

BC government should not cave in to private clinics

January 1, 2004

The Report: January / February 2004 vol.25 num.1

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t hasnt been often that we at the [Canadian Centre for Policy Alternatives](#) have found occasion to applaud the BC government for one of its new policies. But we did commend the government for Bill 92 ... The Medicare Protection Amendment Act. Now, sadly, after a fierce three-week campaign by private surgical clinics, the government appears to be backing away from this needed law.

In short, Bill 92 was an attempt to prevent queue-jumping, as required by the Canada Health Act. The Bill would have empowered patients to request an audit of private clinics they believe have inappropriately billed them for needed medical services. It would have seen the government fining those clinics that charge patients directly for necessary care, and reimbursing these patients. The Bill is based on the understanding that patients already pay for necessary health care through their taxes and MSP premiums.

Why is the government backing down? First, many private clinics claimed they would go bankrupt ... an interesting claim, given that, until a few weeks ago, many of these same clinics insisted they did not charge patients directly and were not operating in contravention of the Canada Health Act. So it turns out that, for many private clinics to be profitable, they need to bill both the public system and private individuals.

Second, the governments trepidation comes in the wake of a flurry of letters to the editor and public denunciations (perhaps orchestrated) from individuals and some business leaders, who have demanded their "right" to pay for quick medical care. But such a "right" is meaningless for all those who cannot afford to exercise it. Thats why the fundamental issue ought to be the universal right to timely medical care, not the "right" of individuals to queue jump if they have enough money. Rights must have meaning for everyone. The benefit of Bill 92 is that it says to affluent people: -The right to timely care is not just important to you, it is important to everyone. If you want quick care, then join the struggle to ensure the public system can provide such care to all."


Contrary to the claims made by private clinics, their presence has not in fact reduced waiting times in the public system. Wait times for orthopedic surgery in BC, for example, have increased by nearly 60 per cent in the last two years. During this same time, private clinics providing this service have expanded.

There is no evidence that private hospitals or clinics shorten wait times. Look at it this way: there is one public queue, one doctor and 50 patients. The doctor opens a private clinic and tells his patients if they pay him directly, hell reduce their waiting times, so 10 patients choose to do so. The public line is now 40 patients and the private line is 10 patients. So now there is one doctor, 50 patients and two queues. The doctor earns more money providing service to the patients waiting in the private queue. So the doctor draws more and more resources away from the public system ... nurses, anesthesiologists and so on ... and now the 40 patients who

depend on the public system wait longer and longer.

In Alberta, according to the Consumers Association of Canada, it was precisely this scenario that resulted in patients whose doctors practiced in both the public and private systems waiting the longest times for surgery. Those whose doctors practiced in only one system had shorter waiting times.

How will the federal government react to BC shelving Bill 92? This is a key question, with serious consequences for BC. The BC government never wanted to introduce Bill 92 ... it was dragged into it by the Feds, who required that BC enforce the Canada Health Act or risk financial penalties. Right now, federal health transfers are one of the few things saving Finance Minister Gary Collins bacon. The Premier seems to think his relationship with Prime Minister Martin is strong enough that he can convince Ottawa not to enforce the CHA. But if hes wrong, the provinces finances may be in trouble ... and the public will end up paying for private clinics in yet another way.

Lets be clear: when people are sick or injured, providing needed care costs money ... a lot of money. We must pay for that care one way or another, either publicly or privately. The Canadian experience is that we provide care both more equitable and more efficiently when we choose to pay for it together. 

Source: [Canadian Centre for Policy Alternatives](#)

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