

TRANSCRIPT

Source:

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Speaking to the National Roundtable on Wait Times

Date:

January 16, 2006, Fairmont Chateau Laurier, Ottawa

I want to say first, there is an old adage - that is really true - is that for every complex problem there are a host of simple solutions – all of them wrong. The provision of appropriate health care in Canada can be solved by any number of groups - from their perspective - and of course most of the solutions may be interesting and may be relevant *in part*- but are not the whole solution. So we will never address – I think it is an old adage of management – a complex problem with a solution that is less complex than the problem, because there are so many elements that need to be addressed.

Second thing I want to say is that I'm acutely conscious this morning of the "Wheel of Life" turning because it was 1978 when I first made a presentation to what is known as the Breau Commission – which was the Parliamentary task force on federal-provincial fiscal arrangements. It was centered around the movement from 50-50 cost sharing -- and the rigidities of that, but also the guarantees of that -- to the establishment of the programs financing *Act* of 1978. So that's a long time back, and now we are back at the same point in some ways - of saying: "How as a country do **WE** secure the health of our citizens in an affordable – but also excellent manner?" So I am really conscious of that "wheel turning".

The third thing I want to say – and it's a hard thing for us to keep in the public's mind – is about **3Ps**. And the 3Ps are **POWER, PRIVILEGE and PROFIT**. And they never quit – **that's** the *Nature* of power, privilege and profit. The underlying dynamic that seeks, in the words of a health insurance executive, who viewed the Canadian Health Care system in 1983 as the last oyster in North America waiting to be "pried open". That is not necessarily all evil, but it is all real.

How we keep expecting that somehow if we just get it right we'll figure out how to defend this system. No. No, no, no, no, no. That is not possible. Because those who see it as an opportunity for *power, profit and privilege* are not going to go away. We will **NEVER** stop having to fight this battle. So one of the important issues for all of us is the renewing of these coalitions, and the renewing constantly of the movements. That's one of the pleasant things about today – there are a lot of young people in the room – who I have not met, but have enormous faith in.

Fourth, every time before I do a public presentation, every single time, I read a story from the book *Life Before Medicare*. And I read the story because most people have no memory of what life was like before 1965, *before Medicare*. Unless we help people to understand that whatever might be wrong with this system, what ever opportunities there are for improvement, nothing should be allowed to take us back to life before Medicare. Nothing. Nothing should be allowed to do that.

I am going to read you a story from that book, *Life Before Medicare*. It is from Evelyn Sachs, of Montreal, Québec:

35 years ago my husband's mysterious illness was finally diagnosed. He suffered from Parkinsons. At that time there were no miracle drugs and our only hope lay in the hands of a famous surgeon who had developed a surgical procedure on the brain which promised some success. I could never forget the day we faced him in his office and without looking at my husband (as though he wasn't there), he said "and how do you propose to pay for this surgery?" Mrs. Sachs.

That's life before Medicare. And we need to keep reminding ourselves and others about that.

Fifth, there is an article recently in *StraightGoods.com* about a woman who had bowel cancer in the United States. They write about her waiting times, her months and months of waiting. They write about the disconnectedness of the system that served her. Where doctor didn't talk to doctor, and there were NO cancer-care follow-ups in the community because there were only volunteers. There were no staff. The story is one of *Third-World* health care – but you know what – this woman was not uninsured. She had a decent insurance package! But when her oncology drugs were switched to a drug that was not listed by her insurer as 'appropriate' of 'successful' – even though the listings were out-of-date – she was cut off that drug.

So we need to tell people that in that *siren song singing place* where there are no wait lists – where everyone lives in big rock-candy mountain - the reality is that for the 45 million uninsured, and for many, many, many more who ARE insured, there are wait lists. There is inappropriate care. There is a disjointed and unconnected system.

All Americans don't get access to the Mayo clinic. The other side of that, of course, is also true. There are excellent, competent, effective care systems, in both of our countries but we need to remind people that waiting lists are not simply an issue in Canada. We also need to remind them that in many countries in Europe that are often held up as 'models', there are no centralized data about wait times. When people say there are no wait times – it's because there are NO lists. There is no central data in France, for example, about wait times. France is often held up as a wonderful system

Sixth, in terms of sustainability, we cannot sustain a system simply by throwing more money at it, I don't believe. And I haven't believed for a long time, that our system is

under-funded. You cannot say that a system that is getting **6-7 per cent increases or more** in funding for a decade is under-funded. It may not be appropriately funded. There may be waste in that funding, or misdirection, but to argue that the quantum of funding is insufficient is a very hard argument to make. Frankly, it's one that Canadians are not buying. It may be under-resourced – but that's different from being under-funded - in terms of what it is we need to do.

So how do we get sustainability? We've been talking for some time about the first thing we have to do - *get primary care right*. Prevention. I am appalled that in my province we are seeing in the order of 2000 aboriginal children each year with no teeth - because their mothers didn't get enough vitamin D when they were pregnant. Secondly, because of overcrowded housing, and very, very high-stressed families, a baby may be put to bed at night with a sugar water bottle in **its** mouth to keep it quiet because if you don't the house is in an uproar. And there is enough abuse and stress from overcrowding already. And thirdly, breast health is not actively taught. So people are not using appropriate breast-feeding techniques, they're not cleaning their breast properly, and so the bacteria **gets** transferred to the child. And it doesn't take more than a year and the child has a face full of rotting teeth. And then we take them out –**we** take them out at high cost, high pain, and no medically justifiable outcomes.

And you can, through a variety of things from hips and knees, to hearts and diabetes, find exactly the same thing. 70% of our **health** costs come from chronic diseases. All chronic diseases are all amenable to the same strategies and until we get serious about that, the trajectory of demand is not going to go down. Secondly, on innovation and productivity. Peter Gwinn in Saskatchewan, and others who are saying we've got to use an engineering approach, queue-management theory, and re-engineering of our processes. They're right - it's absolutely critical. I've been dining out for a year and a half now on my own experience of having a CT scan because my sinuses are the pits (pardon the pun). So, of course, in the parlance of all medical practitioners, they said to me (having done the CT scan) "there's nothing there". This was not a surprise to my spouse. However, the time between the scan and them saying "there's nothing there" (in other words I didn't have any cancers nodules in my sinuses) was five weeks. This was a brand new CT scanner. The results from that scan were ready, at most, within 5 minutes of it being finished.

By the time it was read – and of course because my specialist didn't have a connection to the hospital, what did they do with the results of the CT? They printed it on X-Ray film and sent it out by courier to the office. By the time the specialist got it, got around to looking at it and phoned me, it was 5 weeks later! Now that's an example of how an appropriate information technology and an appropriate joining up of systems, is absolutely critical.

I am not going to go into all the other elements here – but if we don't get to innovation and productivity we will never solve this problem by continuing to demand more investment. We will never solve it because there will never be enough money to make up

for the lack of productivity that is out there in our system today. The last thing about the system today is, that it is also characterized by outstanding successes.

Whether it is Pan-Am clinic in Winnipeg that is incredibly efficient - an example of joined-up technology, high through-put, very effective. The surgical centre in Queensway, Toronto. The Regina clinic. The Sault Ste. Marie Clinic. There are lots and lots and lots of examples of very good practices that we need to lift-up and get the public excited about – to the point where they say: “Why in the world can’t we do that here? Why is it that it can only be done in Regina, or in the Pan-Am clinic?”

And if we can get the public excited about that – not from a negative view, but from a hopeful, positive point of view, I think we could change this debate significantly. It’s not primarily a debate about the ownership of the delivery – most of the ownership of the delivery of our primary care is private. That’s not the issue. The issue is whether, by using the skills of the system, we can assure a single-payer system, high quality, appropriate care – as we’re saying in Manitoba: “better care, sooner, closer to home”. We can do that. The examples out there of how to do it are manifold.

The question is can we mobilize public opinion to say NO to the Siren Song of privatization. To say NO to the 3 Ps - the power, the privilege, and the seeking of profit. But to say YES to the efficiencies that can be gained. The productivity that can be gained, and the prevention and primary care that could be enhanced.

So that Canadians will always have access to our EXCELLENT Medicare system - because it is excellent. We didn’t get longer life expectancies, lower infant mortality and morbidity, better surgical outcomes - we didn’t get any of those things by having a lousy health care system folks. We have a very good health care system. The question is how to sustain it and make it stronger.

Thank you for the chance to be here, and more than anything else, thank you for the energy you represent across our country. Because we are going to have a hell of a fight over the next decades – it’s not going to be years, but decades, to make the health care system as strong as it can be and to withstand what will always, always be pressures from those who would privatize and make profit from it – against those who believe that social justice and social care is really a more important value of civil society than the profitability of the health care system.

Thanks again for the chance to be here and thanks for your work.

THE END