Healthcare in Canada: Observations and U.S. Comparisons

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Introduction

In this paper, we present a discussion of healthcare philosophies, principles and practices in the United States and Canada. There are lessons to be learned from the healthcare system of each nation, and much to be gained by improved communication and shared understanding of these systems.

"*Success is the reward for accomplishment*."

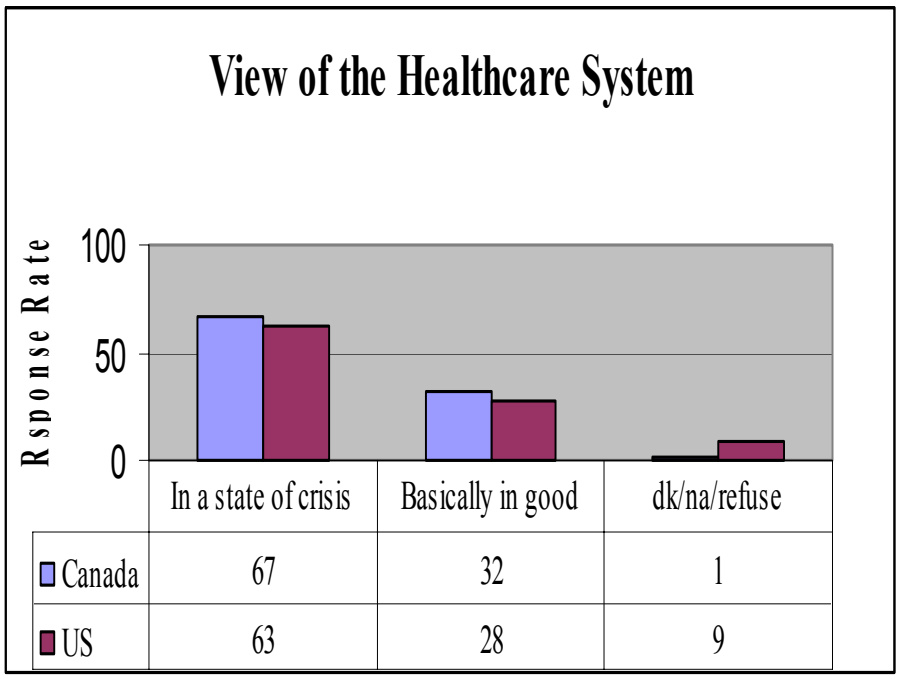
Harry F. Banks

(Thoughts on Success, 1995, p.5)

"*If you'll forget the things you give*
And ne'er forget what you receive;
Quite soon you'll make a host of friends
Who'll gladly aid you to achieve."

Alonzo Newton Benn

(Thoughts on Success, 1995, p.72)



If we closely examine the two quotations above, we can parallel these statements to the fundamental ideologies of healthcare in the United States and Canada.
The first quotation matches the ideology of US Health Care Policy, which is capitalistic in approach and individualistic in essence.
If you achieve financial stability, you will have the resources needed to obtain quality healthcare.

The second quotation is a rather poetic and even simplistic statement which reflects Canadian Health Care Policy. In a social justice approach, Health Care in Canada is based upon the precepts of the Canada Health Act of 1984. All contribute, and all have the opportunity to receive some degree of healthcare: "ne'er forget what you receive… a host of friends …aid you to achieve." (Hughes Tuohy, p.9). This ideology is of course quite egalitarian, social, and has a fundamental ideology that all citizens must aid one another. Here, what you "achieve" bears little witness to the individual, but largely to countrymen who have aided the delivery of healthcare to any one person.

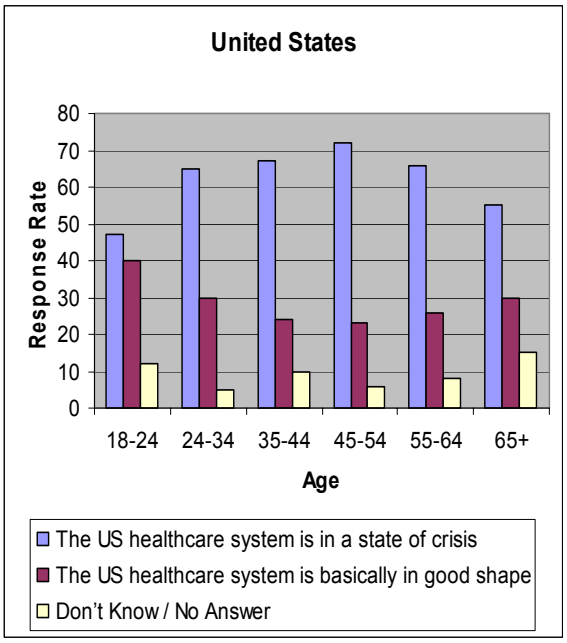
Access

When healthcare is approached from two such very differing ideologies, what challenges persist that are common in both systems? What strategies can be used to address the common challenges, and will these strategies and tactics be the same in each nation?

We believe that one common challenge under both systems is healthcare ***access***. It manifests itself in each system in very different ways. In the US system, the question of access is crystallized and apparent in overall lack of access to the system. Over 43 million citizens in the United States are without health insurance (Pearson Education, p.5-6). In, Canada, the question of access is usually portrayed in media accounts highlighting the length of waiting lines for care. These clearly do exist for some important services.

Is one approach better? Is it better to have the status of "best level of healthcare quality in the world" as in the case of the US, even if some 13% of the population has no way to access this care (p. 5-6). Or is it better to have access for all, even though you may have to wait for the treatment that you are destined to receive? Who would decide? What are the metrics to choose better from worse?

United States Healthcare Strategy



If we look at the first strategy, we note that much of the US Healthcare System, as it is founded today, is based upon the rights and freedoms of the individual as supported by the Constitution. "I don't want to pay for you and your care out of my hard earned money. If I can afford care, I want the very best in care." These fundamentals of thought grind the cogwheels of the market powered engines which drive the policies of US healthcare. One consequence of this ideology is the patient who cannot provide for himself or herself. In US healthcare, the corollary is really that the disabled, the ill, the poor have less opportunity to receive quality healthcare. Do we really believe in the purist capitalist notion, that following this line of thought, these individuals have no place in receiving care? Few if any healthcare providers would take that stance.

That is where more social concern, more shared responsibility necessarily enters the equation. Surely we all trust and agree that not every citizen, especially the disabled and ill, have the ability to ensure their own care. As such, we surely must also note that there needs to be a safetynet to assure their care. While examining this viewpoint, we might ask ourselves just how far we would take this social care in terms of access. Should we include all children, or is that too much? Should we include all without healthcare now, or is that too much? The Kant theory of ethics and justice combine here to encourage exploration of social ethics, but with the key question of "how much" (McCormick, 2004, p.17)

The way to apply "more" for the disabled, poor and ill has come from government sources in the US. The format has been through Medicare and Medicaid programs, both robust for the population in question. However, the question of "how much" links to this provision of government care if we believe in adding social government programs. US citizens, coming from their individualistic values stance, would ask just "how much" social programming is fair and not

excessive. This would have lengthy debate in Congress, which has had historical success at crushing any expansion of government in the healthcare arena.
For example, the failed Clinton program in the early 1990s.

"President Clinton's proposals for 'managed competition' indeed mapped onto the complexity of the system, even while they would have increased the role of the state" (Hughes Tuohy, p 9).

The second strategy which could be attempted in the US would be to challenge values. Many core values might be considered here; the right of the individual to an open market in healthcare; the value placed on the individual expectation for best healthcare possible; the right to litigate when anything less than optimal care takes place.

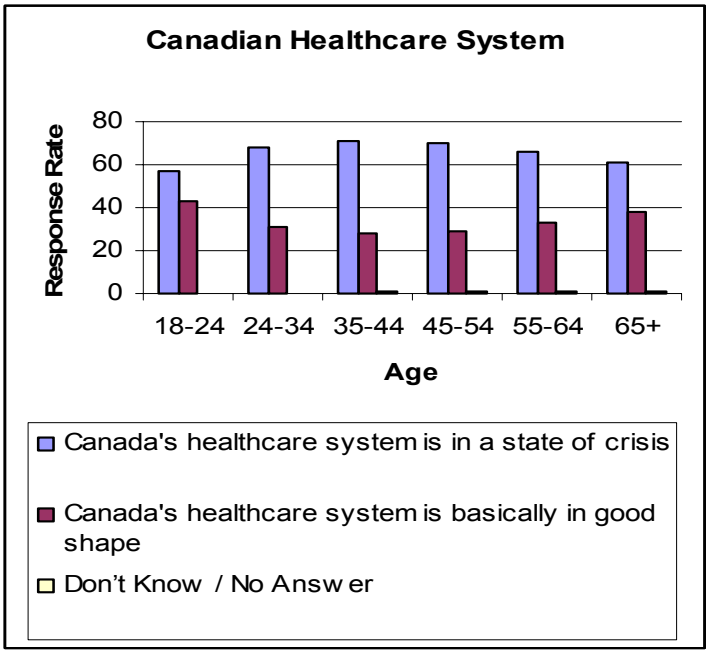
Is healthcare, like education, something that is so fundamental, and so necessary for social operation, that we ought not to allow market forced competition to overtake these needs? If that is the case, then expansion of government makes complete sense. Is it fair for me to expect the best in health care as I deem it to be necessary? If not, is it fair for me to sue you for the difference in my perception? All of these are social challenges that a government for the people, by the people must take on and address.

Malpractice reform is a key piece of the puzzle. "Most urgently, there must be meaningful tort reform legislation which limits jury awards to sane levels when a true case of medical malpractice occurs" (Atkins, 2004).

Canadian Healthcare Strategy

If we consider strategy, we note that the Canadian Healthcare System is founded on the Canada Health Act of 1984. This legislation requires that a central funding body of the federal government will set transfer payments to the provinces to pay for healthcare. It allows MD's to practice with autonomy of treatment choice. It also allows them to bill the province for their services under a set budget for the total group of doctors in their specialty. They must, as a group of physicians, decide which specialty obtains what funding to pay for services. The one essential is that these services must meet the established budget (Hughes Tuohy, p. 9). Doctors are not permitted to overcharge their patients for services.

This process has been one in debate since its inception in 1984. If a more market-based system were put in place, would the physician have more incentive to continue to learn and to be "best in class?" Would this result in a more highly skilled technical/clinical professional group of doctors? The value underlying this argument is the belief that the fundamental reason a physician is in practice is for the financial rewards. Is it possible that without even monetary incentive in place, the physicians might still be competitive enough, altruistic enough, and caring enough to continue their ongoing



learning? After all, we must note that such professionals have chosen to practice medicine in Canada. Thinking back to the poetic start of this discussion, perhaps it is the Canadian MD who 'forgets what he must give', and finds things other than money which he 'receives' in his medical practice. When we note that these are the professionals who are the gatekeepers, access through a doctor is
fundamental. The provider needs to be involved in any change relating to access in the Canadian healthcare system.

Even more important on the issue of access, the question to ponder is whether a more market-based system in Canada would improve access. Given the closest border comparative of the US, 13% of citizens go without health care access. In comparison, the Canadian system is one in which no citizens go without healthcare access. This leads us into the discussion of the second strategic consideration – that of challenging values.

The right of access for all Canadians is a fundamental value of the Canada Health Act. This value is upheld very strongly and is a marker of what social justice and egalitarian policy represent. "Canada adopted universal hospital and medical care insurance…elaborated in Canada as vehicles of profession/state collaboration" (Hughes Tuohy p.11). The fine dance between government and the medical profession is the value foundation which would immediately become adjusted should a policy change occur. If the system were more market-based, the inherent shift in power to the medical community would replace the size of government, power-weighted in today's balance. However, in a society where MD's enjoy great prestige for their work through professional bodies, ensuring credibility, one cost which the profession might be vulnerable to is prestige reduction. Prestige in a highly paid profession may be an inherent tradeoff with financial rewards. It is often these subtleties which are most interesting to consider when discussing changing values in a healthcare system.

Finally, any change in values in the Canadian system comes at the cost of access. If I can have better health care for myself, because I can pay, but watch my fellow citizen go without health care… then this is not the core value of a Canadian. On the world scene, Canadians are known to be altruistic. Canadians are the peacemakers after war. It is not inherent in the Canadian Psyche to be individualistic over socialistic.

Conclusion

In the end, the summary of this question of access in two unique systems arrives at different points, and from divergent perspectives. In the US, a fundamental social characteristic of individualism drives the market-based economy in healthcare today, and the lack of access for some is a troublesome cost to this system. Medicare and Medicaid become the bandages to hold the bleeding between the market forces and non-insured patient groups. This is the healthcare system that has transcended for 200 years from the Constitution, so any strategies will move in small increments to create change. If you apply a change like a socialized healthcare policy, you challenge the very Constitution and the individualism that is root as a core value. Thus, to create change you would need to apply social policy with great change in values. This sweeping form of change does not appear for be forthcoming in the United States.

In Canada, access is a right of all citizens. It comes at a cost of waiting in line, and allowing large government to manage the delivery of care. Also, this system inherently gives physicians

a strong hand in care. It comes to a people who are more peacemakers than warriors. This line of thinking has also transcended past 137 years of Canadian history.

It is the social fabric of history, creating core values of the social mission of a country, that inherently create the weave which embodies the spirit of healthcare policy in a nation. More and more we recognize that in order to address any challenge in a nation's healthcare policy, one must address economic structures, government bodies, and core value systems to achieve results. Cleary, this is noted in our comparison of health care challenges for the US and Canada.

By better understanding each other's systems of healthcare, both nations can benefit. We can learn from each other's successes and failures, seeking continuous improvement in access and enhanced delivery of care to our patients.

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