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## There's a fly in the ointment of Ouellet's health-care cure

By Matt Borsellino

For all intents and purposes save one, it was a sound speech delivered to the Economic Club of Canada in Toronto in early February by Canadian Medical Association president Dr. Robert Ouellet. Dr. Ouellet told a gathering of businessmen and eggheads that a new attitude toward health care is badly needed.

To make our health-care system both sustainable and accessible, we need to make “fundamental changes in how we think about health care,” he said. “We’ve tried to throw money at the problem, but money’s not the only solution. . . . The old ways of doing business just aren’t getting it done.”

It makes even more sense in what Dr. Ouellet called “tight” economic times to attempt such radical, transformative changes to improve the system’s sustainability and efficiency. Further, in his view, those who still champion the status quo are “the real threat to the principles of medicare.”

He was struck by differences in philosophies between Canadian and European health service delivery. Whereas the focus here seems to be the system, he noted during an exclusive interview, the patient is at the centre of most national health systems in Europe.

Whether or not you agree with Dr. Ouellet, it’s understandable why he might say such things. He’s surprised about this country’s collective penchant to largely ignore new ideas and thinking on renewing health care, he added, and he talked about recent trips to Europe—specifically the U.K., France, Belgium, Denmark and the Netherlands—“to see what has worked there and why.”

Then, he said this: “These countries face the same issues we do here in Canada.”

It was, at least in this corner, like listening to a virtuoso pianist hit a clunker. If he had said “many of the same issues,” it wouldn’t have sounded so bad, but what he meant was that Canada is facing “all” the same issues. Clearly untrue. Apparently, Dr. Ouellet’s words did not only offend our ears.

He cited aging populations and timely access to quality of care as two such shared issues, and while Canadian Doctors for Medicare (CDM) applauded his call for action, they warned against putting the interests of those who own private facilities ahead of the needs of Canadians. Dr. Ouellet's emphasis throughout his presidency so far has been "a push for more private health care according to a narrow interpretation of the 'European model,' " the group noted in a written response to his speech.

"Dr. Ouellet should be explicit in his descriptions of European health systems," said CDM member Dr. Chris Mackie, a public health physician from Hamilton who attended Dr. Ouellet's speech. "Each has evolved within the context of social policy and cultural norms quite different from Canada's. To simply pluck out one aspect, such as the role of private delivery, is profoundly problematic."

"Context is important," Dr. Mackie added. "Perhaps Dr. Ouellet should look more closely at how European nations have improved their public, non-profit systems to benefit patients."

While Dr. Mackie cites social policy and cultural norms as the basis for caution, there's also geography and demographics.

The European countries CMA officials chose to visit have population densities ranging from 109 to 466 residents per square mile. Canada's is little more than three.

How does that affect planning and implementation of health-care facilities? A hospital on nearly every street corner in Belgium! One every 500 miles in Canada. The sheer economies of scale available to small countries are generally not available to be superimposed on this country, no matter how admirable they may be. Such comparisons simply aren't realistic.

Matt Borsellino is national editor of the Medical Post.

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