

Winnipeg Free Press
December 6, 2005

Private clinics aren't the solution

By Noralou P. Roos, Alan Katz and Carolyn De Coster

LINDOR Reynolds got the issues right (Minister misses the point on MRIs, Free Press, Nov. 26), but her solutions to waiting times are just plain wrong. Then, on Dec. 3, Dr. Mark Godley (First, do no harm) and Sydney Green (Private care part of the original concept) both muddied the waters further.

Reynolds chided Minister of Health Tim Sale for ignoring the central issue -- people waiting too long for MRIs. She claims Godley and his private clinic can do what the minister hasn't done; provide Manitobans with a necessary and "extremely efficient" means of providing health care.

So what is the evidence? When care is delivered by private clinics do waiting lists get shorter? The answer is simple -- NO!

There is evidence not only from Manitoba but also from Alberta and from the United Kingdom that having private clinics does not reduce waiting times in the public sector. In fact, waiting times in the public sector tend to increase in areas where private clinics operate. Why?

Probably because physicians, technicians, surgeons, nurses etc. cannot be in two places at one time. If surgeons are seeing or operating on their private patients, they cannot simultaneously be available to see their public patients. Also, if radiologists are doing scans in private clinics, they are committed to making a profit. They may advertise and give so many bonuses for referrals, that their waits still stay unreasonably long. (After all, Minister Sale and his predecessors have increased the number of MRIs performed in the province pretty dramatically -- from 6,402 in 1998/99 to 27,152 in the most recent 12 months, according to the provincial website.)

It has been suggested that providing public funds to privately owned facilities could help to put more resources into the system, thereby reducing waiting times. An interesting study conducted by the Alberta branch of the Consumers' Association of Canada found this isn't necessarily so. In 1998, an association representative posing as a consumer contacted ophthalmologists offices and asked how long a patient would have to wait for cataract surgery.

In Calgary, all of the surgery is contracted out to privately owned facilities. In Edmonton, only 20 percent of the surgery was performed in a privately owned facility and the rest was performed in a public facility. In both cities, all of the surgery was paid for out of the public purse. Wait times in Calgary (the one city with only privately operated clinics) were actually longer -- from 16 to 24 weeks, whereas the wait reported in Edmonton (where more patients used the public system) was shorter -- five to seven weeks.

The longer waits in Calgary were not related to a smaller supply of surgeons. In fact, Calgary had one ophthalmic surgeon for every 37,000 people, whereas Edmonton had one surgeon for every 51,000 people. In Calgary, patients also experienced more frequent and more expensive out-of-pocket charges for recommended care.

The same thing happened in Manitoba in the early 1990s when private clinics were allowed to perform cataract surgery in Winnipeg and Brandon. Patients who went to a private clinic paid approximately \$1,000 for the "tray fee." What happened to wait times? Patients who could afford the \$1,000 did have shorter wait times -- seven to eight weeks. However, public patients operated on by these same surgeons who couldn't come up with \$1,000 waited essentially twice as long (14 to 22 weeks). If the patients waiting for public surgery had gone to surgeons operating only in the public sector -- their waits would have been much shorter -- seven to 14 weeks.

Having a parallel private sector has been demonstrated again and again not to reduce waiting times in the public system. The United Kingdom and New Zealand, both of which permit a parallel private sector, are notorious for long waits. And if you want evidence closer to home, we've got the Alberta and Manitoba experiences. It all adds up to the same thing: private clinics are not the solution.

Noralou P Roos, Alan Katz and Carolyn De Coster are in the Dept of Community Health Sciences, Faculty of Medicine, University of Manitoba.