

Better Medicine for Canadian Health Care

by Dr. David Gratzer

This September, the first ministers will sit down to draft a new health care agreement. Canadians, as always, are left wondering — will they be successful? Are they going to cut a deal? What does the future hold for Canadian health care?

In the months leading up to the big conference, there is a lot of tension and the process is awash with challenges, proposals and counter-proposals. Quebec Premier Jean Charest will accept no federal intrusion into health care – and Ujjal Dosanjh, the federal Minister of Health, wouldn't discuss a deal that doesn't recognize national standards. Ontario Premier Dalton McGuinty thinks Ottawa should have a junior role; Prime Minister Martin thinks Mr. McGuinty should think again. Ralph Klein, Premier of Alberta, has been threatening to walk out since June.

In the midst of all this semi-organized chaos, here are two predictions.

First, I think that, by the end of the three-day conference, they will have inked a deal. Despite the rhetoric, relatively little separates the provinces and Ottawa. The premiers are desperate for cash – health-spending gobbles up almost half the provincial budgets (excluding debt servicing). The Prime Minister, presiding over large surpluses as far as the eye can see, is eager to give out cash – he may be back on the campaign trail in less than a year, and polls suggest Canadians want action.

Second, it won't really matter. Neither side is willing to recognize the problems of a modern health care system.

Why is health care so much of a concern? It's the combination of improving technology at escalating cost. Consider that when Sir William Osler -- possibly Canada's most famous physician -- taught at McGill at the beginning of the 20th century, there were only four credible drugs available to a doctor (one of them mercury). Today Prozac alone has more than four sister drugs. Computerized tomography (CT) scanners have been bested by magnetic resonance imaging (MRI) machines, which are outdone by positive emission tomography (PET) scanners. Modern surgeries fix everything from sick hearts and worn hips to foetal abnormalities — in some cases, correcting problems even before birth.

These advances carry a heavy price tag. Economist John Goodman calculated that if every citizen went to his family doctor and requested all available blood tests, it would cost more than the country's entire gross domestic product. This figure is especially startling since Canadians are interested in a lot more than just blood tests.

Then there are demographics to consider. The high-tech, high-expense medical revolution is transforming health care just at a time when more of us need more health services. Medicare was first debated in the House of Commons in the 1960s, when the

median age of our population was 25 or younger. Today we're approaching a median age of 40 -- and getting older quickly.

This trend is widely seen. In Florida, the land of sunshine and retirees, 18.5% of residents are 65 or older. And Canada will have this proportion of elderly citizens by 2021. France will hit Florida-type levels of elderly by 2016, Germany sooner still -- in 2006.

The question for governments, then, is how to salvage health care amid the twin onslaughts of advanced medicine and aging -- thus the numerous meetings, negotiations, and reports. For the most part, though, politicians are still playing -- surprise, surprise -- politics with health care. And, until they recognize the real challenges, nothing will change: costs will continue to rise; waiting lists will get longer; Canadians will grow more frustrated.

So, here's a final prediction, and it's one that Ottawa would do well to heed: the less attention is paid to the realities of health care, the more first ministers meetings there will be.