



## Learning from Shona

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*[It's] like being in a bad relationship—there's nothing there, but you just can't quite let go .... You've invested in the story .... even though the facts debunk the telling.*

Robert Thompson<sup>1</sup>

Recently, our American neighbours have been asked to swallow stories aimed at undermining President Obama—one from the Birther movement about his not being eligible to hold his current office because he was not born an American, and another in a series of advertisements funded by Patients United Now (PUN) about the danger of his plans for health reform turning the United States into, heaven forbid, Canada.

Most Canadians know about Shona Holmes from Waterdown, Ont, whose story of waiting for care in Canada has been part of the PUN campaign. Despite some contentious facts, her tale reflects concerns about access to care shared by many Canadians. How her saga has been used is another story. The extreme response to her story on both sides of the border, however, illustrates the polarization in the ongoing public-private debate over health care.

So what lessons might we learn from Shona?


**Health care in the political arena is about politics, not health care.** Politicians will usually not assume positions on health care unless they are based on evidence—evidence that the position will win them votes. To influence public opinion, they might mount campaigns that distort some of the facts. But when there are few differences in position among parties and no winning solutions ready at hand, the political gain will be minimal and health care drops off the political table. This has been the case in Canada for the past 18 months, particularly for primary care. Although some progress was being made regarding access to care, much remains to be done, including supporting new models of practice; rebuilding our health work force; ensuring the nationwide implementation of electronic health records; and addressing the needs of underserved populations. Unfortunately our governments have seen little political reason to make these areas ongoing priorities, resulting in many stories like Shona's.

**Public debate about health care is often dominated by those with fixed positions whose main objective is to suppress public debate.** For all that is good or bad, fact or fiction, about Shona's story, what happened to her in Canada has almost nothing to do with Obama's health reform

plan. But to extremists vehemently opposed to a publicly funded system, that does not matter; the opportunity to exaggerate the downside of Canada's system and scare Americans away from even discussing alternatives must not be missed. They dismiss the fact that the President is only recommending public subsidies as an option for the more than 48 million people who are currently underinsured or uninsured. The fact that the American system is embarrassingly inequitable and has a low overall standard of care does not seem to matter to those opposed to the President. That millions of Americans cannot afford to get close enough to a doctor to get the initial diagnosis Shona Holmes did in Canada is irrelevant.

We are no better on this side of the 49th. For all its attributes, our system is in trouble. While Medicare covers nearly 100% of doctor and hospital expenses for all who live here, it covers very little of many other important health care costs, including prescription medication, home care, eye and dental examinations, physiotherapy, psychology, and ambulance services. In some countries, citizens are covered for 70% or more of all these services, including their doctor and hospital expenses; in Canada the public purse cannot afford much more than it already supports. Yet we repeatedly dismiss the chance to seriously discuss options that might allow us to use the dollars we have to help support a more complete health care menu. When the possibility of such discussion surfaces, many of those opposed immediately suggest that the intent is to turn Canada into, heaven forbid, the United States.

Will our borders next be limiting passage of those considered health care terrorists? Should we not allow the masses in the middle (who in the end will likely proudly choose to retain much of what defines each nation very differently) the chance to explore all options without making them feel like traitors? Can we not see any benefit to borrowing parts of each other's systems—or at least openly discussing possibilities?

**Well-intended citizens who jump into the bear pit of the private-public health care debate often get eaten by the bears.** Shona Holmes has received far more abuse than she deserves. In fact, we should thank her for highlighting the strengths and weaknesses of each of our health care systems. She has also managed to shine a light on the fact that, for so many, health care is often about politics and the stories of extremists who, like the Birthers, simply cannot let go, even if the facts debunk the telling. 

### Reference

1. Potter M. Claims Barack Obama not born in U.S. live on. Birthers' fiction takes on a life in the media, despite the facts. *Toronto Star* 2009 Aug 1.

Cet article se trouve aussi en français à la page 951.