



The Canadian Health Care System

Valentin Petkantchin

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About the Speaker



Valentin Petkantchin holds a Ph.D. in Economics (Economic analysis of institutions) and a Master's Degree in Media communication and economics training from the University of Aix-Marseille III (France). Between 1996 and 2003 he was a fellow researcher at the Center of Economic Analysis and a lecturer in economics at the Applied Economics Faculty and at the Law Faculty in that same university.

Petkantchin also wrote weekly columns between 1999 and 2002 for Libres.org, an electronic newspaper offering an economic perspective on public policy and current affairs in France. He is the author of numerous scientific publications and research working papers on various subjects and has worked for several years with the Institute for Humane Studies-Europe and the Institute for Economic Studies-France

Cécile Philippe:

The issue that Valentin is going to raise, tonight, is first to describe the Canadian health care system, as far as they are going to study if it is credible. We wonder if Canadians might have the worst system. I mean, maybe not, if you compare it with some African countries, or some developing countries. But, I guess in the developing countries, it may be the one that has provided the least for people. And what is very worrying is that we see a trend, as far as France is concerned, we see a trend towards implementing a very bureaucratic and administrative system, like in Canada. So, I think it is going to be very interesting to know towards what we are going.

Valentin Petkantchin:

And actually, there are many Canadians in the room, so I will try not to be very shocking with what I will say about the Canadian health system. And one of the reasons that Cécile just said that I would like to speak about the Canadian system, and that we like to speak about the Canadian system, is that many countries here in Europe - it is the case in France, it is also the case in Germany, and probably in Switzerland, that governments try to implement, bureaucratically, cost containment measures, and try actually to go towards a system where they really can control

costs, a little bit like the case in Canada, where, as we will see, you have a public monopoly, in the insurance field.

I would like to begin my topic with some kind of a joke. I don't know if it is just a joke... It is the fact that Canada... if I can just say one sentence to describe the health system... Canada is probably the country where animals and pets receive better health care than humans. And actually, it would have been just a funny joke, if it were not true.

I remember a documentary on Canadian television, where you had a very old puma in a zoo, which needed a hip replacement. And well, the thing is, the puma – it was some kind of wild cat – just got its hip replaced, in two weeks, in an ultra-modern clinic, high-tech, private clinic, very clean, the staff was very kind, et cetera. On the other side, you can have Canadians who may wait for two years, in order to get exactly the same surgery. So, in Canada, you can pay for your pet to get some private health care, but the government forbids you to pay for yourself to get the same care. And depending, actually, on your health problem, you can even die while on the waiting list. And, it is not a surprise that there were some rumours, that during the night, you can see two-legged animals in private veterinary clinics, getting some scan, or other health care. And so, in a nutshell, I would say that that is the Canadian system.

I am sorry for the Canadians. And actually, in order to change that situation, some ten years ago, or something like that, there was a physician named Dr. Jacques Cholin (sp?), who kept some sort of portable scanner. And he was actually forbidden by the government to use it for humans. So, he sold his portable scanner to a veterinary specialist, and began suing the government, before the courts. And to make a long story short, he lost, as you probably understand, before all courts. And finally, before the Supreme Court of Canada, he won, last year. In 2005, he won his case against the government of Québec. And the Supreme Court of Canada decided that the government of Québec cannot forbid the sale of private insurance, in Québec. It was a decision concerning only Québec, but if it were a real solution, it would apply across Canada, and, of course, other provinces.

Before going into the details of what exactly changed the decision, I would like to present, briefly, the Canadian health care system, in order to better understand exactly what the change was with the Supreme Court of Canada. So what was the situation before? And it is still the case, actually, because the government of Québec had until June 2006 to implement the Supreme Court decision. But as you will see, it did nothing. So, the ban on private insurance is still in place.

So, what was the situation, and what is still the situation with the Canadian Health System? And actually, in Canada, you have two groups of services. You have what is called the Canadian Health Law... [referring to slide] you have – it is the biggest group of services, which are called by the Canadian group Health Act, medically required services. And these kinds of services are specified in the Law, in order to be in this group. For all medically required services, you have a public insurance

monopoly, protected by provincial legislation. So, in each province you have some type of legislation, prohibiting private insurance.

On the other hand, if you have other medical services which are not judged as medically required, and which are provided by the private sector, and for which you can have supplementary private insurance... in this case, you have almost two out of three Canadians, covered by this kind of private, supplementary insurance, which is given through your job, most of the time.

Q – (female, UK):

Is the red and blue box the same for the whole country, or are the provinces, dividing medically required services, different, region by region?

Valentin Petkantchin:

They are defined by each province. But, almost all services covered in Québec by the public monopoly are also covered in Ontario, and in other provinces.

Q – (female, UK):

But there are differences?

There are some small differences. For example, some services may be, just in Québec, still medically required, but can be provided by the private sector, also. When they are provided outside hospitals, for example, and that may not be the case in Ontario.

I will speak about Québec. In Québec, you have a provincial legislation about the public monopoly. You have two articles, which provide the insurance monopoly in the province. You have the Article Fifteen of the Health Insurance Act, which stipulates that this Article prohibits any person from making or renewing an insurance contract, for publicly insured services. And there is also another article in the Hospital Insurance Act, which prohibits contracts and payments, for publicly issued services, that necessitate hospitalization. So, that is, services that necessitate at least a one-night stay, in the hospital. So, it is those two articles, which really ensure the public monopoly in Québec. In Ontario, and in other provinces, you have another provincial legislation, with almost the same power.

So, from an economic point of view, how is the performance of the Canadian health care system? Well, things are not very good. There was a study, done by the Fraser Institute in British Columbia, for age-adjusted total spending. Canada ranked third, almost with Switzerland, and just after Iceland. So, the health care system in Canada is really more costly than the system in France, in Germany, and much more than the average, OECD, total spending. Public spending, speaking only of public spending, it just doubled in thirty years, public spending per capita, taking into account, of course, inflation. In Québec, for example, the part of the budget going to the health care system went from thirty five percent, fifteen years ago, to forty three percent of the budget today. There are some estimations then, I do not remember exactly the year, in 2020, it will be more than fifty percent of the budget. So, of course there are

some other problems with this kind of financing, enormous financing, of the health care system.

But, it is not the only thing. The other thing is that it not only costs much more, but waiting time in the system doubled, for example, between 1993 and 2004. Waiting times went, for example, from something like nine weeks to about eighteen weeks. I went to the website of the Frasier Institute, because the Frasier Institute is publishing, each year, hospitals' waiting lists in Canada, since 1993. So I have the last publication, in 2006, and if you are interested, I can indicate to you the reference. For example, for ophthalmology... these are median waiting times, *median*. So, there are probably people waiting much more than that. It went from fourteen weeks, in 1993, to almost twenty-eight weeks, in 2006. For general surgery, it went from almost six weeks to ten weeks. And this is the median wait time, between recommendation by general practitioner, and treatment. The only exception is for cardiovascular surgery. It went from almost thirteen weeks, in 1993, and it fell to almost eight weeks in 2006. But, it is really an exception. It is probably contributed to by the role of new drugs, in this field. And you have, also, radiation oncology, which went from 5.3 weeks, and which fell to 5.0. But, there is, also, probably, the role of drugs, in this field. So, clearly, the public monopoly system that you have, in Québec, and in Canada, costs really a lot, and does not deliver the goods.

So, what changed with the ruling of the Supreme Court of Canada? Well, what changed? Those two articles, Article Fifteen and Article Eleven, were completely invalidated by the Supreme Court of Canada. And, of course, without those two Articles, it would have been possible for private insurance, and if there is private insurance, probably for a comprehensive, parallel private system. But, the thing is that the Supreme Court of Canada gave to the government of Québec just one year to respond, and to invalidate those two Articles. And we are now in November 2006, and the ban is still there.

And the draft legislation that the government of Québec proposed concerns just three procedures. So they decided to open to private insurance just knee replacement, hip replacement, and cataract surgery. For all other treatments, there will still be a ban on private insurance.

We did a study in Montréal about what kind of private insurance would be possible if the ban was abolished, or if those two articles were invalidated. With the Canadian Health Act, on one hand, and provincial legislation, on the other, you can have only duplicate private insurance. That is, that people still continue to pay the taxes, and continue to maintain the public system, which I forgot to mention, is free for everybody, at the point of service, at the point of purchase. So, when you go to a hospital, when you need medically required services, they are given free to you so you do not have to pay. So, with this kind of legislation, federal and provincial, you can only have a duplicate private insurance. That is, that people will continue to pay their taxes for the public system, and if they want to have private insurance, they should pay for a parallel private insurance, which will duplicate the same services of the public one, and through which, they can have access to a completely parallel

private system. So, it would not be possible with the private insurance to go to the public sector.

I would like to finish, just in saying that really, in Québec, it was a missed opportunity to open the insurance sector to private insurers, because if it was the case, of course, with this kind of duplicate insurance, you have much more overall financial resources for the health care system. It would be more work for the medical staff because, currently, in the public system, doctors and medical staff have salary cuts and quotas. So, even the public system does not use them, as it should. Actually, today in Canada, only the wealthiest Canadians can pay from out-of-pocket, for private care. And they do it, very often, in the United States. And if private insurance were accessible, it would have been possible for a much broader part of the population. So that is it, what I have to say. Thank you very much for your attention. And if you have questions, do not hesitate. Thank you.

Q and A

Q-1: The government has prohibited insurers to play [inaudible] in favour of the patient or the consumer, for so-called strong reasons. What is the reason behind this strict prohibition of this monopoly?

A – Valentin Petkantchin:

It is a very interesting question. And actually, it goes back to the seventies. I do not know exactly the reason, at that time. But I am sure that, in some sense, they wanted to be the only employer for the doctors and surgeons, et cetera. And if there is a private system, they have an option to go to the private system. And so there may be some kind of coordination problems you can have, if you have a private system, parallel to the public system. But there are also some questions with the unions, probably, maybe... I know that there were some problems with the unions, at that time, also. It is very difficult to know, politically, what is the reason for this kind of system, back in the seventies.

Q-2:

I kind of have to agree with some of what you have been saying, that Canada's system is not the best, and that there are many other ways to improve it. But, another point is that, is it worse than it appears, especially when you talk about problems of today? Canada has the highest unionization of labour. Restrictions on work, there, are awful, especially in the health care sector, and that makes the situation worse than it appears. So, probably, it is not the best, of course, but not the worst, in the universe. So, it is just, with labour, it is really hard... I do not know to what extent it is true, but there is something, that people are in charge of washing the clothes of the patients... There is some laissez-faire bent in the contracts of the

unions, that say: *Okay. You are employed to wash clothing, to wipe only the certain coloured ones.* I don't know. I think it is a joke, but it talks about the mentality of problems like that, where it goes like that, and just kind of explains why the situation is pretty bad. And you have been saying that statistics for Canada are, I think not good, but they are not as bad as one of the worst. I mean, there is Manitoba...

A – Valentin Petkantchin:

Actually, I think that you are a little bit wrong, because in Québec, probably, we have private clinics, more private health care than any other province. And if you look in Québec, they have... maybe in other sectors, it is not the case, but in health care, at least, maybe in Québec, we are better than any other provinces. And actually, people from other provinces come to Québec to get private health care. And the theory is that we did a poll since 2002, I think, do you agree that if there is still the public system free for everybody, universal coverage, et cetera, but allowing a completely parallel private system with faster access? It regularly turns out that, in Québec, two out of three Québécois are in favour of that. And in Canada, it is less than half. It is about fifty percent. But in Québec, people are much more open about private health care than they are in English speaking Canada. There, I think the question is, also, about some kind of identity, to be different from the United States, maybe...

Q – 3:

...the United States, of course, is privatized and Canadians pride themselves on having the free health care system, so...

A – Valentin Petkantchin:

It is not the case in Québec. They do not have this problem of identity. They are the French-speaking Canadians, and they do not need to be different from the United States, because they *are* different. They are already different. And that is why there is some sort of taboo in English-speaking Canada, to question the public system, which is not the case in Québec.

Q – 3:

Alberta is also pushing for a two-tiered system...

A – Valentin Petkantchin:

Yeah, but they have petrol, so... it is not the same story. So there was a question...

Q – 4 :

A couple of questions... One, you say here, "any person..." It is quite normal in Europe that you do not have personal or private insurance, but you do have company insurance, in countries similar to Canada... [inaudible]... countries also banned would be the first. Secondly, companies are banned from having insurance on their staff. Are they allowed to pay for their staff's surgery, or medical treatment, if they are having that as part of their package, if they are classified as sub-insurers? And my second question is, actually, what is the cost of Canadian health care, what is the cost of GDP, what is the proportion, then, of the GDP of the health care costs, which are going into pharmaceuticals?

A – Valentin Petkantchin:

Okay, so, for the first two questions, I will go back just to Article Eleven in Québec there is... any contracts, and even payments are prohibited between persons, and between companies. So your company is...

Q – 4 :

For hospitalization, right?

A – Valentin Petkantchin:

Yes.

Q – 4:

But the first one?

A – Valentin Petkantchin:

For publicly insured services.... So, for all these services here, which are probably the most important services, because they are medically required. And most of the important services are medically required, so foreign to this category, so if it is publicly insured, your company cannot buy insurance, private insurance, for these kinds of services.

Q – 4 :

Can they pay for them?

A – Valentin Petkantchin:

They cannot pay for them, if they are... if they need to spend just one night in the establishment. If you can have surgery and go out before the night, it can be okay. So, it is pretty arbitrary, but it is the case. And so we have many elective surgeries, which can be paid for with out-of-pocket payments, by a company.

And about your second question, I just got, here, the numbers from the Fraser Institute, which are age-adjusted, because Canada has a younger population than Europe. So, it may change around, but it makes, in the same time, more sense. If you have a younger population, then you need to spend less than if you have an aging population.

Q – 4 :

Do you have Europe Twenty Five or Europe Fifteen?

A – Valentin Petkantchin:

I do not have Europe Fifteen. I have just the OECD average, which is about 8.5 percent of GDP. In Canada, it is 10.7. In Switzerland, it is 10.8. So, it is about the same thing in Switzerland, as it is in Canada. But in Switzerland, you do not have waiting lists like you do in Canada.

Q – 4 :

But, that is age-adjusted?

A – Valentin Petkantchin:

It is age-adjusted. But, even if it is not age-adjusted, Canada is higher than, for example, France, or Austria, or Belgium, where you do not have waiting lists.

Q – 4:

[inaudible]... Either?

A – Valentin Petkantchin:

You mean...?

Q – 4:

Belgium and France – Belgium especially, has very low quality on their care outcome.

A – Valentin Petkantchin:

Okay. I do not know the Belgian system, but I can tell you that, in France, it is not the case. And, probably, in Germany, it is not the case either. So, it is still a very costly system, when they pay a lot for maybe things like... [inaudible] The problem with this kind of public monopoly is that you pay more salaries for things, which are not very important. And salaries for doctors and nurses, et cetera, are not very high.

Q – 4:

That was my second question... What then on the pharmaceuticals? How much goes into that? How big is the pharmaceutical bill?

A – Valentin Petkantchin:

Oh, I think it is about sixteen percent pharmaceuticals...

Q – 4:

Which is quite high, actually, compared to Europe's average.

A – Valentin Petkantchin:

And probably, one of the explanations, just in 2006, pharmaceutical expenditures went by like seven percent, in Canada. And it was the case the year before, and the year before. In the United States, it is about five percent, in Europe, five percent, so Canada...

Q – 4:

The health care with the pharmaceuticals is 13.4 in the United States, compared to a total bill, which is exactly the same as in Sweden. The average, in Europe, is a little bit higher....

A – Valentin Petkantchin:

Yes, but what I am talking about is the rate of increasing. It is about seventy percent a year, in Canada...

Q – 4 :

You say it is a lot of money on staff. Well, not really, because you pay a lot of money on pharmaceuticals, compared to Europe.

A – Valentin Petkantchin:

Yes. That is my point. Actually, what you say confirms my point. It is the case that it is probably some kind of substitution: When you cannot get the care, you consume more pills, which makes sense. And probably, in Canada, they consume more drugs than would otherwise have been the case, because if you wait for a hip replacement, if you have to wait for two years, you need to take some drugs, while you wait. Do you understand?

Q – 4 :

Yes, well if you look at the waiting time countries in Europe, they actually spend less money on medicine, compared to those, like Belgium, who do not.

A – Valentin Petkantchin:

They, maybe, have other controls, which do not exist in Canada, because in Canada, actually, you have... when I spoke about medically required services, it does not concern drugs. And it is not the case in Europe. In France, for example, in England, in the United Kingdom, I am not quite sure, but drugs are included in the public coverage. It is not the case in Canada. So, medically required services do not include drugs. Drugs are here. And they are provided with private insurance. And so, they are privately bought and sold. So, that probably explains why, in Europe, they have less spending on drugs. Okay.

Q – 5 :

Three quick questions: One is: *will the new, conservative government lead to reform what is going on with the Canadian health care system?* Two: *how many Canadians go south of the border for treatment – and go into the United States?* And: *how does the ban on private treatment affect, say, professional sportsmen, who might get injured and require hospitalisation?* If you are a Canadian hockey player, and you hurt yourself, do you run away from this? Or do you go to America? Or do you get special treatment? And even for sons of politicians, if they hurt themselves, are they... is there corruption involved, in terms of preferential treatment, because of who they are?

A – Valentin Petkantchin:

Okay, very good questions. The first one, there is nothing new with the conservative government.

The second one is... I do not have numbers on how many people are going south, to the States. I saw that in the last year, 2006, a publication of the Fraser Institute, some numbers on how many people went abroad, probably to the States, but I did not have a look at the numbers.

And the last question is a very interesting question, because any time you speak about reforming the health care system in Canada, it is always the same thing. If you want to relieve the ban on private insurance, and have a parallel private system, you have a two-tiered system. And the answer is that, today, in Canada, you have a four-tiered system. So, you have the system for the privileged, or for the guys who have connections. You have another system for all injuries during your job, or the workers' compensation board. You have another tier for people who are very rich, who go to the States. And you have the fourth one, which is for everybody. So, in the same queue, so if you have queue-jumping for the first and the second category, the fourth one is waiting on the list.

Q – 6:

You say that a hip replacement takes about two years in the waiting list in your country?

A – Valentin Petkantchin:

It may take two years.

Q – 6:

It may take two years. I have heard about one case when, in your country, it was around 2001, something like this, Rock, who used to be your Federal Minister of Health, and he was ill of cancer, and he jumped forward in the waiting list, and it was the case, of course, the media took it as something that was not acceptable for the average population. Can you tell us that these cases for privileged people are happening today, as well?

A – Valentin Petkantchin:

Well, first of all, I am not Canadian. So, probably, on those questions, there are Canadians who know much more than I do. But, if I remember well, there was the same story about Paul Martin, who was the previous Prime Minister, that he was a client in the private clinic, if I remember well, and so on, and so on... So, maybe you can bring yourself more precision on that, and...

Q – 7:

[inaudible]...the private sector, there are some special clinics, one that I know of where I know you pay ten or fifteen dollars a year, and that is just...

Q:

How much?

Q – 7:

Nine hundred ten dollars, which means something like six hundred euros. But, that just gives you the right to go to the clinic, and get the treatment, which will then be charged to you. And then [inaudible] the journalists always get into this thing... That is my whole point, that I do agree that there needs to be a two-tiered system.

A – Valentin Petkantchin:

And you know what is going down, actually, in the system, is that the most influential, and the richest people in Québec, at least, are not in favour of private insurance, and a private system, because they are very well-connected. And many of the hospitals, here, are foundations. And if you give money to the foundations, you can have faster access, for free. So what is the reason for these kinds of people to pay in a parallel private system? Most of them are against these kinds of decisions. There is a paradox there.

Q – 8 :

There is still something that I do not understand, because you were just saying that those ministries were able to get some services in the private system. So, which private system are we talking about?

A – 8:

Well, a kind of parallel system, some special private clinics, which provide... there are a few of them... Certainly, doctors are able to withdraw themselves from a public system to a private clinic. But then, I don't know how it works, exactly...

Q – 8 :

[inaudible] They explain... they said that the disparate attitudes... Do you find some private services for the medically required services in Canada, or no?

A – 8:

I think it has to do with the insurance.

A – Valentin Petkantchin:

Remember what is banned is for all medically required services. What is banned is private insurance. For hospital services, which require at least a one-night stay in an establishment, even out-of-pocket payment is forbidden. As far as clinics, it really is some kind of grey zone. It really is much more complicated, in reality, because you have some kinds of clinics – clinics, where you can have surgery, during the day, and go out, at the end of the day, out of the clinic, and go just in front in another establishment where you can stay, you know, to... yes, some kind of a hotel. And actually, for all kinds of elective surgeries, for which you do not need to stay in the establishment, you can have it out-of-pocket, in the private system. But, if you need a stay, if it is a more complicated surgery, and you need to stay in a hospital, well, then, normally, it is prohibited by provincial legislation.

But still, there is a grey zone, and in some cases, it is not clear. And the thing is that, in other provinces, probably governments and government officials, in English speaking Canada, are much more strict about respecting the law. And this is not the case in Québec. And in other provinces, if it happens in other provinces, the federal government just does not send the federal money to the province, saying, *yeah, if you have a private clinic, that runs against the Canadian Health Act*. But, in Québec, they are much more reluctant not to send the money. So, we can have some private clinics, which have been developed in Québec, which are not permitted in other provinces.

So, there is some kind of a grey zone, and it is not very clear, but government officials in Québec are very reluctant to go after those kinds of private clinics.

Q – 8:

Just one more... so you were saying that Dr. Chaoulli was able to... win his case before the Supreme Court, in order to abolish those two Articles in Québec?

A – Valentin Petkantchin:

Yes.

Q – 8:

So, I guess he wanted those Articles to be abolished in all states...?

A – Valentin Petkantchin:

Yes.

Q – 8:

At least, on that, he is working now?

A – Valentin Petkantchin:

No. The thing is that, initially, he was against those kinds of articles, on the Canadian level. So he won, just partially, before the Supreme Court, because the Supreme Court decided, or said, *so you won, but it is only on provincial grounds*. So there is nothing, on the Canadian level, to say those kinds of legislation would be forbidden in other provinces. You need another case, if you need to challenge that. So, that is why it is only applicable to Québec, because it was on the grounds of the Québec constitution, and not of the Canadian one. So it was a half-half situation. The thing is that the government decided that it cannot react to this, just by opening to three procedures. And for me, it is really clear that it has not responded to the decision. But, in order to know it, you need another Jacques Chaoulli, taking another ten years, in order to prove that the government of Québec did not respond in the right way. So, even when you win before the Supreme Court, it...

Q – 8 :

It is not going to change much.

A – Valentin Petkantchin:

It is not going to change much. Probably. Yes. There were great hopes after the decision, that it would be a big change, et cetera, but even after, there is nothing new.

Q – 9:

So, what is the solution?

A – Valentin Petkantchin:

What is the solution? I don't have it. The solution, I think, is to explain to people what is going on, and what are the advantages of having a parallel private system. And clearly, in Québec, there would be an advantage, because you have more

resources in the system. Because today you can spend your own money for a new DVD player, for something completely, you know, different, but you cannot spend your private money for having health care. And it is really not normal. And you have more resources going to the other sectors than you have toward the health care. And you list all the impacts of competition, of having competition, of having private hospitals, and being able to compare them with public hospitals, so that you list...the complete, competitive pressure on the system, which today, is in a complete monopoly.

Q – 10:

From the way I understand it, all the newspapers and all the reports.... they are always comparing the European countries, saying France is the best, and becoming like the journalists who come to Europe, and see how it works here. And I have been living in England. And I can say that from the point of view of not having to stand in line for hours to get a paper from the doctor, or the nurse who is allowed to do doctors' work, you know, prescribing drugs for an ear infection, and so on. But I think, before we want to get into the private sector, I think because there are other problems I did not try to report, at first, and then, the next step might be to try to get... I think there is a big fear that we are going to go from one extreme to the other. And in Europe you can have public, and private, and there are different levels of private. And I think that people are afraid that we are going to jump from completely public to completely private. [inaudible] You can end up with a bill for two hundred thousand United States dollars, when you are swiped by a truck. And, this is not any better than waiting for two years to get a hip replacement, I think.

A – Valentin Petkantchin:

Yes. Yes. I agree with you, but we completely lost this kind of thinking that, well, in some cases, there are probably people going bankrupt, to another extreme that, today in Canada, it is really a shame, if you have to pay for health care, which is not normal at all. Why shouldn't you pay for your health care? If you cannot, it is another question. But it should not be a shame to pay for your health care. No. The doctor or the surgeon is not a slave.

Q – 11:

Another question may be that in this media, where public is prevalent, are Canadian doctors paid enough to, I mean, or for private clinics in the United States or Europe? Or are they staying? Are they well-paid enough, in order to stay in the country, providing services?

A – Valentin Petkantchin:

Yes. It is a very difficult question. There are many nurses going to the United States, because they...

Q – 11:

... and surgeons?

A – Valentin Petkantchin:

They are also going, because they have better salaries in the United States.

Q – 11:

So, objectively speaking, they have a much better situation....

A – Valentin Petkantchin:

Yes.

Q – 12:

Sorry... to get back to your question, I did my masters in Toronto, which has, I believe, the top, one of the top medical schools in Canada. There is active recruiting from the United States for students graduating from medical programs, at that school. And as far as nurses go, there are a ton of nurses that are flooding to the United States, being it is so close, and the pay is better. I believe that maybe a couple of years ago, there was a blitz in the media about the shortage of health care workers, nurses, and doctors in Ontario, the province that I am from. So, yes. That is, definitely, with regards to doctors and nurses.

A – Valentin Petkantchin:

I would just like to bring up a further point, in that discussion. Is the point that the shortage is a little bit [inaudible] in the public system, at least in Québec, because you have salary caps and quotas for doctors in the public system? So, obviously, doctors are not working at their maximum capacity, in the public system today. And some of them are going and playing golf, while people are waiting on the lists. And the other point is that if... *if* there is a shortage, it is due, completely, to the government, which decided in 1996, 1997 to cut the numbers of students and faculties. So it was another kind of decision, which was taken, some years ago, and today we have the results.

Q – 13 :

The situation with Canada is not easy. There is this new exceptionality of the state, because Europe sees the net import worldwide. So, anyway... fifteen percent... [inaudible]

A – Valentin Petkantchin:

Yes. Yes. You cannot change that. I agree with you. You cannot change that. But, at least if you allow for a completely private parallel system, there will be more attraction for all of these specialists to stay in Canada.

Q – 13:

You have to perform some reforms...

A – Valentin Petkantchin:

Yes. Just allow me to bring another point...

Q – 15:

In defence of the American system, how many Nobel prize winners has Canada produced in the last ten years? Yes, not really. Whereas, America does produce quite a lot of them. My point is that the world benefits from America, what it is doing with pharmaceutical drugs and treatments, as well as America sucking in health care workers.

A – Valentin Petkantchin:

No. In Canada, they do have a pretty strong research maxim, et cetera. It is pretty strong in Canada. The problem is that when you need the health care system, you just do not have the access to it. It is really nonexistent. But, if you get into the system, if you need an urgent surgery, you can get it. There is no problem, then.

Q – 16:

But don't the accesses also mean that you have a low level of quality? Because low access does not necessarily mean low level of quality, meaning survival rates of cancer patients, for example. Countries with a high rate outdo countries like Belgium, with no waiting list at all. How does Canada do when it comes to outcome quality?

A – Valentin Petkantchin:

Well, the quality is pretty good. So, when you are dying, you can have the care. But when you have, for example, breast cancer, and you need to wait more than two years, and your cancer is developing...

Q – 16 (female, UK):

What are the survival rates on breast cancer?

A – Valentin Petkantchin:

I do not know the numbers.

Q – 16:

Sweden has the best survival rate. I am sorry, but I think this is ridiculous. You cannot prove that no waiting lists are good for quality. On the other hand, of course, you have people dying on waiting lists, not to mention that you can go bankrupt if you have to wait two years and cannot work, if you need a hip replacement, which is a real cost / quality patient, which means that you are shifting the cost of care onto the patients, just like in the US, if you are not insured. But when it is cost or quality... that is why I am wondering: *Is this a typical waiting list country?*

A – Valentin Petkantchin:

It is very difficult to... when you have waiting lists, it is very difficult to measure quality. Quality is very difficult to measure, in general.

Q – 16 (female, UK):

What I mean is: Do people survive if they get cancer, or not? Do they survive if they get a heart infarct, or not?

A – Valentin Petkantchin:

I am not sure if there is enough information about that, in the public system in Québec. You cannot have too much information on these kinds of things. You cannot even have... it is very difficult... that is why the job of the Frasier Institute was very great, in that subject, is that it is very difficult to have any numbers on how many people are waiting in Québec, you know, with breast cancer, for example. It is very recent that they published some kind of statistics on that. But you cannot have the information. You do not know. No. No. Until three years ago, there was almost nothing about this kind of information. I tried. It was three years ago. I tried to find exactly the numbers on how many women had breast cancer, and for how long they needed to wait. And, it was impossible.

Q – 16:

Yes, but I am not interested in the waiting times. I am interested in the survival rate.

A – Valentin Petkantchin:

No, I am just saying that this kind of information is very difficult....

Q – 16:

Yes, but you are talking about waiting times, still. So, you are Canadians. Are you ashamed of the quality? Of the waiting times?

Q – 17:

Yes. It is very good. When you can get, it is excellent. There is no question about that. With regard to waiting times, he is correct. It is long. But the quality of care, the quality of doctors, the quality of nurses, in the Canadian system, is a high standard, a very high standard. Otherwise, the US would not be recruiting from us, you know. So, I mean, we have very good health care, as far as quality goes.

Cécile:

Thank you very much. We are all done.

A – Valentin Petkantchin:

You are welcome.

– end –