

LETTERS

Ideology versus reality

The editorial by Sibbald and Stanbrook¹ supports the ideals of the Canada Health Act, one of which is accessibility. In Canada, medical care is not as accessible as it should be. Not having a primary care doctor of one's own is unacceptable, as are the long wait times to see a specialist, and the even longer wait times for specialized tests and elective surgery. This causes undue suffering for patients.

The system is not supported with enough resources to meet demand. Medical plans provide funding for a far greater scope of care than envisaged by Emmett Hall, whose Royal Commission led to the Canada Health Act of 1984.

In British Columbia, one-quarter (\$2.46 billion) of the annual health budget (\$9.89 billion) is used to provide care for one percent of the population (the frail and elderly requiring residential care).²

In the face of these staggering costs, and with current fiscal problems, there is no way to provide reasonable access to care without additional funds. Canada will have to either increase taxes or allow patients to augment the funding for care through insurance.

Even idealists among us would not suggest increasing taxes, so additional funding should come from insurance. Those who can afford it should be allowed to provide for their own care — this in addition to the existing health care system as opposed to deducting from it, and insurance programs must ensure that is the case.³ Patients should be allowed to provide for their own well-being if the publicly administered system is failing them.

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