
Putting patients first

The only solution for Canada's health care system



Dr. Brian Day, past president of the Canadian Medical Association, poses with Leah Costello, Director of Special Projects at the Fraser Institute.

Dr. Brian Day is an orthopedic surgeon who served as president of the Canadian Medical Association for 2007-2008. In 1996, Dr. Day founded the Cambie Surgery Centre, a private hospital in Vancouver, British Columbia.

The following is abridged from a speech given at the Metro restaurant in Vancouver, BC, on September 4, 2008, as part of the Fraser Institute's ongoing speaker series, Behind the Spin.

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I'm going to talk to you about change. I think we have to evolve and adapt. That's what Darwin believed in—that those who were able to adapt would end up surviving. But we haven't adapted in Canada.

One of the things I pushed in my year [as president of the Canadian Medical Association] was the cost of waiting, and that it actually costs more to keep people on wait lists. I tried to give governments a reality check on that. To their credit, sev-

eral governments are moving ahead now with various initiatives. They're realizing that it's actually costing them more not to treat people.

We have a system where everything revolves around the system and this has to change. What we need to do is put patients at the center of this universe and have everything else revolve around the patient. When that happens, everything else will fall into place.

When Medicare was introduced it was supposed to be a floor, meaning we wouldn't let anyone suffer because they didn't have access to necessary health care. What we've evolved into is a ceiling where we won't let anyone get better health care than what the government will give them, and that's not right.

Here is just one example of a non-patient-focused health system. Patients are put in rooms together. Now, if you're sick, you don't want to be in a room with three or four or 10 other people. But that's the way they're building our hospitals because they're not patient focused. The price you pay for that—and it's obvious to those of us who work in hospitals—is that patients get infections. And then other patients get infections if they're in the same room.

If you're very sick, I'd think you'd want to be in a room by yourself with privacy. And even if you're not very sick, you would want to be in a room by yourself. You don't want doctors coming around and asking you personal health questions while three other people are listening to every word you're saying. Right now in our hospitals we have 70-year-old men sharing rooms with 16-year-old women. That's uncivilized and we've got to change that.

The issues the Canadian Medical Association pushed last year and will push this year are patient focused: for example, the creation of a Canadian patient alliance, a consumer group to represent the populace. Right now, you've got groups representing doctors, nurses, unions—there are no groups in Canada that represent patients. They need to have a political voice and we think that this should be initiated.

And now, I will touch briefly on a discussion of money-following-the-patient. We are now the last OECD country that block-funds our hospitals: we give them a global budget at the beginning of the year and every patient that comes to their hospital uses up their money. Britain was the next to last. In 2004,

they changed and had the money follow the patient. They now have virtually no wait lists in England.

We have proof in BC that money-follows-the-patient works and that private-public partnerships work. It has worked with injured workers [who can receive treatment privately through the Workers Compensation Board]. We have data on injured workers from the Workers Compensation Board. It is the only organization in Canada that I know of whose health costs have actually dropped over a 10-year period. They are saving up to \$100 million a year in wage-loss transfers by not having wait lists. It works. It has already worked.

“We have a system where everything revolves around the system and this has to change.”

The other thing I pushed this year is that we have 1,500 young Canadians who are forced to leave the country to go to medical school, despite the fact that we’ve gone from 4th to 26th [out of 28 developed countries] in the number of doctors per population. The reason for this? It’s not a patient-focused system. We don’t want doctors because they’ll treat patients and cost us money. It all comes back to the same vicious circle.

BC has been good in this way—we have expanded medical schools. So have Ontario and other provinces. But we only have between seven and eight medical school entry spots for every 100,000 Canadians. In England they have 13. So we’re way behind.

Right now, there are over 300 Canadians in Ireland going to medical school and paying high fees to subsidize the education of the Irish medical students who don’t pay anything. There’s something wrong with that.

When the national health system started in 1948, it had the patient at the center of the circle. We started with that concept and it worked for a few years but it’s not working now.

When we call for a patient-centered system, we are really calling for a system that exposes itself to more market influences. It empowers the patient, empowers the public, and I think that’s the way we’ll move forward.

One group, the European Consumer Powerhouse, came out with a study this year. For seven years they’ve ranked health systems in Europe, ranking 29 countries on various criteria. They added Canada this year and we came out 23rd around Lithuania and Romania. But in value for money, we came dead last—30 out of 30. There is something wrong with that. We should be the best, and I think that by modifying the way we operate, we could be that. ■

A Q&A with Dr. Brian Day

After Dr. Day’s speech at the Metro restaurant, Fraser Forum spent a few minutes talking with Day about the possibilities of patient-centered care in Canada.

Fraser Forum: What would you say are the cornerstones of patient-centered care?

Brian Day: First of all, the patient should be looked upon as the consumer of health care. When you go to any institution, you need to be looked upon as a valued asset, and that’s the thing that’s missing from the way patients are treated now. I’m not bringing down our health system because once you get access to the doctors, the nurses, and the hospitals, it’s pretty good.

The patient wants to be seen quickly, diagnosed quickly, and treated quickly. Those are three cornerstones. And they want to be sure that they’re getting the best quality health care that they can, and I think that we’re not delivering that. But we could be. So that’s the frustration. We know other countries are doing better.

Fraser Forum: What would be the first step Canada could take towards a patient-centered system?

Brian Day: The first step would be to change the way we fund our hospitals from block-funding to money-follows-the patient. And we need competition and some kind of private delivery to give the public system something to measure itself by. It doesn’t have a yardstick right now—it doesn’t have anything to compare itself with.

The other thing that happens with money-follows-the patient is that it’s not just private and public companies. You can have competition between the different public hospitals. So, if St. Paul’s emergency department in Vancouver has an eight-hour wait list, and Vancouver General has only a one-hour wait, the patients are going to go to Vancouver General, and Vancouver General is going to get all the revenue. St. Paul’s is not going to get any revenue, and their emergency department management and operations will have to adapt and evolve in favour of better and more expeditious patient care. It’s pretty simple.