

Editorial: Liberals Defend Public Medicine

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There has sometimes been a suspicion that the B.C. Liberals lack enthusiasm for our public health-care system. In his second term, former premier Gordon Campbell launched a consultation process to seek out “new options” to medicare. It was assumed that among these options, more private medicine was the preferred solution.

Yet when a golden opportunity arose in a Vancouver courtroom last week, something quite unexpected happened. Christy Clark’s Liberal administration stuck a knife in private care and presented a ringing defence of public medicine.

Narrowly speaking, the case involved a lawsuit brought by a for-profit clinic. For some time, the Cambie Surgery Centre in Vancouver has been charging patients for surgical procedures that are already covered by the provincial health-care plan. And some of the clinic's physicians remain enrolled in the public system.

Under the Canada Health Act, "extra billing," as this practice is termed, is not permitted. Last year, the provincial Medical Services Commission ordered the clinic to cease and desist.

However, the owners of the clinic refused to comply and filed a lawsuit of their own. They maintain that under the Canadian Charter of Rights and Freedoms, patients who can afford to pay for quicker service should be allowed to do so. They also argue that lengthy wait lists in the public system infringe basic rights and justify the creation of a private alternative.

But extra-billing is only the subtext of this court case. The Liberals have bigger fish to fry.

In a powerfully worded brief, the government intends to argue that private clinics like the Cambie Centre are, by their very nature, a threat to public health care. That is a huge upping of the ante.

The government's case rests on five central assertions:

- Private clinics frequently employ physicians who also work in public hospitals. That means those doctors are often unavailable when the hospital needs their services. "The inevitable result" is to increase wait times in the public system.
- Private clinics offer higher salaries for less effort, which makes the public system uncompetitive and undermines its pay scales.
- There is a "tendency" for physicians who practise in both systems to recruit patients for their private clinic by maintaining long wait lists in the public system.

- There is a tendency for those doctors to withhold accurate information about wait lists and treatment options in the public system.
- There is a tendency for physicians who own private clinics to refer patients for care and treatment that is “not appropriate.”

Taken together, these assertions strike at the very heart of for-profit medicine. They suggest that far from relieving pressure on the public system, as some supporters claim, private clinics actively undermine it.

And they make the explosive allegation that by bringing profit into the equation, private medicine creates an incentive to manipulate and over-treat patients.

Now these are merely claims. The government will have to prove them in court, if it hopes to win its case.

But it is clear now that this lawsuit is no longer just about extra-billing. Clark and her colleagues have decided that forced to choose — and in a very public

venue at that — they have no option but to back public medicine to the hilt.

Of course, there is no telling what the outcome may be. Eight years ago, in a similar case, the Supreme Court of Canada ruled that Quebecers had the right to private care.

Some critics thought the Quebec government had not made clear the threat to public medicine in its brief.

Still, it will be an irony if the Liberals are driven to an all-out defence of medicare by the challenge of a private operator.

Somewhere the founder of public medicine, Tommy Douglas, is smiling.