

Canadian Medical Association champions private medicine

2.5% of Canada's population are currently on waiting lists in the public health-care system. Now, in an effort to ease the backlog, the Canadian Medical Association is proposing the controversial strategy of supporting private practice as an alternative to the public system. Paul Webster reports.

Practice Solutions, a subsidiary of the Canadian Medical Association (CMA) that helps doctors maximise their incomes, has three simple words of advice for doctors who bill on a fee-for-service basis: "Monitor your throughput." For salaried physicians, Practice Solutions has even blunter advice: "Until the supply of physicians catches up with patient demand, you will be plagued with waiting lists of patients wanting to see you."

Because time is money, Practice Solutions tells doctors, "the goal is to find a volume of patients that allows you to provide a desired quality of care and still earn a decent living."

But striking that balance—between making a comfortable living while ensuring patients get enough attention—is getting to be impossible within Canada's not-for-profit public health sector, according to Practice Solutions and the CMA. With 875 000 Canadians—about 2.5% of the national population—on waiting lists for treatment, the CMA increasingly promotes profit-driven alternatives within Canada's once-cherished not-for-profit public health system.

In recent years, private treatment options geared toward wealthy patients willing to pay to bypass the public system have expanded rapidly, even as government efforts to reduce wait times show results. "Although it's still mostly talk, more and more doctors are interested in opting out of the public system and going private", says Tim Smith, one of a number of Practice Solutions executives with experience setting-up private clinics.

After years of protest over waiting times, the CMA, which represents around 64 000 Canadian physicians, is increasingly championing private

alternatives to the public system. In August, 248 delegates at the Association's general assembly voted to tackle wait times by urging politicians to "remove existing bans that prevent physicians from practising in both the private and public sectors". Another motion committed the CMA to work toward allowing physicians to "opt out" of the public system.

At the same time, delegates defeated two motions opposing private health insurance for medical services provided within the public health system.

Physicians expect the Association to prioritise "private options" as part of a drive "to leave no stone unturned" in efforts to reduce wait-times, says Ruth Collins-Nakai, the CMA's current president.

In championing private medicine, the CMA finds itself in elite company. Last year, the Supreme Court of Canada ruled that patients in the province of Quebec who cannot find timely treatment within the public health system have a right to bill the public system for care in private clinics.

That outcome dismayed many within the public health system, including the government of Quebec, which argued that recent measures to streamline and bolster the public system are beginning to ease the bottlenecks. But the Court's decision raised a cheer at the CMA, which intervened along with the private health insurance industry against public health officials in urging the Court towards its ruling.

The Supreme Court's support for private alternatives to the public health care system also pleased the Canadian Association of Life and Health Insurance Companies,

which represents scores of health insurers active in Canada's billowing CDN\$17 billion market for private care. Business conditions are fast improving for private insurers, most of which are US-owned.

Because public health managers have radically pruned the number of publicly insured treatments in recent years, almost two-thirds of Canadians now rely on private insurance plans for treatments extending beyond those in the reduced public system. Sensing a growing dependency, insurers have increased their fees 12% annually in recent years.

The challenge now for the Canadian private health insurance industry, says Yves Millette, a vice president with the health insurance industry association, is to persuade

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The printed journal includes an image merely for illustration

Patients in Quebec can invoice the public health system for care provided privately

The printed journal includes an image merely for illustration

Still Pictures

Canada's Medical Association has voiced support for private care as a way to reduce waiting lists

governments to allow physicians who work in publicly financed facilities to directly bill their patients, or their patients' private insurance schemes. "That would give us a big boost", says Millette.

The CMA supports this idea. Allowing patients to bill the public health system for treatment in private, profit-driven clinics would create a "safety valve" for patients waiting for treatment in not-for-profit clinics and hospitals CMA executives say.

2 months before delegates met to tell the CMA to go private last August, CMA executives tabled a position paper arguing that privatisation offers the only escape from the status quo bitterly attacked by the CMA. A few weeks later, CMA executives released an opinion poll suggesting support is strong among the general public and physicians for private-sector alternatives when public care is delayed. The poll also indicated that while public support for the CMA's "safety valve" concept is soft, 50% of physicians think patients should be able to pay for care either directly or through private insurance plans as and when "timely access cannot be provided in the public system".

Not all Canadian doctors found the CMA poll—or the thinking behind it—compelling. "The key thing they have left out asking is whether the

public supports further strengthening the public health system", notes Gordon Guyatt, a professor of clinical epidemiology and biostatistics at McMaster University in Hamilton, Ontario.

"Lots of doctors—certainly the ones in leadership at the CMA—would like to see doctors have the opportunity to charge patients extra", says Guyatt, who helped launch a leading not-for-profit health care lobby group in 1986 when Ontario doctors unsuccessfully went on strike to try to force the government to allow them to charge patients fees additional to those paid by the public health system.

"The people and the ideas behind the 1986 strike are re-emerging", says Guyatt, who ascribes the emergence of a "strong pro-privatisation element within the CMA leadership" to the creation of a sense of public crisis over wait times, and the recent election of a federal government headed by Conservative Party leaders known to support privatisation.

The CMA's growing support for profit-driven medicine has prompted public health advocates to suggest the Association's own business interests are influencing its positions on public policy questions. Michael McBane, coordinator of one of the country's best-known public health lobby groups, says the CMA,

which manages billions worth of physicians pension funds and owns a sprawling empire of media and consulting enterprises, "is principally an investment house where the economic interests of physicians come first. They want to ensure that physicians can top-up their revenues through private insurance payments."

McBane notes the CMA's role as owner of MD Life, a life insurance company co-directed by the president of the national association of private health and life insurance companies, raises questions about its support for privatising health insurance.

Colin McMillan, who will relinquish the post of CMA president to president elect Brian Day in the summer of 2007, strongly rejects the thesis that the CMA's business activities in any way influence its activities as a national lobby group. The CMA "always puts patients' interests before profits", says McMillan while emphasising the need for a strong national physicians lobby.

McMillan also insists that fixing the public health system without recourse to extensive privatisation remains the CMA's preference. Recent efforts in this regard have seemingly served doctors well: new data released by the government of Ontario in early October revealed that 50% more doctors made it into the top income tier—which is set at almost half a million dollars—last year.

McMillan also says he was impressed by what he heard during recent meetings with officials from the British Medical Association. "Our British colleagues told us that that long waiting lists in the UK have virtually been eliminated by encouraging publicly-funded services delivered in private hospitals", says McMillan. "We're not simply pushing to emulate the US system, or non-system."

Paul Webster