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Copy Canada's Healthcare? Not so fast!

By Susan K. Riggs

As a Canadian who actually lives in Canada, I read with interest The Democrat's June 13 op-ed column ("Canada is a good model for health care reform") by former Canadian Robert Douglas. It brought to mind two old sayings that still mean the same on both sides of the border: "The grass is always greener" and "Be careful what you wish for."

As a Canadian, I still live in the underbelly of a healthcare system that is now heaving in its death throes. So imagine my surprise at Mr. Douglas's blasé indifference to what he terms "canards" raised by critics of Canada's system: rationing, long waits, inferior care, and lack of choice.

That last one – lack of choice -- caught my eye for a very personal reason. And since Mr. Douglas cited a personal experience of 30 years ago to blast U.S. health care, let me cite a personal experience from the here and now to illustrate the Canada's problems.

Recently, my active, youthful, 87-year-old mother and I booked an appointment with our general practitioner to discuss a delicate cardiac situation requiring a comprehensive knowledge of my mother's case. When we arrived at the hospital, however, we were told that our

doctor of 15 years was gone. No explanation.

A second member of the "physician team" was booked for a later date, but he never showed up. A third filled in for that appointment but admitted that he was "winging it." That left one option: a phone number to call. I dial. An answering machine tells me to leave my number and that my call will be returned in "priority sequencing".

"Priority sequencing" strikes as much fear into Canadians as "physician team" because both are euphemisms for the nameless anonymity of a healthcare system that, years ago, forced all family practice patients to sign contracts binding them to accept whatever services the "team" chose for them.

Canada actively discourages patients' attachment to any one physician. So much for continuity of care. Yet for 15 years, our excellent and caring practitioner had managed to buck this trend, seeing us from spaces in various different hospitals that he could never claim as his own office, relocating from place to another like a thief in the night.

He was a doctor of such stellar caliber that he supervised his peers, but he recently became a casualty in a system that burns out its best and brightest while

leaving the poor and mediocre physicians drifting forward in the corridors of power. In short, the “canard” of “no choice” is personal for us -- and very true. The real “canard” is the claim that Canada offers “access” and top-notch medical care. This June, for instance, Canadians opened their newspapers to read that a woman who died of swine flu had been turned away at a hospital.

Granted, in Canada it is less usual to be turned away than it is to be horrified by what you find when you are admitted. For instance, stick around an emergency room for 8 to 10 hours -- the norm here in Toronto -- and eventually you’ll receive some facsimile of care. However, from the standpoint of physician expertise, technology, and (in some cases) the availability of new and up-to-date drugs, there are no guarantees.

On one rare trip there, I lay on a gurney wedged in a linen closet because of a shortage of space. Overcrowding made the waiting room resemble the streets of Calcutta. A visit to a dying relative another time entailed sloshing through six inches of water while interns tried to move medical equipment and gurneys to dry areas -- all this in an ostensibly upscale Toronto teaching hospital.

The alleged “canards” of long waits, rationing, and inferior care are simply features of the system, with the long waits finally acknowledged legally by Canada’s Supreme Court in 2005 when it concluded that “access to a wait list is not the same as access to treatment.”

The system is also becoming tragically ageist, denying cataract surgery or superior hip replacements on the grounds that patients are “too old” to require the improved lifestyle.

The claim that Canada has superior outcomes is largely spurious for two reasons: pockets of excellence do exist,

but mostly arose from an influx of private funding that improves the quantity and quality of technology.

Notably, much of this technology hails from across the border. The U.S. also effectively aids the Canadian system as scores of sick Canadians seek treatment in the U.S., either because of the long waits in Canada or, in cases of rare illnesses, because no treatment (and sometimes no diagnosis) is even available.

A recent study conducted by Canada’s prestigious Fraser Institute found that even comparing Canadian health care to other universal systems, “Canada ranks near the bottom in terms of access to physicians and medical technology.”

Meanwhile, the professional has become deeply personal for me. I look at my cell phone. Nearly two weeks have passed since I called and left a message seeking an appointment for my mother. I’ve still received no response.

When I return home, my mother will gaze at me with those chipper blue eyes and ask if I’ve heard back. I will take her hand in mine -- a hand that has soothed and comforted me throughout a lifetime -- and tell her, “Not yet.” And somewhere amidst all the “canards” and hullabaloo, I will realize that the heart that is troubled ... is mine.

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