

An American-Canadian Neurologist Returns to Canada

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I have lived in four countries in my adult life, practiced medicine and been a patient myself in four countries: Canada, the United States of America, Australia and Mexico, each with a unique health care system. My professional travels to lecture in Europe and Latin America have enabled me to learn a great deal about health care systems in these countries as well. Personal experience thus provides me with a basis for comparison. My conclusion leaves no lingering doubt that the best system is the Canadian and that the worst is that of the U.S. More than 44 million Americans have no health care insurance, and 74% of these are from working families. Even Mexico, with fewer resources, makes a more professional and successful effort to provide basic medical care to all of her people than does the United States. The U.S. health care system, to be distinguished from the quality of health care available in the U.S., is a national disgrace.

I am not an idealist denying shortcomings in Canadian health care, nor am I an apologist for its deficiencies and inefficiencies, but at least it is a fixable system worth preserving because of its inherent fairness through universality. Though not totally immune, it also is less vulnerable to fraud than in the multipayer privatized system. Moreover, it avoids an inherent conflict of interest confronting neurologists in private practice groups in the U.S. that own their own MRI and EEG units and derive income from these procedures: many adult patients with tension headaches and infants with simple febrile convulsions undergo unnecessary MRI and EEG examinations.

The United States is the only western democracy, indeed the only developed country in the world, that does not provide credible health insurance for all of its citizens. The reason is ideological: in all other countries, basic health care is regarded as a human right, entrenched in the constitution or basic laws of the land as with freedom of speech and freedom of religion. The U.S. Constitution, by contrast, contains not one word about health care, either in the main text or in any subsequent amendment. Health care in the U.S. is a business, a marketable commodity to be bought and sold like a used car.

U.S. health care costs many times more than in any other country. Exemplary reasons for this exorbitant cost are demonstrated in the privatization of Medicare bill of the Bush Administration that recently passed Congress and was signed by the President. (Medicare in the U.S. is a federal insurance program to provide health care only to the elderly.) The administrative cost of U.S. Medicare, as it has existed for many years as a government program, is 5% (U.S. Government statistics); the average administrative cost of any of the Health Maintenance Organizations (HMOs), managed care groups or other private health insurance programs is 25% and in some it is as high as 40%. Who will receive the 20% difference after privatization? It surely will not be the elderly who need the medical attention, nor the physicians and nurses delivering their

care; it will go to the administrators and business people who contribute nothing to anyone's health. This same privatization of Medicare law in the U.S. explicitly forbids the federal government from negotiating the price of medications with pharmaceutical corporations. Why are so many Americans, including governors of some states, clamoring to purchase Canadian and Mexican drugs? The price is significantly less in Canada and Mexico, not because of poorer quality control, nor because there is less research being performed (though less marketing). It is because the Canadian (provincial) and Mexican governments negotiate to purchase in bulk for its millions of "clients" at the best price that can be achieved. Pharmaceutical companies continue to profit despite the lower prices. Widespread and unregulated medicolegal litigation in the U.S., much of it without merit, is another factor contributing to higher prices for all aspects of health care.

Most Americans with "good" health care insurance cannot even choose their physicians because of a limited list of "preferred providers" who belong to their particular insurance plan, bearing no relevance to clinical competence, knowledge or experience. The illogical linkage of U.S. health insurance to employment only exaggerates the inequities, restricts people from changing jobs or complaining about working conditions and encourages labor strife.

Contemporary U.S. Republican ideology is largely to blame for the privatization of medicine. The first Republican President was Abraham Lincoln (1861-1865), who finished a famous address with the words, "...that this government of the people, by the people and for the people, shall not perish from the Earth." A century later, Ronald Reagan, another Republican President, reversed Lincoln's faith in a democratically elected government and promoted the concept that government itself is the worst enemy of the people, and that a free market should govern all activities. We have seen how well the free market has created a health care system in the U.S., how corporate greed without sufficient governmental oversight and regulation has resulted in fraudulent manipulation of major industries such as energy and communications, and even has been influential in other kinds of decisions. President Reagan took pride in emptying and closing his country's mental institutions as "government waste". The liberated patient population was offered no alternative, and the many chronic schizophrenics now live as homeless street people in every U.S. city, without their medications or potential for employment. President Bush's alternative is that these unfortunates, without families or a social safety net to care for them, should be the responsibility of the churches, under his rubric of "faith-based initiatives".

"For profit" hospitals and health insurance systems are an oxymoron. Only a mean, selfish mentality would design a system that denies benefits to patients to generate bigger dividends to shareholders and ever larger salaries and bonuses to

corporate executives. Some public services should not be expected to turn a profit: the fire department; the police department; the city sewer system; the public library; and basic health care. Catastrophic or chronic illnesses should not result in financial disaster for families or preclude acquiring a health insurance policy because of “pre-existing conditions”. Wherever parallel public and private health care systems are in place, inequity inevitably emerges even in subtle ways, such as private care attracting the best nurses and laboratory technologists away from public hospitals, or scarce specialists preferentially attending to the wealthy while the average person waits longer, along with the most economically disadvantaged of society.

Just before my return to Canada, the administration of the hospital in which I was working as a Division Head of Paediatric Neurology, one of the largest medical centres in the United States and supposedly a not-for-profit academic institution affiliated with a major medical school, told many physicians including me that we must abandon our patients who did not have private health insurance because these patients were not generating enough revenue to satisfy corporate expectations. In California, more than 70% of all children lack health care insurance. MediCal, the state welfare health insurance, is a pretense for a social safety net. Few physicians accept such patients: it pays a professional fee for an hour neurological consultation of a newly referred patient on a scale ranging from \$3 to \$15. Complaints about this unrealistic reimbursement yield a “compassionate conservative” response that, as neurologists, we should not be spending an hour with such patients, but only two to three minutes each, never mind that most were referred for complex neurological and metabolic diseases. Most members of the medical staff, while asserting that they did not agree with the shameful demand that they attend only to privately insured patients, rationalized that they were powerless to change the system and had no alternative but to agree to these terms if they were to keep their jobs. My decision to return to Canada had already long been taken by this time, but even if it had not, I did have a choice: though indeed powerless to change the profit-driven corporate system of medicine in the U.S., I retained the option of walking away from it!

Canadians have created an equitable and mostly functional health care system that other countries admire. We should not

naïvely allow ourselves to be seduced by the “entrepreneurial spirit” of the U.S. health insurance and pharmaceutical industries, whose excesses lack nobility of purpose, rudimentary ethics, fairness to society collectively or to individual members of society, and offers neither a greater efficiency nor, and least of all, compassion. The privatization of medical care is an assault on the principle of universality, if not on a basic human right. Canadian citizens are our patients, not our clients, and the special doctor-patient relationship, sacred from the time of Hippocrates, cannot be replaced by a materialistic corporate culture to whom “innovation” signifies further curtailment of benefits to “customers” in order to maximize profits.

I feel fortunate in returning to Canada, a little wiser, a little more worldly in how health care systems function, considerably more humble and much more appreciative of our uniquely just system. Many details do require revision and can be improved, but the system itself is fundamentally sound and the creation of two classes of patients based upon the economic resources of families or individuals would be retrogressive. In Canada we also still value the academic pursuits of teaching and research as valuable contributions, despite the corporate view that they are non-profit-generating, hence inefficient, time-wasting activities, and that all research should be focused upon finding marketable (i.e. profitable) new drugs and devices. We should contemplate the American failure not as a model of excellence to emulate, but as a shameful, discriminatory historical mistake to not repeat.

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