

# opinions



The Medical Post is the winner of 2010 KRW gold and silver awards for editorial excellence

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Canadian  
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Subscription prices: 1 year: \$82; 2 years: \$129; 3 years: \$170 Outside Canada: \$182 US per year;  
Single copy price: \$13; Groups: \$74.13 per year; Students: \$59.30 per year.

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The Medical Post, ISSN-0025-7435, established 1965, is published 20 times per year by Rogers Publishing Limited (www.rogerspublishing.ca), a division of Rogers Media, Inc., One Mount Pleasant Road, Toronto, Ontario, M4Y 2Y5. Montreal Office: 1200 avenue McGill College, Bureau 800, Montreal, Quebec, H3B 4G7

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## EDITORIAL

### SUSTAINABILITY SERIES: PART IV

# A vote for Canada – and physicians

David Dodge, the former Bank of Canada governor, in a report released last month by the C.D. Howe Institute, outlined what he's called the four "stark and unpalatable" options we face with our unsustainable health spending:

- a "sharp reduction" in other programs and services provided by government;
- increased taxes;
- increased spending by individuals, either through some form of co-payment on insured services or by shortening the list of services covered by public health insurance; and
- a "major degradation" of publicly insured health-care standards including longer wait times and poorer quality services, along with development of a second-tier privately funded system to provide better quality care for those willing to pay for it.



Colin Leslie  
Editor

His report—co-authored by Richard Dion—also examined what percentage of gross domestic product (GDP) Canada will be spending on health care 20 years from now—we spent 12% (forecast) in 2009.

The report developed two scenarios:

- A "base case" scenario in which Canada follows business-as-usual assumptions would see health spending-to-GDP ratio hit 18.7% in 2031.
- An "optimistic case" scenario, in which Canada is able to incorporate new policy initiatives and structural changes, would see us at 15.4% by 2031.

However, to implement the health-care reforms needed to keep Canada as close as possible to the "optimistic" scenario, our political system needs to have a more adult conversation about health care.

As Dr. Charles Wright, a physician and councillor with the Health Council of Canada, said in an e-mail interview: "Most important for sustainability of our health care is—for a change—an open and frank recognition that no system can continue to provide all possible benefits no

matter how small the benefit may be, no matter how huge the cost. Cost-effective analysis (CEA) *must* be moved from being only the economists' playpen to the centre of public discourse on health-care services and funding. Few people have any difficulty making CEA decisions on a daily basis about the 'Is it worth it' question when contemplating any purchase, and this common sense that is indeed common desperately needs to be brought into the public debate and management of health care. Many absurd decisions are currently being made because the stark facts about how vanishingly small the potential benefit is and how enormous the cost are simply not being presented to the public and the decision-makers in easily understood ways."

This is easy to accept at the macro level, but we as a society, when it comes to health care, have a real problem with this at the micro level. Our media-politics nexus too easily overrules scientific panels when big headlines come along.

Unsustainable rising health-care costs are a problem across the Western world. In the United States, the share of national income devoted to health care has doubled since 1975; in the United Kingdom it has increased by more than 70%.

But ultimately I believe Canada's political system has a better chance of resolving this problem than any other nation. Canada, a nation whose cultural and political systems have a long history of solving problems, combined with the explosion of new ideas and innovation that occur in this nation due in part to our high immigration rate, is uniquely likely to solve this.

And doctors are key to this.

I truly believe that physicians, both because of their knowledge base and because, well frankly, they have a long tradition of unhesitatingly disagreeing with authority, will be the key players in finding the multifactorial solutions needed here.

Great nations solve their problems when smart people are involved in solving the problems of the day. Doctors, as the lead professional advocates for patients, have an almost holy duty to engage in this matter.—Colin Leslie, editor

## CARTOON



"I'm going to try to put this in words you won't understand."