



## Fact Check on Brian Day, MD

By Michael McBane

Dr. Brian Day will take over as President of the *Canadian Medical Association* in August, 2007. His claims about Canada's health care system have been widely reported in the media but are not supported by the evidence.

Dr. Day is President and CEO of Cambie Surgeries Corporation in Vancouver and is an outspoken advocate of private, for-profit medicine. He called on the Romanow Commission in 2002 to repeal the *Canada Health Act*, increase privatization and contracting-out, introduce user fees and de-insure services.

The following is a *fact check* on claims<sup>1</sup> frequently made by Dr. Day.

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Claim: *"The Canadian health system has been ranked 30th in the world by the WHO."*

Fact: The 2000 World Health Organisation study presented a misleading representation of health care systems including Canada's. The WHO abandoned this ranking system because of seriously flawed methodology.

Claim: *"At \$4,400.00 per capita [Canada] is the most expensive of all countries that offer 'universal' coverage."*

Fact: Canada's per capita spending in 2004 was \$3165 US. It is above the OECD average but below Norway, Switzerland, and Luxembourg. The U.S. spent \$6100 per capita in 2004.

Claim: *"In Canada 65% of sick children wait a "medically unacceptable" period of time."*

Fact: There is no evidence for this claim.

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<sup>1</sup> [http://www.smcma.org/Bulletin/BulletinIssues/May06issue/counter\\_viewpoints.html](http://www.smcma.org/Bulletin/BulletinIssues/May06issue/counter_viewpoints.html)

Claim: *“The assertion that our single-payer system is administratively efficient is hogwash.”*

Fact: Before Canada introduced a single-payer system, spending in Canada and the U.S. was escalating in parallel. After 30 years of single-payer administration, Canada now spends almost fifty percent less than what Americans spend (9.9% of GDP in Canada vs. 15.2% in the U.S.) while providing equal or better care. All Canadians are covered while the U.S. has 46 million citizens with no coverage.

Claim: *“In our country a dog can get a hip replacement in under a week, but a human may wait two years.”*

Fact: Access to veterinary care for animals is based on ability to pay. Dogs are put down if their owners can't pay. Access to care should not be based on ability to pay.

Claim: *“All other models of universal health care differed from the Canadian model in one fundamental way: They did not exclude competition from the private sector. Canada shared this distinction with just one other country – North Korea!”*

Fact: 30% of what Canadians spend on health care is private expenditure. Canada is below the OECD average on public health care spending. The argument that private for-profit health care does not play a significant role in Canada is false.

Claim: *“At the [Cambie Surgery] Centre we spend only 30 percent of our gross revenue on wages and salaries, compared with 70 percent in the public hospitals, yet we pay our nurses more.”*

Fact: Peer-reviewed evidence shows that for-profit investor-owned facilities skimp on staff and patients are at risk as a result. Where is the rest of Cambie's revenue going? Profits?

Claim: *“In striking down the existing laws, the judges said, “The evidence shows that delays in the public health care system are widespread and patients die as a result of waiting lists for public health care.... the courts have a duty to rise above political debate.”*

Fact: The Supreme Court of Canada's Chaoulli decision recognized that failure to ensure timely access to care endangers Canadians' well-being. But the remedy must be to ensure access for all – not just for those who can “afford to pay” for private care. Three dissenting judges warned that the Charter should not be used to roll-back benefits enjoyed by all Canadians, especially the poor.

Claim: *“Health care is approaching 50 percent of all spending in the provinces.”*

Fact: Health care spending is rising as a percentage of provincial budgets because of tax cuts and cuts to other program spending. Health care spending as a percentage of the economy is stable and takes up the same share of national income as 25 years ago - approximately 4 percent of GDP for hospitals and physicians. Why would someone concerned about rising costs advocate transferring cost from governments back on to patients and private insurance?

Claim: *“The coming changes will create a massive new industry and enable the Canadian health industry and its workers to enter the international health market and participate in the \$2 trillion American health economy. On the basis of extrapolations from other countries, we may see \$40 billion a year added to the Canadian health system.”*

Fact: There is a lot of money to be made by wrecking Medicare in Canada. But how is it in the public interest to drive up spending to U.S. levels? If current levels of health care spending are said to be ‘unsustainable’ why would one advocate spending an additional \$40 billion a year?

Brian Day’s claims are not supported by the evidence. If Canadians are gullible and listen to the CMA and its new President about the miraculous powers of the market and private insurance to solve health care problems, we will pay dearly for the mistake.

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