

## **Medicare critic turns on charm, turns up rhetoric**

### **Doctor a big booster of private medicine**

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[BY THOMAS WALKOM](#)

I went off to hear Brian Day again this week. He's the British Columbia orthopedic surgeon who has emerged as Canada's most outspoken opponent of medicare. Barring a last-minute floor fight, he's also slated to become head of the Canadian Medical Association — which will give Canada's private medicine lobby a formidable pulpit.

As always, Day was roguishly charming. A veteran of Vancouver's scrappy media culture, he rarely bothers with building a logical argument in the traditional style, preferring to rely on a flurry of power-point-assisted assertions — some factual, some less so — that are designed to leave an impression.

The impression he wants to leave is that Canadian medicare is a mess, that everyone else in the world has figured this out but us, that two-tier medicine (which he sometimes calls private delivery and sometimes European-style medicare) is the only way to go, and that well-to-do Canadians shouldn't feel guilty about health-care queue-jumping because, really, equality is impossible.

Day usually makes reference to his left-wing roots — his childhood in a Liverpool Labour family, his many trips to Cuba to help out Fidel Castro. This is to confound those who would typecast him as a right-wing troglodyte — which then permits him to wheel around and utilize some old-fashioned Red-baiting: Canada's health-care system is like North Korea's; medicare is a failed Soviet-style experiment; its supporters espouse a "Marxist philosophy."

During Thursday's session in a downtown Toronto hotel, Day didn't — as he sometimes does — show slides of himself with Castro. But the point was made anyway: This guy is no ideologue; he goes to Cuba!

The crowd this day was hometown, about 80 orthopedic residents, or doctors-in-training, watching a debate between Day and Michael Rachlis.

Rachlis, an oft-quoted Toronto physician, consultant and medicare supporter, also has a puckish charm. But as a long-time critic of organizations like the Canadian Medical Association, he's developed a style that focuses on the use of evidence. Many outsiders tend to do this to avoid being dismissed as frivolous. In this debate, Rachlis footnoted his arguments liberally with references to scholarly journals.

Day doesn't bother with this kind of thing. His style is to cite as fact a dramatic statement and then move on: Canada spends more on health care than any other country save the United States; Ontario's ban on queue-jumping is reminiscent of Communist China; the World Health Organization has ranked Canada's health system as number 30 in the world, well behind France (number one) and even behind Colombia and Morocco.

Yet, the facts don't always hold up. According to the latest figures from the Organization for Economic Co-operation and Development, Canada doesn't spend more on health than any other country outside the U.S.; Germany, Switzerland, France, Iceland and Norway spend more as a percentage of their national economies. Canada is tied with Greece.

The WHO rankings? These came out in 2000 and were based on 1997 figures. The methodology of that study was so controversial that it has never been repeated.

In one critique, University of Toronto health policy analyst Raisa Deber points out that the WHO rankings were adjusted for the educational level of the population to such an extent that, essentially, all they prove is that Canadians are better-educated than the French.

In any case, does anyone seriously believe that Canada's health system is worse than Colombia's?

Day likes to say that he isn't espousing a U.S.-style system, although realistically I suspect that this is where his recommendations (more private insurance, less universality) would take us. He cites France and Germany as models, or maybe Switzerland and Australia.

This is convenient since most Canadians know little about the health systems of these countries. Doctors who applaud the French model, for instance, might be horrified to discover that physicians are paid less there.

Fans of the German system would be interested in knowing that the country is now facing a strike by tens of thousands of health-care workers, including doctors, angered by low wages and long hours.

Australia? Evidence from that country indicates that a parallel private system (subsidized through tax dollars) has led to wait-time increases in the public stream. The reason is that specialists, understandably, prefer to work privately where they can charge more.

Day prefers not to dwell on these details. And why should he? Skipping lightly across the factual terrain seems to work. Of the roughly 50 orthopedic residents who cast ballots after the debate this week, 43 voted with Day.

We shall hear more from this interesting man.