



MIRACLE CURE:

HOW TO SOLVE AMERICA'S HEALTH CARE CRISIS
AND WHY CANADA ISN'T THE ANSWER



BY SALLY C. PIPES

FACES OF SINGLE PAYER: AN ANTHOLOGY OF PAIN

BARRY STEIN, COLON CANCER

Barry Stein, a Montreal lawyer, was 41 when he was told that cancer in his colon had spread to his liver. Placed on the waiting list at his local hospital, he became despondent after his date for surgery finally arrived, was postponed, rescheduled, and postponed again.

In desperation, he logged onto the Internet and was able to locate a specialist in New York City able to perform treatment that was not available in Canada. Seven days after first making contact, he was lying on the operating table in Manhattan.

Seven years later, Stein, now 48, is hard at work in his law office.

DON CERNIVZ, CANCER

Don Cernivz's saga began in fall of 2003 when he noticed blood in his urine. Cernivz, 58, didn't get his first test for three weeks, and that only put him in a month long line for an MRI. Actual treatment for his cancer of the pelvis didn't begin until May 2004.

GEORGE ZELIOTIS, HIP REPLACEMENT

After languishing in line for a hip replacement for more than a year—a common condition in Canada – George Zeliotis, 72, decided to challenge the system in court. Canada joins company with Cuba and North Korea as the only three countries in the world where it is actually illegal for people to pay for health care services that the government claims to provide. Zeliotis's case wound up in Canada's highest court after a lower court rejected his claim that the prohibition against private care combined with the waiting lists violates Canada's Charter of Rights guarantee to life, liberty, and security of the person.

JOHN BOYKO, PROSTATE CANCER

Saskatchewan farmer John Boyko's doctor suspected that the 69 year-old had prostate cancer in April, 2003. The suspicion wasn't confirmed for six months, however, when Boyko was finally able to get a biopsy.

Boyko was not happy with the six month wait he endured to get this news – and he wasn't happy with the prospect of another long wait for surgery. Wanting to know if the cancer had spread, he did the only sensible thing – he called Mayfair Diagnostics in Calgary, a for-profit clinic that charges people for MRI and CT scans. Unlike the government system, he had an appointment the next day. He paid \$1,195CN for the scan, which showed that the cancer hadn't spread.

AUDREY WILLIAMS, HIP REPLACEMENT

Audrey Williams, 71, a former champion figure skater, waited for more than two years in Canada for a hip-replacement surgery that never happened. All the doctors could offer was pain medication that ended up taking a heavy toll on her stomach. She couldn't sleep from the pain and could barely walk.

Williams paid \$25,000 for hip replacement surgery in Washington State, and in so doing reclaimed her life. Shortly after the surgery, Williams was back to playing tennis and taking hikes.

WAITING THEIR TURN

The information below is taken from the 14th edition of *Waiting Your Turn: Hospital Waiting Lists in Canada* (October 2004), published by the Fraser Institute.

- In 2004, total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, rose from 17.7 weeks in 2003 to 17.9 weeks in 2004.
- The waiting time between referral by a GP and consultation with a specialist grew from 8.3 weeks in 2003 to 8.4 weeks in 2004.
- Waiting time between specialist consultation and treatment – the second stage of waiting – remained at 9.5 weeks in 2004.
- Canada-wide total waiting time increased slightly in 2004 – and its level is high, both historically and internationally. Compared to 1993, waiting time in 2004 is 92 percent longer.
- Academic studies of waiting time have found that Canadians wait longer than Americans, Germans, and Swedes (sometimes) for cardiac care, although not as long as New Zealanders or the British.
- A Fraser Institute study in 2003 found that increased spending was actually correlated with increases in waiting times, unless those increases in spending were targeted to physicians or pharmaceuticals.
- Canadians have less access to specialists, particularly cardiovascular ones, and have lower cardiovascular and cancer survival rates than their higher-income neighbors.
- As *Waiting Your Turn* concludes, “This grim portrait is the legacy of a medical system offering low expectations cloaked in lofty rhetoric. Only substantial reform of that regime is likely to alleviate the medical system’s most curable disease – waiting times that are consistently and significantly longer than physicians feel is clinically reasonable.”

Perhaps that’s why the majority of Canadians have more confidence in the future of their sewer system than they do in the sustainability of the government-run health care system, according to a recent poll by the Canadian Medical Association.
