

Greatest threat to medicare is complacency — Canadian Health Coalition

If we don't fight to defend what has become a birthright, we stand to lose it.

Dateline: Tuesday, November 24, 2009

by Ish Theilheimer

The 30th anniversary of the [Canadian Health Coalition](#) and the 25th anniversary of the Canada Health Act, which the Coalition helped achieve, provided a chance to reflect on how valuable medicare is and how easily it can be lost.

Perhaps nothing defines us more as Canadians than medicare. Other Canadianisms — such as the CBC, Tim Horton's, or language wars — pale in comparison with medicare as the issue the most separates Canada from the USA. Public health care may be the norm in Europe, but in North America, Canada's health care system has been a bastion of hope and good sense.

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The Coalition's celebration recalled past battles and sounded the alarm over the many threats medicare faces today. Private clinics are pushing the limits of what the Canada Health Act allows, encouraging queue-jumping for flu shots and minor surgery. And, as Americans debate the future of their own health care, Canada's system is getting relentlessly slugged by right-wingers — with no one from Canada's federal government standing up for medicare and defending it.

"With all the discussion going on in the United States, we should be standing on our high horse and bragging to all our southern neighbours," journalist and keynote speaker Julie Mason told the gathering. "Instead, there's been a resounding silence from our federal government."

Mason spoke about her role in exposing the false claims of Shona Holmes, the Ontario woman who claimed medicare wouldn't pay for her cancer treatment and who became a poster-child for opponents of health care reform. Holmes' story was used in a multi-million-dollar ad and lobbying campaign against health care reform.

Mason started by questioning Holmes' story. "As a cancer patient, this was pretty alarming to me. It also seemed a little fishy," she said, because her own treatment for cancer in Ontario had been first rate.

"If there was no medicare in Canada, I wouldn't be here," said Mason. "Medicare keeps me alive." As a freelancer, she never could have afforded the treatment she needs.

Doing some [Internet research](#), Mason found Holmes did not have the life-threatening form of cancer she had told the world she couldn't get treatment for in Canada. Instead, she had benign cyst, for which she would have eventually been treated in Canada, had she not chosen to go to an expensive American private clinic.

Julie Mason's keynote presentation is available on Youtube in two parts:



Pollster Nik Nanos reported that recent polls confirm what every poll on the subject has ever shown, that medicare is exceptionally popular. It currently enjoys **90 percent support** among Canadians. "When Canadians cite what they like about universal health care, it usually has to do with accessibility, the fact that it's free and affordable," he said. "It is vulnerable to losing that support," he warned, if the perception grows that wait times are too long or there is a shortage of health care professionals.

Nanos said that the biggest threat to medicare may be Canadians taking it for granted. Rather than getting involved in debates about wait times, its supporters should stick to the basics in emphasizing its universality.

Advocates must make the case for "ensuring that Canadians have access to services, that quality is strong, that health care is funded so that we have the necessary doctors and nurses... I think the challenge is making it relevant. It's kind of like a battle from the past and creating a sense of urgency is difficult, and I think that's the real challenge right now, to create a sense of urgency."

Pollster Nik Nanos talks to Straight Goods News about public opinions about medicare.



Linda Silas of the Canadian Federation of Nurses' Unions shares Nanos' concerns about complacency. Her federation feels that ongoing public education is vital so Canadians will better appreciate medicare and understand the dangers of creeping privatization.

"The first threat to Medicare, is, as Canadians, we've been lucky to have a public health care system, and we take it for granted. And the second threat is the whole privatization agenda." Instead of allowing the spread of private clinics, she wants to see more health promotion work done, increased use of community health centres, and a national pharmacare program .

"Public education is all about understanding our system, understanding our system is there when we need it. We've been abusing it, we've let go the whole health promotion, health prevention aspect. We don't have an appropriate home care program, we don't have a pharmacare program."

View Linda Silas' interview with Straight Goods News on YouTube:



Irfan Dhalla, Of Canadian Doctors for Medicare, said we often overlook the benefits of medicare for doctors. At a recent Toronto conference, he happened to find himself chatting with a group of Texas physicians. They became envious as they compared their working conditions with what he told them of his.

"It was really interesting to hear their perspective on how much time they spend dealing with insurance companies and doing paper work compared to how little time I have to spend doing those kinds of things here," he said.

"Our paper requirements are less, we don't have to chase unpaid bills, we don't have to deal with insurance companies. The Ontario Health Insurance Program, they never call me up and tell me I can't do something or that I have to discharge a patient. In speaking with these physicians from Texas, those kinds of things are fairly routine occurrences down there."

View Dr. Irfan Dhalla's interview with Straight Goods News:



Medicare is based on a moral vision that sees accessible, high quality health care for everyone as a right. Beyond that human vision, though, there is a strong business case for medicare because it works.

As health economist [Robert G. "Bob" Evans](#) of the University of British Columbia said, the cost of health care in the USA is "hugely different. It's about double. It takes up currently about 16 percent of their national income compared to 10 percent for ours. It is of course much higher than any where else in the world."

Drug costs are the only aspect of health care that is comparable on both sides of the border. He calls Canada's pharmaceutical payment system "Little America" because it is a mix of "public payment, public subsidy for private insurance, private insurance and out-of-pocket payment. And that's exactly the mix the Americans have as well...."

"...the fragmentation of the funding system leads to really a complete inability to get your hands around the whole thing. What makes Medicare, and for that matter most of the European systems, different is that they do have a grip on the total cost and so they can apply some sort of pressure for containment. The Americans have no capacity whatever."

Evans is a leading expert on the politics of health care, which revolve around "three axes of conflict." All health care systems, he says, "have conflict over who pays, who gets access, and who gets paid. And when you have no ability to contain cost, your who-gets-paid side of it gets out of hand as people are really getting paid too much, and too many people getting paid for things that aren't worth doing. Then the pressure comes back onto the who-pays."

Conservatives, he said perpetuate what he called a "sustainability myth." They say health care has become too big a part of government budgets — without pointing to the broad tax cuts that have reduced government income.

[View health economist Bob Evans' interview with Straight Goods News.](#)



Those who understand the importance of medicare and its vulnerability need to let other Canadians know how much is on the line, should we let it slip away. As Julie Mason reminded her listeners, the debate is not just about health care for poor people. She told of talking about chemotherapy with a friend being treated for a cancer similar to her own who lives in

New York City and married to a doctor, with a "good" health insurance plan.

"My worries were about how I'm going to get through this without barfing on the subway. Her worries were about whether her insurance would pay the \$16,000 per treatment needed for every single treatment. That's something we don't have any experience with here and that's what the stakes are."

The stakes are indeed high for Canadians. Most of us are not even aware how much we have to lose. ***Straight Goods*** encourages all readers to celebrate medicare. Take the [Medicare Pledge](#) and lend your voice to the many others working to keep our most Canadian birthright.

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