

tilted the balance of power in favour of unions, providing them with greater influence in organizing drives. While the McGuinty government sold the changes as improvements that would promote “fairness and balance,” the changes have clearly taken the province in the opposite direction.

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Canada’s health care system—poor value for your tax dollars

Nadeem Esmail

THE beginning of May marks the end of income tax season in Canada. While the task of completing our personal tax returns and the size of those tax bills slowly fades from our memories, some Canadians may find themselves taking solace in a belief that the taxes they pay—about one-third of which are income taxes (Veldhuis and Palacios, 2008)—at least purchase a high quality, universal access health care program. Specifically, over one-half of the personal income taxes Canadians just paid in aggregate are required to cover the cost of our taxpayer-funded health care program (Statistics Canada, 2007; calculations by author).

Unfortunately, as the following data clearly shows, Canada’s taxpayers are not receiving the same sort of value that their counterparts in other nations are when it comes to universally accessible health care insurance.

To begin with, Canadians are funding the developed world’s third most expensive universal access health insurance system. On an age-adjusted basis (older people require more care) in the most recent year for which comparable data are available, only Iceland and Switzerland spent more (as a share of GDP) on their universal access health insurance

systems than Canada did. The other 25 developed nations who maintain universal health insurance programs spent less than we did—as much as 38% less (as a percentage of GDP) in the case of Japan (Esmail and Walker, 2007).

Given this level of expenditure, you might expect that Canadians receive world-class access to health care. But the evidence demonstrates that this is not so.

Consider Canada’s waiting lists. In 2007, waiting lists for access to health care in Canada reached a new all-time high of 18.3 weeks from general practitioner referral to treatment by a specialist. Despite substantial increases in both health spending and federal cash transfers to the provinces for health care over the last decade or so, this wait time is 54% longer than the overall median wait time of 11.9 weeks back in 1997 (Esmail and Walker with Bank, 2007; Esmail *et al.*, 2007).

Canada’s waiting lists are also, according to available evidence, among the longest in the developed world. For example, a 2007 survey of individuals in seven nations, six of which maintain universal access health insurance programs, published in the journal *Health Affairs* found that:

- Canadians were more likely to experience waiting times of more than

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six months for elective surgery than Australians, Germans, the Dutch, and New Zealanders, but slightly less likely than patients in the United Kingdom;

- Canadians were least likely among the six nations to wait less than one month for elective surgery;
- Canadians were most likely to wait six days or longer to see a doctor when ill, and were least likely among the six universal access nations surveyed to receive an appointment the same day or the next day; and,
- Canadians were least likely to wait less than one hour and most likely to wait two hours or more for access to an emergency room among the six universal access nations surveyed (Schoen *et al.*, 2007).

That is hardly the sort of access you might expect from the developed world's third most expensive universal access health insurance system. It is also worth noting that there are seven developed nations—Austria, Belgium, France, Germany, Japan, Luxembourg, and Switzerland—which maintain universal access health insurance programs that deliver access to health care without queues for treatment (Esmail, 2004).

Access to medical technologies is also relatively poor in Canada. In a recent comparison of age-adjusted inventories of medical technologies, Canada ranked 13th of 24 nations for which data was available in terms of MRI machines per million population. It ranked 18th of 24 nations for CT scanners per million population, seventh of 17 for mammographs per million population, and tied for second last among 20 nations for lithotripters per million population (Esmail and Walker, 2007). Clearly,

Canada's relatively high expenditures are buying neither quick access to care nor high tech health care services for the population.

Governmental restrictions on medical training, along with a number of other policies that affect the practices of medical practitioners, have also taken their toll on Canadians' access to care. Among 28 developed nations that maintain universal approaches to health insurance, a recent comparison found Canada ranked 24th in the age-adjusted number of physicians per thousand population (Esmail and Walker, 2007). It should come as no surprise that Statistics Canada determined in 2005 that more than 1.3 million Canadians could not find a regular physician, while a recent estimate suggested that the number of Canadians without a regular physician was around

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five million (Statistics Canada, 2008; CFPC, 2007).

While our taxes can and do pay for important and valuable services for all Canadians, it is critical that we assess whether or not we are receiving value for the dollars we are spending. In the case of health care, it is clear that Canadians are paying for a world-class health care system, but are not receiving one in return. Hopefully, this knowledge will encourage Canadians to think more carefully about the need for substantial reform of Canada's failing approach to health care policy.

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