

The true measure of cross-border health

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Globe & Mail

July 27, 2009

By now, you may have made the acquaintance of Shona Holmes, a woman from Waterdown, Ont., who says her life was almost cut short by the plodding, government-run health care system of her native Canada.

A conservative foundation that opposes U.S. President Barack Obama's proposed health care reforms has funded an ad in which Ms. Holmes tells her harrowing story of life under a government-run health-care program. Ms. Holmes developed a cyst in her brain and concluded that her wait time to see a specialist in Canada might have been longer than her life expectancy if the cyst went untreated. She mortgaged her home, flew to the Mayo Clinic in Arizona, shelled out \$100,000 and was operated upon promptly. She cautions Americans that public health care is a death trap and that she is only alive today because of the superior U.S. system. Does Shona Holmes speak for most Canadians?

Under ordinary circumstances - checkups and minor treatments - most Canadians are happy with the quality of care they receive. The Canadian Institute for Health Information (CIHI) recently released research indicating that 92 per cent of us are happy with our government-paid family physician and would recommend him or her to a friend. In its 2008 report on Ms. Holmes's own province, the Ontario Health Quality Council found that 75 per cent of Ontarians (and 73 per cent of Canadians overall) rate the quality of their health care as "very good" or "excellent."

Americans also tend to be highly satisfied with the quality of care they receive: Last month, a New York Times/CBS News poll found that 77 per cent of Americans are generally satisfied with their care.

Although Canadians are satisfied with their health care in the ordinary course of events, the question remains whether the Canadian system responds appropriately to serious conditions. Wait times for surgeries and diagnostic procedures have been major challenges for our system in the past decade; recent efforts to reduce waiting times seem to be making at least some progress. As of April 2009, CIHI reports that at least 75 per cent of patients in Canada receive non-emergency surgeries (radiation treatments, coronary artery bypass, hip and knee replacements, and cataract surgery) within appropriate wait-time benchmarks.

When Canadians and Americans are asked to describe their experiences of health care, Canadians are more likely to say they have waited for care. A summer 2009 Ipsos/McClatchy poll found Americans are more likely to say they do not have to wait when they arrive for scheduled appointments (48 per cent versus 38 per cent) and that

they do not have to wait a long time to get an appointment with a specialist (47 per cent versus 26 per cent). On the other hand, the same study found Canadians considerably more likely (65 per cent versus 49 per cent) to say they have access to health services they need "without it costing me more than I can afford."

Overall, then, while Canadians and Americans are both satisfied with the quality of care they receive, Canadians could do with less waiting and Americans could do with less cost. A study in next month's Journal of American Medicine reports that in 2007, before the economic crisis, an American family filed for illness- or injury-related bankruptcy every 90 seconds - and three-quarters of these families had insurance. It is not only American individuals who pay a great deal for health care; their government pays huge bills as well. According to the World Health Organization, the U.S. government spends 23 per cent more per capita on health care than the Canadian government does - and still about 46 million Americans are uninsured. Through both public and private channels, the U.S. spends 16 per cent of GDP on health, more than any other OECD country, compared to Canada's 10.1 per cent.

The health outcomes produced by the two systems are much disputed. Canadians have longer life expectancies, and lower infant mortality. But some argue that "overall" outcomes like these have less to do with hospitals and doctors than with more pervasive factors like poverty, and that the real measure of the health-care systems should be the life expectancies of people with particular medical conditions - which are often longer in the United States.

In the end, the Canada-versus-U.S. comparison tends to be a clumsy one. There are many private elements of the Canadian system - from drugs to dental care - and about 30 per cent of health spending in Canada is private. The United States has a massive publicly funded health infrastructure that serves the poor and the elderly. What seems to be happening today is that the two countries' approaches are converging. The Obama administration is trying to diminish costs and improve coverage by bringing the government to bear on some of its system's snarls. Canada is trying to improve efficiency and choice by incorporating some private services while maintaining universal access.

North is north and south is south and perhaps the twain will eventually meet.

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