

# For-Profit health care advocate to head CMA

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National Post (February 16, 2006)  
Private care pioneer in line to head CMA:  
B.C.'s pick for doctors' post says medicare needs fixing  
By Tom Blackwell

One of the country's most outspoken proponents of private health care is a step away from heading the Canadian Medical Association after a surprise vote by his colleagues that has stunned many defenders of public medicare.

By tradition, the next president of the powerful doctors' group is supposed to be drawn from British Columbia, and Brian Day, owner of a pioneering private surgery clinic, was elected this week as the province's nominee.

His selection by B.C. physicians must be confirmed at a conference in August. Endorsement of the province's choice is usually a foregone conclusion, though challengers could come forward in the interim. One critic expressed concern yesterday that Dr. Day's views are "contrary to those of the general public."

Dr. Ruth Collins-Nakai, the association's current president, was not as blunt, calling the election "a striking choice."

"It sounds as if people are very frustrated about their ability to provide timely access to quality medical care."

Dr. Day, founder of the Cambie Surgery Centre in Vancouver, said yesterday he is not a one-issue candidate who sees private health care as some kind of cure-all. But he said that, as president, he would press to win a bigger role for the private sector to help fix a system he considers to be profoundly ill.

"The private sector should be allowed to compete with the public sector for medical services, doing surgeries," he said.

"Looking at European models, looking at Australia are worthwhile things to do. We have a unique opportunity to actually build the best system in the world, because we can learn from the mistakes that have been made and copy the good things."

Dr. Day is also the director of the Canadian Independent Medical Clinics Association, a Vancouver-based organization that represents and promotes independent clinics. The doctor is a controversial pioneer of private health care in Canada, having opened his Cambie centre in 1996. It was the first such medical facility to operate outside of the public system.

While the CMA has only edged in the direction of endorsing private health care in the past year, Dr. Day would represent a clear ideological shift as president. He is also an outsider to the organization, having never served as provincial president or within the national association.

In an election among his province's doctors, he defeated five current and former presidents of the B.C. Medical Association, triumphing on the last of five ballots 1,393-1,226 over Dr. Jack Burak, a family physician.

The selection has to be confirmed by delegates to the national group's annual convention in Charlottetown this August. Other candidates can be put forward up to 90 days before the meeting by nomination of at least 50 members. Delegates can also nominate candidates on the convention floor.

In most cases, the provincial nominee is confirmed, but other candidates were elected at the national conventions in 2003 and 1979.

The new president would not actually take office until August, 2007, and Dr. Collins-Nakai stressed that anyone in the post must reflect the views of the membership, not just their own beliefs.

But the prospect of Dr. Day in the post was alarming some observers yesterday.

"It is extremely disappointing that the provincial organization and, if they hold to tradition, the federal organization, would choose somebody whose values and views run so contrary to those of the general public," said Dr. Gordon Guyatt, head of the Ontario-based Medical Reform Group, strong backers of the one-tier public medicare system.

"It puts the profession at odds with the public."

He said Dr. Day's views could hold sway in the organization because delegates to last summer's convention passed somewhat contradictory resolutions on the public versus private debate, allowing the leader to veer one way or the other.

Harvey Voogd, co-ordinator of the Alberta group Friends of Medicare, said he is not sure whether even physicians are ready for Dr. Day to "rock the boat violently." Doing so could alienate patients, who have come to see physicians as part of a universal, public system, he said.

"If that's the direction they want to go, there will be a very loud message sent to Canadians," he said.

Dr. Day's private, free-standing clinic provides orthopedic, eye and other surgery.

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Globe and Mail (February 16, 2006)

Private medicine on a roll in B.C.

For-profit advocate picked to head CMA; Throne Speech signals shift in thinking

BY ROD MICKLEBURGH

VANCOUVER -- Brian Day, the entrepreneurial founder of a controversial, ultra-private medical clinic, is on a roll. And so are the hopes of those who support for-profit medicine.

On the same day this week, Dr. Day, often labelled Dr. Profit by his critics, was chosen by British Columbia doctors as the future president-elect of the Canadian Medical Association, the most powerful physicians' organization in the country.

At the same time, in Tuesday's Speech from the Throne, the B.C. government signalled an increased role for the private sector in delivering publicly funded health care.

A delighted Dr. Day, who was part of the successful Supreme Court of Canada challenge to the ban on patients purchasing their own health care, hailed the Throne Speech announcement as a potential breakthrough in health-care reform.

"We applaud the government for its leadership and courage," he said in a statement yesterday.

"[This] is a good starting point to stare down the myths of the medicare monopoly and embrace competition and patient choice of public and private health-care delivery."

But it was the selection of Dr. Day, an outspoken advocate of two-tier medicine, to take over the 2007-08 presidency of the CMA that is certain to most alarm medicare defenders.

The orthopedic surgeon and medical director of the Cambie Surgery Centre won out over five other candidates in voting among B.C. doctors to choose their nominee for the CMA's top job.

The presidency rotates among the provinces, and it is British Columbia's turn in 2007-08. Unless there is a rare challenge from the floor at the CMA's annual meeting in August, Dr. Day will take over next year as the leading spokesman for Canada's 60,000 physicians.

Although he had never previously run for the B.C. Medical Association or CMA office, Dr. Day defeated his closest challenger, family physician and former BCMA president Jack Burak, by 1,393 votes to 1,226.

Dr. Day told reporters that his upset victory represented a vote for change. "The status quo is no longer acceptable. Doctors realize it is time for a change in the way health care is delivered and accessed."

At Dr. Day's sleek Cambie Surgery Centre, it is not uncommon for patients to have jumped public-sector waiting lists by having someone else pay for their surgery, a perceived Canada Health Act loophole.

The private clinic, which recently doubled its operating capacity, also does a roaring business treating injured workers. Their operations are paid for by the Workers' Compensation Board.

"Why can't the rest of the population have the same privilege," Dr. Day has argued.

BCMA president Michael Golbey said he "absolutely" supports Dr. Day as president-elect of the CMA, despite his radical views.

"It's 24 hours later, and I'm getting more comfortable with the idea every hour," Dr. Golbey said. "He was chosen in a fair election."

He said B.C. doctors are increasingly frustrated at the state of the health-care system and the difficulties they face getting medical services for their patients.

"At least [Dr. Day] is offering a fresh alternative."

Health-policy analyst Michael Rachlis, a fierce opponent of private medical clinics, said he hopes Dr. Day will moderate his views as head of the CMA.

"Many, if not most physicians, will be concerned about his views on medicare and the [for-profit] face of medicine he exposes," Dr. Rachlis said.

"Canadians have said in poll after poll that they don't want money to be the determining factor in how they receive health care," he said.

But Dr. Rachlis agreed with Dr. Golbey of the BCMA that Dr. Day's victory was likely more a product of physician frustration than an embrace of the 58-year-old surgeon's views.

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Canadian Press (February 15, 2006)

Medicare advocates fear B.C. appears headed down privatization road

By CAMILLE BAINS

VANCOUVER (CP) \_ British Columbia's plans to reform health care raised eyebrows with medicare advocates Wednesday as concerns mounted about the province joining Alberta and Quebec on the road to privatization and the erosion of the existing public system.

B.C.'s intention to include a further role for the private sector in health-care delivery was announced Tuesday in the government's throne speech, which promised a ``conversation" with voters on reforms before the next provincial election in 2009.

The government also wants to add the principle of sustainability to the Canada Health Act.

Stuart Murray, a researcher with the Canadian Centre for Policy Alternatives, said that while discussion is a good idea he's concerned that some of the questions posed in the throne speech assume from the outset that the private sector is the way to go.

Among the questions: ``Why are we so afraid to look at mixed health-care delivery models," when they work in Europe?

``My concern is that we're going into this with a preconceived notion of what is a good idea," Murray said.

More privatization would only end up poaching a limited number of doctors and nurses from the public system, he said.

Michael McBane, national spokesman for the Canadian Health Coalition, said there's no need for any more conversation on health care reform.

``We just finished the largest consultation on health care in the western world, which was the Romanow Commission, which spent millions of dollars and came up with a clear plan and then the government sat on it because of industry lobbying," McBane said.

While B.C. is getting thumbs down from proponents of public health care, independent medical clinics across Canada are applauding the move as a potential breakthrough in health care reform.

Dr. Brian Day, who co-owns the private Cambie Surgery Centre in Vancouver, called the B.C. government's throne speech a ``breakthrough" in health care reform.

Day, head of the Canadian Independent Medical Clinics Association, said the questions contained in the speech are a good starting point ``to stare down the myths of the medicare monopoly and embrace competition and patient choice."

Toronto-based health policy analyst Dr. Michael Rachlis said the B.C. and Alberta governments have already proved that a well managed public health-care system can dramatically improve access for hip and knee replacements through specialized surgical clinics, for example.

In Alberta, the wait time for orthopedic surgery dropped to 11 weeks from 90 weeks, Rachlis said.

A clinic to replace hips and knees in B.C. has been so successful that the province recently announced it's expanding it to a second location.

McBane, meanwhile, agreed with B.C. NDP Leader Carole James that sustainability is a code word for privatization.

“It's also a big lie because private health insurance is much more expensive,” McBane said from Ottawa.

“They're basically being dishonest about what their real objectives are. And instead of watering down the public health-care system and introducing private elements we should be expanding public insurance, for example, to pick up medically necessary drugs.”

Aslam Anis, a health economist at the University of British Columbia, said that while there may be room to reform the system, “in general the government doesn't have a good handle on the costs of providing health care.

“So a lot of times these reforms are made and alternatives are implemented without really knowing what the original cost was.”

Anis said there's nothing wrong with private health care unless it cuts quality and allows for a two-tier system that puts those who can afford hefty costs ahead of those who can't.

“I think medicare is great,” he said, echoing McBane's concerns that it should be expanded to include drugs because people who can't afford medication end up back in hospital and costing the system more money.

Harvey Voogd, spokesman for Friends of Medicare in Calgary, said he doesn't understand why B.C.'s Premier Campbell plans to travel to Europe to examine other health-care systems unless he's willing to pump more money into the public system.

“In most European countries the percentage of dollars spent on the public health-care system are much higher,” Voogd said. “In Sweden 85 per cent of dollars spent on health care are publicly funded,” he said, adding drugs, dentistry and vision care are part of what's covered.

“I think a lot of British Columbians might say to Premier Campbell, ‘What a smart move. Let's go in that direction.’”