



The big fix

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A few months ago as President Obama swept into office, Americans finally seemed ready to embrace health reform. Since then, millions of US citizens and many political and organizational leaders, including our colleagues in the American Academy of Family Physicians, who recognize the urgent need to fix their system, have tried to participate in reasoned debate. Unfortunately, dozens of town hall meetings, public forums, and paid advertisements have been dominated by more extreme opponents of reform, many presenting the Canadian health system as an example of disastrous outcomes caused by Medicare and public funding.

The tactics and language being used by some on the American right seem preposterous to most Canadians. The differences in our nations' histories illuminate our disparate reactions. While Canadians generally react strongly when issues challenge equity and the common good, historically we do so within a framework of pacifism and compromise, which has defined our role as global peacekeepers. Our US neighbours are just as committed to ideals, but their emotions peak when issues are perceived to affect the individual freedoms that have defined their nation since its founding and for which they have often fought and died. While bearing arms, threatening lives, or conjuring up Hitlerian images of those with opposing political positions are usually primarily tactics of extremists, they emphasize how seriously many Americans take this debate. They are also reminders that this conflict is as much about accepting or rejecting a greater role for government in the lives of US citizens as it is about how health care is funded. The argument that 48 million people who cannot afford health services might benefit from a publicly funded system cannot overcome the passion among those who adamantly oppose what health reform has come to symbolize.

Glass houses

The United States is not alone in needing to repair its health care system. While Canada's failings are being exaggerated, there is little doubt that our system is also struggling to meet many of the needs of our population. Powerful research evidence¹ clearly shows that the key to achieving better population health outcomes is a strong primary care system led by family physicians and health care teams; it is unacceptable that our governments are ignoring the need for sustained support for this priority area. Everyone in Canada should have timely access to a primary care medical home and care

from a personal family doctor and other team members. Lengthy waits following referrals must be substantially reduced. We must put an end to the unacceptable delays experienced by patients jamming our emergency departments—a problem exacerbated by the lack of hospital beds for those already admitted by the emergency physicians. We need more long-term care facilities to ease the backlogs of elderly and chronically ill patients occupying acute care hospital beds. It is past time for us to catch up to many other developed nations that include necessities like prescription drugs, home care, eye examinations, and dental care as publicly insured services. Unless these concerns are addressed, our system will continue to be attacked for being inadequate and alternatives will continue to gain favour.

Worth saving

The good news is that, despite our problems, recent surveys show that by far most of our population still highly values our single-payer publicly funded system, and patient satisfaction with care has actually increased over the past year.² Despite these positive messages, which would surprise many Americans who are convinced that no one in Canada has anything good to say about health care in our country, it is also clear that as each year passes, more Canadians are losing confidence that our system, as it is currently operating, will continue to meet their needs.

The future of our health care system depends on governments living up to their promise of guaranteed access for every Canadian to all necessary medical services. Warding off the intrusion of private-sector providers and private payment will require more than words. Canadians expect and deserve timely access to care and will hold governments' feet to the fire to make sure we get it—preferably under the umbrella of our current system, but by introducing other alternatives if we must. While Americans do not want to implement a system like ours and most in Canada have no interest in adopting the US model, it is essential that both countries find ways to introduce the changes needed to ensure better care for our populations.

Canada's health care system, begun 5 decades ago by Tommy Douglas, envied since the 1970s by international leaders like the late Senator Edward Kennedy, and still cherished today by most Canadians, is worth saving. But it will only survive if we are able to fix what is wrong with it. This is achievable—but it will need to be a big fix. ❁

References

1. Starfield B, Shi LY, Machinko J. Contribution of primary care to health systems and health. *Millbank Q* 2005;83(3):457-502.
2. Canadian Institute for Health Information. *Experiences with primary health care*. Ottawa, ON: Canadian Institute for Health Information; 2009.

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