Curing what ails health care — with some ideas

By: Kamloops This Week in Letters, Opinion July 14, 2016

Editor:
It has been interesting reading recent letters to the editor regarding health care.
It seems the two major areas in which there are roadblocks are long wait times for surgical (mainly orthopedic) consultations and elective surgery and lack of access to a family doctor.
On the other hand, I think most would probably agree management of medical and surgical emergencies in B.C. has been and remains excellent.
So, why would a provincial government that (presumably) cares about our health, allow such gridlock to exist to the detriment of all? The answer, as always, is money. Health-care costs constitute more than 40 per cent of the provincial budget and have been increasing at an annual rate of approximately six per cent for some time. Therefore, in order to place some constraints on expenditures, Victoria has, in fact, rationed primary care and joint-replacement surgery.
A useful analogy might be to compare our system to a factory.
To be successful, it must be able to sell its product at a profit, with revenues exceeding expenses. However, in the health-care system, each patient (product) successfully treated is a loss, so to speak. The money spent on care cannot be recouped because the patient cannot be sold for a gain.
To continue the analogy, the factory would be sure to fail, its balance sheet showing all expenses and no income. Further, if there was no control over the volume (free and open access to health services), financial bleeding would increase exponentially.
Therefore, if such a factory was deemed essential to the community, the only way to control costs would be to reduce the efficiency of the system by slowing the assembly line (operating-room time) and reducing hiring (new surgeons). Voila! Less red ink.
This may be good fiscal management, but it's terrible health care. Looked at in this light, one can begin to understand the two-year-plus wait for hip surgery, the ever more curtailed OR time for existing surgeons and the shortage of GPs.
To be sure, money spent on a bloated health bureaucracy is scandalous and a severe culling is needed. But, although helpful, reforming this alone would not magically fix our problems.
The whole system needs to be disrupted, even going so far as to change the Canada Health Act. With all due respect to Saint Tommy Douglas, times have changed from the 1960s and some new thinking is in order.
For starters, I offer the following suggestions:
• That a co-payment system be instituted (as is the case in every other G7 country), which would be means tested, for all entry into the medical system. This could have the effect, depending on how the income is apportioned, of increasing government revenues and perhaps reducing demand to some degree. Isn't it true we tend not to value something that is free? I would argue, then, a payment (it needn't be large) at time of service could result in a sense of ownership and, hence, more responsible use of the system.
• That arbitrary limits to the number of patients seen daily (50) by family doctors be dispensed with, giving ambitious GPs the incentive to work hard. Many of us must remember Dr. Vagyi in Chase, who worked like a dog, seeing many more than 50 patients per day because he loved his practice and his patients. There was never any question of his care being compromised.
• That family physicians be paid more, perhaps a portion of any co-payment fee. We're short of GPs. Why not the carrot rather than the stick?
• That we move quickly toward general replacement of the fee-for-service model for family practice, perhaps to a form of salary. If doctors could be reassured they wouldn't be victimized, they would likely embrace the concept.
• That GPs be encouraged to employ nurse practitioners in their offices in order to triage and care for less serious complaints and offer preventive care. As things stand now, family doctors could not manage this financial burden without some change in billing protocols.
• That health ministers of all provinces get together and create a body to negotiate drug prices with the pharmaceutical companies. Acting alone, provinces do not exert the bargaining power they would have if they acted in concert. This strategy might help reduce the 15 per cent share of the provincial health budget medications consume.

• That there be a concerted effort to reduce the use of lab and X-ray investigation. I don't know the budget figure for this, but it must be significant. One suspects tests are ordered due to a desire to be thorough — and perhaps due to a fear of litigation. Physicians know most ankle sprains don't need X-raying, X-rays for back pain are by and large useless unless there are signs of nerve root pressure and MRIs of the skull are not needed for the great majority of headache issues, but still they are ordered. Maybe we don't need our cholesterol or PSA done so often. Perhaps patient expectations play a part in this? I'm guilty as well.

The sad truth seems to be the only ones agitating (hence the letters in your paper) are those immediately affected by a medical issue. Those who don't have a problem don't seem to care or, at least, don't seem to care enough to demand change.

Our medical system is in great peril and getting worse by the day, with niggling Band-Aid solutions (consult with your pharmacist!) only compounding the problems. We must force our elected representatives to take the courageous, and probably politically risky, steps necessary. The first step would be a vigorous public debate.

C.L. Webster
retired Kamloops family doctor