and pass the costs on to a wider group of taxpayers.

Discussing the government’s “new” role as a business “partner,” Premier Dalton McGuinty said, “there’s a smart way to assume that role and a dumb way to assume that role” (Greenberg, 2009, May 5). Contrary to the premier’s assertions, the smart way is to not get involved at all. The evidence demonstrates that government investment in businesses is not an effective model for developing an entrepreneurial economy.

Note
1 Please refer to the Canada Business website for details on the various services available to Canadian entrepreneurs, <http://www.canadabusiness.ca/gol/cbec/site.nsf/en/index.html>. Canada Business is “a cross-jurisdictional government organization that helps Canadian entrepreneurs get the information, advice, and support they need to build their businesses.” See also Small Business BC (2009) for a collection of some of the more popular federal and provincial programs intended to support small businesses.

References

“Too old” for hip surgery

Nadeem Esmail

On the campaign trail, presidential candidate Barack Obama promised health insurance for all Americans. Now President Obama appears eager to deliver on that pledge by giving government a greater role in health care insurance. Before proceeding further, here’s a suggestion for the United States: look at Canada’s experience.

Health care resources are not unlimited in any country, even rich ones like Canada and the United States, and must be rationed either by price or time. When individuals bear no direct responsibility for paying for their care, as in Canada, that care is rationed by waiting.

Canadians often wait months or even years for necessary care. For some, the status quo has become so dire that they have turned to the courts for recourse. Several cases currently before provincial courts provide studies in what Americans could expect from government-run health insurance.

In Ontario, Lindsay McCreith was suffering from headaches and seizures yet faced a four and a half month wait for an MRI scan in January 2006. Deciding that the wait was untenable, Mr. McCreith did what a lot of Canadians do: he went south, and paid for an MRI scan across the border in Buffalo. The MRI revealed a malignant brain tumor (CCF, n.d.).

Ontario’s government system still refused to provide timely treatment, offering instead a months-long wait for surgery. In the end, Mr. McCreith returned to Buffalo and paid for surgery that may have saved his life. He’s challenging Ontario’s government-run monopoly health insurance system, claiming it violates the right to life and security of the person guaranteed by the Canadian Charter of Rights and Freedoms (CCF, n.d.).

Shona Holmes, another Ontario court challenger, endured a similarly harrowing struggle. In March 2005, Ms. Holmes began losing her vision and experienced headaches, anxiety attacks, extreme fatigue, and weight gain. Despite an MRI scan showing a brain tumor, Ms. Holmes was told she would have to wait months to see a specialist. In June, her vision deteriorating rapidly, Ms. Holmes went to the Mayo Clinic in Arizona, where she found that immediate surgery was required to prevent permanent vision loss and potentially death. Again, the government system in Ontario required more appointments and more tests along with more wait times. Ms. Holmes returned to the Mayo Clinic and paid for her surgery (CCF, n.d.).

On the other side of the country in Alberta, Bill Murray waited in pain for more than a year to see a specialist for his arthritic hip. The specialist recommended a “Birmingham” hip resurfacing surgery as the best medical option. But government bureaucrats determined that Mr. Murray, who was 57, was “too old” to enjoy the benefits of this procedure and said no. In the end, he was also denied the opportunity to pay for the procedure himself in Alberta. He’s heading to court claiming a violation of Charter rights as well (Carpay, 2007).

These constitutional challenges, along with one launched in British Columbia
earlier this year (Joyce, 2009, Jan. 28), share a common goal: to win Canadians the freedom to spend their own money to protect themselves from the inadequacies of the government health insurance system.

The cases find their footing in a landmark ruling on Quebec health insurance in 2005. The Supreme Court of Canada found that Canadians suffer physically and psychologically while waiting for treatment in the public health care system, and that the government monopoly on essential health services imposes a risk of death and irreparable harm to health. The Supreme Court ruled that Quebec’s prohibition on private health insurance violates citizens’ rights as guaranteed by that province’s Charter of Human Rights and Freedoms (Chaoulli v. Quebec (Attorney General) 2005 SCC 35).

The experiences of these Canadians—along with the untold stories of the 750,794 citizens waiting a median of 173 weeks from mandatory general practitioner referrals to treatment in 2008 (Esmail and Hazel with Walker, 2008)—show how miserable things can get when the government is put in charge of managing health insurance.

In the wake of the 2005 ruling, Canada’s federal and provincial governments have tried unsuccessfully to fix the long wait times by introducing selective benchmarks and guarantees along with large increases in funding. The benchmarks and the guarantees aren’t ambitious: four to eight weeks for radiation therapy; 16 to 26 weeks for cataract surgery; 26 weeks for hip and knee replacements and lower-urgency cardiac bypass surgery (Ontario, Ministry of Health and Long Term Care, 2005; Esmail, 2007).

Canada’s system comes at the cost of pain and suffering for patients who find themselves stuck on waiting lists with nowhere to go. Americans can only hope that Barack Obama heeds the lessons that can be learned from Canadian hardships.

References


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