

The Canadian Medical Association's Policy Statement – *It's still about access!*

In July 2007 the Canadian Medical Association released a policy statement recommending physicians be allowed to work in the public and private sectors – also known as dual practice - and that Canadians be allowed to buy private insurance to cover medically necessary services delivered in a private system.

This statement ignored the findings of the CMA's 2006 discussion paper *It's about access!* which concluded private insurance for medically necessary physician and hospital services does not improve access to publicly insured services, does not lower costs or improve quality of care, can increase wait times for those who are not privately insured; and could exacerbate human resource shortages in the public system.

CDM rejects the July 2007 recommendations in *It's still about access!* as they would not improve health care, could result in the loss of influential public and political support for the public system, and lead to a decline in our publicly-funded system.

The CMA qualified its 2007 recommendations by asserting we should introduce private insurance only if it benefits all Canadians, results in expanded capacity, and reduces wait times. This statement ignores the evidence, which shows that in the few developed countries that actually permit the type of parallel private insurance scheme the CMA seems to be suggesting - Australia, New Zealand and the UK – the result is fewer health professionals and longer wait lists for patients in the public system.

In a 2004 study of the Australian two-tier system , in which approximately 45% of Australians are privately insured, Leonie Segal, of Melbourne's Monash University's Centre for Health Economics, found the major beneficiaries of the private system were higher income Australians, private insurance companies, private hospitals and medical specialists - exactly what we could expect to see in Canada.

As well, Segal reported:

- private insurance was largely ineffective and inefficient as a means of taking pressure off the public system
- procedure rates for privately insured patients were much higher than for patients in the public system
- competition for physicians and nurses may make it harder for public hospitals to meet patient needs
- where a private system runs alongside a universal public system, private hospitals focus on more profitable services, leaving the public system to deal with the most expensive and complex cases; and
- insurance premiums continued to rise requiring ever increasing government subsidy

Not only do private systems not benefit patients in the public system, studies show they require massive government subsidies to maintain. In a 2005 study, Stephen J. Duckett of Melbourne's

La Trobe University reported that the Australian government subsidized that system to the figure of \$A3 billion per year. <http://www.cmaj.ca/cgi/content/full/173/7/745> Internationally, government subsidies to private insurers and hospitals are widespread.

The CMA's 2007 report fails to discuss how we are solving challenges in Canadian health care within Medicare with improved queue management, electronic health records, team-based care, disease prevention and management and population health approaches to keeping Canadians active and healthy. <http://www.policyalternatives.ca/Reports/2007/05/ReportsStudies1621/>

To be sure, we need to increase, strengthen and speed up these initiatives, but the bottom line is that single payer publicly-funded health care is more cost-effective and fairer than private care. We don't need a system where providers have been shown to skimp on nurses and spend more money on administration and advertising than on care.

If Canadians are waiting too long because surgeons can't get operating time, the answer is to expand our current capacity, not introduce a whole new system for the wealthy.

May 11, 2008