Canadian Health Care System

To the Editor: As a Canadian family physician relocated to the United States, I perceive that Dr. Perkin has reasonably represented Canadian health care yet has understated the negative impact of socialist government policy on physicians and patients.[1]

Universal access is unbalanced by the absence of consumer accountability for utilization. In the Province of Ontario the socialist New Democratic Party leadership holds physicians accountable for health care costs. Physicians are being billed for $16 million in health care costs exceeding the hard cap of $3.8498 billion in addition to the $95.4 million already recovered by withholding 5 percent of all physician billings for the fiscal year of 1 October 1993 to 31 March 1994. Physicians no longer billing the government insurance plan will remit a cheque to the Minister of Finance, all others will have their billings for the month of November reduced by the full owing amount.[2]

This Draconian physician targeting has no comparable strategy for patient (voter) accountability for health care use. A patient may seek care from any physician, frequent emergency departments, see multiple consultants, and never behold a printout of the costs generated from the Ministry of Health. The insuring government body never tracks the activities of insured persons. American health coverage plans tend to review and hold accountable the utilization of the consumer as well as the physician.

Health care fraud — use of health services by ineligible persons — is out of control, and the government will issue photographic identification cards of insured members to halt this activity. The expense of this change will surpass the $16 million that physicians are being asked to repay. New health cards (without photographic identification) were issued in 1988 to identify insured patients. This program ran into millions of dollars and created the current problem of fraud.

The socialist government ignores any partnership or input from medical organizations, such as the Ontario Medical Association, of which I was an active executive member. It is tragic that the Canadian system is so exclusively government dependent that individuals have lost the right to choose options in health care. As a frustrated practitioner, I recall many unfortunate occurrences, such as a patient waiting 3 months for magnetic resonance imaging, another waiting 1 year for cataract surgery, and a patient with heart failure being admitted to the obstetric floor. This system does not include continuous quality improvement.

The strength of Canadian health delivery remains in the hands of creative individual providers who must balance ethical health care with heavy-handed fiscal restraint and repayments. As the US public and medical community look to their future in health care reform, the Canadian system must be examined from all venues. The positive of "open access" has become a glaring negative of expense and unaccountability. If any group can figure how to balance accessible, affordable health care that is both consumer and health care provider accountable with a spirit of continuous quality improvement, I believe the American people will.

Heather R. Dawson, MD, CCFP
Charleston, SC

References

1. Perkin RL. Family-general practice models in Canada. J Am Board Fam Pract 1994; 7:526-9.
2. Ministry of Health, Ontario Remittance Advice, 10 November 1994.

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Whether I "understated the negative impact" is a matter of opinion — the problems with the Canadian health care system were certainly documented in my article.

I agree that consumer accountability needs to be emphasized in any reform of health care in Canada. Since writing this article, a system of patient registration has been proposed by the chairs of the five university departments of family medicine in Ontario[1] to address this issue and to serve as a companion recommendation to the College's proposal for a blended funding mechanism for family physicians as described in my article.

I do not agree that governments in Canada totally ignore input from organized medicine, but I do admit that these consultations are often difficult. I also believe that the waiting periods and other frustrations described in the letter are at the upper end of the spectrum and would be much less severe in most parts of the country. Dr. Dawson felt strongly enough to quit the Canadian system and her opinions are understandable. I sincerely hope that the optimistic prediction in the last sentence of her letter can be achieved.

Reg L. Perkin, MD
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References

1. Forster J, Rosser W, Hennen B, McAuley R, Wilson R, Grogran M. New approach to primary medical care. Can Fam Physician 1994; 40:1523-30.

Children's Health

To the Editor: I definitely agree that individuals should be active participants in their own health care, as stated by Dona Schneider in her article "Setting Priorities for Children's Health: Viewpoints of Family Physicians and Pediatricians" (J Am Board Fam Pract 1994; 7:387-94). I also agree that children are totally dependent on their families for health care services. Nevertheless, we must all realize that health care services are unattainable without access to medical coverage and transportation.

It was informative to see the responses from providers in New Jersey regarding important health issues and their amenability to change. It was also quite disturbing to read that some physicians feel powerless in serving their homeless and poverty-stricken patients.

As health care providers, I believe family physicians should be active participants at the local and state levels, as well as make an effort on the federal level, to ensure that all children are given the best possible health care. We owe it to our patients to be a voice for children's health issues and to encourage families to be political advocates, also. Therefore, I disagree with the respondents who assigned the greatest responsibility for improving maternal and infant health care to the federal government.

The New Jersey chapters of the American Academy of Pediatrics and the American Academy of Family Physicians, with a combined membership of 2045, should be a powerful lobby for child health laws. It would be interesting to examine the laws these groups have been instrumental in getting passed in their state.

Jennifer Fowlkes-Callins, MD
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The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: It is gratifying to see that my article drew a response from a primary care provider willing to put her neck on the line as a political advocate for children's health issues. Since the article was written, the political climate of the country shifted, and the health care reform impetus was shelved. The cutoff of debate about universal access to health care is particularly distressing because, as Dr. Fowlkes-Callins notes, access to medical coverage and transportation are critical to improving the health of children.

Dr. Fowlkes-Callins disagrees with those who assigned responsibility for improving maternal and infant health to the federal government. Yet the recent federal election brought to power those seeking to cut programs specifically designed to maintain maternal and child health (WIC and food stamps). These shortsighted proposals pander to conservative voters and punish poor families for being poor. In the long run, such cuts will increase medical costs as low-birthweight rates rise and educational remediation programs and nutrition-related health problems increase. While it is debatable whether the federal government should hold primary responsibility for improving maternal and child health, it is undeniable that it has the power to influence strongly maternal and child health outcomes in a positive or negative manner.

The prospects for meeting the health care (and prevention) needs of children are worse now than they have been for many years. Not only do we need improved federal, state, and local programs that target the needs of children, we need more parents, communities, and providers like Dr. Fowlkes-Callins who are willing to speak up. Without the voices of child advocates shouting above the popular political rhetoric, children will continue to hold a bottom rung on the ladder of national priorities.

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