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Dr. Day's deceptive language
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You have published the opinions of Brian Day, the brash current president of the Canadian Medical Association, on what he thinks we need to do to improve Canadian health care.

I've been a practising family physician for 32 years, and I say most emphatically, Brian Day does not speak for me.

I see Brian Day as a demagogue, whose political behaviours reflect the approach of an orthopedic surgeon (he's reputed to be a very good one, by the way). He aggressively cuts through every obstacle to reach the goal that he seeks, and ignores anything he's not directly interested in.

I don't -- and can't -- work that way. In primary care, I have to take people as a whole, as they are, with all their complexities, and meet them half-way. And my patients are all fully awake when I work with them, not anesthetized.

Brian Day's attributes are excellent in an orthopedic surgeon in the OR, but politically dangerous outside that limited and highly controlled setting. They are particularly troublesome when coupled with an ebullient personality, a good vocabulary (he is British, after all, and raised pre-TV), and a shameless abandon when it comes to aligning his facts with data he doesn't like.

His strategic goal, in case your readers are not aware, is to expand the private practice of medicine to the max. His major tactic is to ridicule public medicine (which he says is run by "Bozo the Clown"), while at the same time presenting a contrived positive image of privately funded practice. The tactic used in his article is to distort a picture of a "far-away" system, in the belief that no-one will actually go to Britain and look at the system to see if what he says about it is true, or, if any of it is, whether it's true for the reasons he says.

His key "double-speak" words (which he slips into a normal dialogue) are:

1. "Patient choice" which really means: "I, and other ambitious clinicians like me, will do better financially if rich people are able to jump the queue and come to clinics like mine and pay me and other docs more than the public system reimburses me for

doing the procedure these people need (or want). And they can see me as fast as their SUVs and Hummers can get them here".

2. "Put patients first" which really means the same thing -- it doesn't mean make the system work better, it means supplant the current system, which is publicly funded, with a privately run system, which, to a market believer like Brian Day, will automatically make things work better.
3. "Incentives" means bribes, paid to administrators and hospitals and doctors for increasing throughput, but not quality of service, or patient satisfaction (these are not measured). It's based on the faulty assumption that more care (more drugs, more surgery, more office visits) equals better *health*. It emphatically does not mean incentives for the primary prevention of disease.
4. Increased "efficiency and productivity" means the completion of certain tests, procedures and interventions according to centrally determined guidelines; it means death to real "innovation and experimentation." Because when Brian Day uses these latter words, he means the completion of records that comply with central, formalized protocols for dealing with certain standard medical situations, much like the worst of the "managed care" groups in the U.S. These are infamous for using the cheapest option, not the best -- Michael Moore's film Sicko has an alarming sequence on that subject, in which a man has to decide which of several accidentally amputated fingers he will have replaced, based on what he can afford to have done.

Brian Day is like a more passionate and articulate version of the former premier of Alberta, who, when approached by the Consumers Association of Canada with data showing that private ophthalmology increased *wait* *lists* and costs, just ignored the data.

Brian Day's positioning and ideology is dangerous because he's effusive, he's energetic, he's charming, and he loves a good dust-up -- and he's been observed to say just about anything in an argument in order to try to win.

If anyone wants to see what privately run, pay-as-you-go *health* *care* systems really do, then study countries in Sub-Saharan Africa, not Britain. There, even small fee payments result in increased death rates and horrendous *health* outcomes. Only in rich countries like Canada and Britain can the debate that Brian Day has joined not sound ridiculous and sociopathic.

I have never met Brian Day, but I suspect that if I did, I'd enjoy the visit; we'd probably have a regular old chin-wag. But I reject his political and economic analysis, because it does not accord with the day-to-day reality I experience, or with the evidence I have reviewed, for three decades, about how *health* *care* works.

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