

# The Unpredictable Prognosis of Medicare - A Book Review on Chronic Condition: Why Canada's Health-Care System Needs to be Dragged Into the 21st Century by Jeffrey Simpson

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Kelly BRENNAN\* <sup>1</sup>

<sup>1</sup> Student, University of Ottawa, Canada

\* *Auteur(e) correspondant* | *Corresponding author* : Kelly.Brennan@queensu.ca

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Canadians cherish their health-care system. In fact, polls reveal Medicare is among the top most important national symbols and takes part in defining what it means to be Canadian (Mendelsohn, 2002). Why is it then, that Canada has one of the most expensive health-care systems, but some of the worst health outcomes when looking at comparable country's health systems? (Skinner & Rovere, 2012). A politicians' worst financial nightmare is formed when health-care budgets exponentially outgrow government revenues and calls for more efficient services compete with an intolerance for higher taxes. Incorporating the demographics of an aging population and the restrictions on privately funded health-care services supports why the subject is not a very popular one (Simpson, 2012).

Jeffrey Simpson, a long-time Globe and Mail columnist and public-policy expert does a brilliant job in scrutinizing these issues from several angles, supporting his claims with sound evidence. Readers will find their attention captured and retained as Simpson articulates his frustration well on the matter. He believes that the system needs to be improved.

Simpson opens the book with his first hand health-care system experiences while shadowing the Ottawa Hospital's chief of staff, Dr. Jeffrey Turnbull. The current problems within Medicare, such as long wait times and lack of available beds, are described from the patient's perspective. This perspective sets up a clear illustration for which the rest of the book attempts to assess why these problems are so difficult to improve and where barriers currently exist.

Next, Simpson briefs the reader on the political history and development of Medicare in Canada. This background demonstrates a clear lack of evolution in the system. The

Saskatchewan Medical Care Insurance Act of 1962 arrived during the province's time of need, at the disapproval of many physicians who were looking primarily for user fees. The pressures of user fees and privatizing medical services were driven to termination with the introduction of the Canadian Health Act in 1982. However, as the cost of health-care continued to increase, Simpson alludes to the idea that without any changes to the system or implementation of user fees, there will not be enough funds to support the increasing costs. This still continues to be an issue in Canada today. The author argues that the state must determine a new funding source for the increasing costs, if not from higher taxes or cutting social programs.

Simpson then provides elegant reasoning for why Canadians have been erroneously led to believe that their health-care system is among the greatest. Canada's neighbouring health-care system, the American system, is to blame and is amongst the worst in the world. He claims that a comparison between these two countries creates two problems. The first problem being the newfound illusion that Canada's health system is very efficient, whereas in reality it ranks average in many areas according to the 2010 OECD results. Secondly, Simpson reasons that Canadians are fearful of any changes made to their system because they fear it would become more American or "two tiered" (publically and privately co-funded). This makes any changes involving aspects of privatizing services seemingly impossible. In addition, Canadians want more money to go into health-care but do not want increased taxes. For politicians, these are the hard decisions and essential changes that need to take place to relieve health-care costs.

Halvorson (2007) offers an interesting and supplementary view on the subject of the comparison between these two

healthcare systems. He considers the Canadian healthcare system measures to keep its costs low as drastic and atypical. These measures include setting fee schedules for physicians, annual budgets for hospitals, and prices for prescription drugs, which may be unfeasible and too difficult to implement in the US. Long surgery and treatment wait times along with a deficiency in timely technological advancements are believed to have suffered from drastic and atypical Canadian cost-cutting measures. Halvorson discusses how the American two-tier system and the Canadian single-payer system are on opposing spectrum ends of healthcare funding models, and that the Americans should look to other middle of the spectrum healthcare systems found in Europe. Healthcare systems in France and England for example have more successful two-tier healthcare systems through finer balances between private and public co-funding arrangements. These French and English style arrangements are more realistic and achievable for the American system because they would require less drastic changes. In comparison, the changes required for a complete transformation into a single-payer healthcare system like the cherished Canadian healthcare system would be a much more daunting undertaking.

An update on the American healthcare reform with albeit unknown outcomes, is the implementation of the Patient Protection and Affordable Care Act also known as Obamacare in 2010. Obamacare bears resemblances to the non-European style Swiss healthcare system, which does not use a single payer system but mandates that all citizens purchase insurance on a private market (Chaufan, 2014).

Dr. Robert Ouellet, a radiologist and private medical imaging clinic operator and owner based out of Quebec added a relevant comment to this issue and the need for reform upon becoming the Canadian Medical Association president in 2008. “Nobody wants to privatize the [Canadian] system like it is in the US,” he [said], adding that every other health care system in the world has a mix of public and private delivery and that nobody has copied Canada’s single payer system” (Silversides, 2008).

Subsequently in his book, Simpson sensibly argues that Canada should be compared to similar international systems for more just comparisons. These countries include Sweden, Britain, and Australia. These evidence-based comparisons clearly show where Canadian weaknesses exist and what options Canada has for enhancing their system. In the midst of his negative reflections, it is worth mentioning against Simpson’s opinion that Canada does in fact hold the 14th rank in life expectancy around the globe

(Central Intelligence Agency, 2014).

Life expectancy, according to the World Health Organization, is an indication of the overall mortality of a population. It summarizes the mortality patterns that exist across all age groups (World Health Organization, n.d.). Life expectancies have experienced dramatic increases during and since the 20th century. Of those born in 1900, almost no one lived past 50 years of age. These increases in life expectancy around the globe haven been attributed to a decline in death due to infectious and parasitic diseases, improved sanitary conditions and the establishment of public health measures. Specific examples within these domains include the development of antibiotics, access to clean drinking water and the introduction of population wide vaccine programs, respectively (NIH National Institute on Aging, 2011). These achievements have all occurred in the Canadian context (Clark, 1990). Therefore, Canada’s 14th rank in life expectancy in the world (Central Intelligence Agency, 2014), should not be undervalued as it does reveal that Canada is a relatively healthy place to live with a respectable health care system when looking from a global perspective.

A 2005 paper by Marchildon justifies the comparison of the Canadian healthcare system to the Australian system through demonstrating the similarities between the two countries and finishes with some take-home lessons for Australia from Canada. Both countries are closely high-ranked among the wealthiest OECD countries and spend a substantial amount of their economy on public health care. Over the last three decades the two healthcare systems have both undergone significant structural reform and have moved towards hierarchical management structures and network organizations to govern hospitals. Questions regarding access, quality, and culturally relevant services exist to better serve the large remote and rural areas found in these countries as well as their aboriginal populations. While both countries have a mix of public and private co-funding, the Australian system has a complete parallel private tier of institutions and physician care, in which very few Australians question or doubt. The public funding of the Australian healthcare system is also federally centralized and since the 1950s it has been administering a prescription drug program as well as primary physician care. Marchildon concludes by suggesting that the Australians could learn from the Canadians on non-traditional citizen engagement and that future Australian health care reforms should reflect the views and values of the general public.

Overall Simpson’s book does a thorough job in bringing the

public's attention to the current issues on the Canadian health-care system. This awareness and the accompanying suggestions by Halvorson, Ouellet, and Marchildon would never be brought forward by politicians in such strength due to the fear of losing Canadian trust on a sensitive subject. What does the future hold for Canadian Medicare? Simpson argues that the future must include changes and none of them will be easy. These changes will be essential in maintaining a functioning health-care system and ultimately, a healthier Canadian population.

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