

Public & Private Health Care

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BCMA Position

- The BCMA supports a publicly-funded health care system:
 - The government must implement clear maximum allowable wait time benchmarks (i.e., care guarantees) for all scheduled surgical and diagnostic procedures from time of referral through provision of service.
 - If the government fails to meet care guarantees in the public system at the originally referred location, patients should be entitled to obtain treatment elsewhere, at no cost to them. Treatment could be obtained at another public facility in or out of province, or in a privately owned facility, in or out of Canada.
- The BCMA supports the use of “public-private partnerships” – private facilities under contract to a public agency – to improve the speed and efficiency of health care, although the government must set standards to ensure patient safety and the quality of care.
- The BCMA supports expanding the Canada Health Act to cover more than just physician and hospital services, for example, prescription drugs and long-term care. These core services must be subjected to cost-sharing arrangements that are applied in a fair and equitable manner, ensuring that no one is denied essential care because of their financial situation.

Background

Recent events have brought attention to the question of the role of the private sector in both the delivery and funding of health care:

- The Supreme Court decision on *Chaoulli v. Quebec* in June 2005 brought the public-private debate to the forefront of the health care policy agenda. The Supreme Court struck down Quebec’s ban on private insurance for publicly insured services because of the government’s failure to deal adequately with wait times for surgery, arguing that the ban violated the Quebec Charter of Human Rights and Freedoms. This decision only applies to Quebec, and it is unclear how the Supreme Court would rule in subsequent cases on legislation in other provinces.
- The Quebec government responded by allowing private insurance for select services (elective hip/knee replacements and cataract surgeries), requiring that private insurers cover the entire care episode, and maintaining the ban on dual practice for physicians.
- In January 2009, a group of private clinics launched a similar case in the Supreme Court of BC, arguing that provisions in the Medicare Protection Act that restrict access to private care are in violation of the Canadian Charter of Rights and Freedoms.

Many health care services are delivered privately in Canada. In April 2006, there were an estimated 23 private surgical centres, 17 private cataract clinics, and 101 physicians who had opted out of the public sector entirely to work privately. In BC, there are 14 private

clinics that offer surgical services in a variety of specialties, including orthopaedics, urology, gynaecology, and cosmetic surgery.ⁱ

BC's Health Authorities contract millions of dollars in services with private providers for delivering clinical services. Examples include: MRI services, adult day care, home support services, long-term care facilities, and cataract surgery. For several years the Provincial government has contracted out some surgeries to privately run clinics to meet demand for services.ⁱⁱ Privately run care organizations already own and operate 30% of the publicly funded nursing homes BC.ⁱⁱⁱ

Canadians support private initiatives in health care:

- In a July 2006 survey, 84% of the Canadian public and 85% of physicians agreed that when patients have to wait longer than is considered medically acceptable in the publicly-funded system, patients should be able to seek treatment elsewhere.^{iv}
- In Pollara's Health Care in Canada Survey (2003), 57% of Canadians supported the idea of government contracting out the delivery of some publicly funded health services to private clinics.^v

References

ⁱ Shimo, A., *The rise of private care in Canada*. Macleans. 2006.

ⁱⁱ Lavioe, J., *Province set to privatize day surgeries: Plan would make BC leader in contracting out health care*. Vancouver Sun. 2003: Vancouver.

ⁱⁱⁱ McGregor M, T.R., McGrail K, Ronald L, Broemeling A, Cohen M, *Care outcomes in long-term care facilities in British Columbia, Canada: Does ownership matter?* Medical Care, 2006. 44(10): p. 929-35.

^{iv} Ipsos Reid, *Canadians and Physicians Agree Benchmarks For Wait Times Are Part of Health Care System Solution*. 2006.

^v Pollara, *Health Care in Canada Survey Retrospective 1998-2003*. 2003.