Ridge in 1917 had no interest in the idea of a nanny state, and for the most part believed deeply in notions of personal responsibility and freedom.

More significantly, health care flourished in Canada before "medicare." Through the 19th and early 20th centuries we did arguably a better job than the Americans of giving our people health care because we maintained higher standards of medical education and professional organization, produced more competent doctors and benefited immensely from the nursing traditions of religious orders and the VON.

Note that probably the 3 Canadian names most widely known outside the country are all from our medical heritage: William Osler, Frederick Banting and Norman Bethune. All 3 flourished long before socialized medicine. So did our hospital system, our family practitioners and most of our specialties. For all of the problems of our system (yes, it was unequal, as is virtually everything in life), we were known as a country that did well in health care.

Far from reaching remarkable levels

of excellence under political control, it can be argued that the Canadian health care system since 1968 has fallen far short of its true potential. Except in a few areas of research, we have not been among global leaders in health care — we export very little in the way of expertise or health-care product. The original public medicare system introduced by the Pearson government in 1968 fared so badly in competition with the private sector that it could only be saved by giving it legal monopoly powers under the Canada Health Act of 1983.

Most damningly, a health care system that Canadian socialists claimed should be a model to the world was copied by exactly nobody. Instead of being a global leader in health care, we have gradually come to be seen as a laggard. The system is not so much a national asset, as a national embarrassment, a rickety relic of the utopianism of the 1960s that keeps going only because of a combination of the professional dedication of our health care workers and our willingness to raid other countries to bring in immigrant health care personnel. As many studies have shown, we do not even achieve the intended value of equal access — all sorts of people, led by politicians, have ways of jumping the queues.

As a Canadian, I like and take advantage of my "free" medical care as much as the next person, but I know it is not sustainable, and I am not proud of the deep hypocrisy that forces us to pay lip service to the Canada Health Act even as it crumbles around us. I am desperately tired of Romanow and the other apologists for the system when they wrap themselves in the flag and proclaim themselves better Canadians than I am because I don't happen to agree with them. As a historian, I know that we have a great pre-medicare tradition of upholding the values that swirl around the care of strangers. That tradition has little to do with politicians and health economists and bureaucrats, everything



to do with the deep sense of professionalism of our doctors and nurses that has been with us since the days of the nursing sisters of New France and the British military surgeons of the Seven Years War.

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