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Summary

Everything related to the Canadian health care system is political—even hospital food—because the government runs it. Thus, its single-payer system is suffering from high dissatisfaction. Doctors are leaving the country and more patients are waiting longer for care. Following in our Northern neighbor's footsteps would be a cure worse than the disease.

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If the food doesn't kill you, the wait will

By Lawrence W. Reed and Kurt T. Weber

Hospital food is rarely mistaken for gourmet cuisine anywhere, but at least in Oregon it is not an issue over which major political campaigns are waged. In Canada, it is—and the lesson this provides for American health care is profound.

With just a few days left before the fall 1999 elections, political campaigning was at a feverish pitch in the Canadian province of Manitoba. A colleague who was there at the time reported in astonishment that the dominant issue was: Hospital food

The patients of Manitoba's hospitals had complained for months about the introduction of “re-thermalized food”—cut-rate meals prepared 1,300 miles away in Toronto, then frozen and shipped to Manitoba where they are nuked in microwaves and served. Peter Holle, president of the Frontier Centre for Public Policy in Winnipeg, explained that re-heating meals was a cost-saving “innovation” of government bureaucrats employed by regional health authorities. Holle commented that the re-thermalized food tasted “like cardboard.”

As it turned out, the incumbent government in Manitoba and many of its supporters went down to defeat. Vile victuals were a key reason.

How does hospital food become a political issue? The same way anything—from the important to the utterly inconsequential—becomes a political issue: *socialize it*. Take any matter that people normally resolve quickly, peacefully, and privately by their own choices, turn it over to government, and watch as factions arise, conflict ensues, and problems appear. Politics is simply no way to run a kitchen or a car factory or a whole lot of other things.

Hospital food should be among the least of Manitoba patients' real concerns: Dissatisfaction with the country's health care system has helped lead to an exodus of doctors. Canada's *National Post* highlights, when the government cut the number of students accepted into medical schools in 1992, “administrators failed to predict that 40% of matriculating family doctors at the University of Toronto and other leading medical schools would soon emigrate to the U.S. for better pay.”

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The idea of emigrating is gaining popularity among established physicians. Two years ago a polling of more than 9,600 doctors in Ontario, Canada's largest province, indicated that nearly one in three were seriously thinking of moving to other countries. Dr. Albert Schumacher, then president of the Ontario Medical Association, said the survey's results underscore the fact that many physicians are becoming fed up with waiting lists and a shortage of medical personnel. More than 90 percent of the Ontario doctors surveyed said delays in treatment caused by waiting lists have hurt the health of patients.

Ontario physician and author David Gratzer asserts, "The biggest health care reform over the last 30 years wasn't regional health boards, centralized kitchens, or bed closures. It was the waiting list. If patients won't make the tough decisions, reason provincial governments, force them to line up. As the number of elderly Canadians double over the next four decades to a quarter of the population, waiting lists will grow dramatically. A few billion dollars more in transfer payments won't shorten them." Gratzer's views received national recognition when his book *Code Blue: Reviving Canada's Health Care System* was awarded the \$25,000 Donner Prize in 1999 for best Canadian public policy book.

The Fraser Institute in Vancouver, British Columbia, publishes an annual survey, *Waiting Your Turn*. Last September Fraser's 11th annual survey noted, "Total waiting time between referral from a general practitioner and treatment, averaged across all 12 specialties and 10 provinces surveyed, rose from 13.11 weeks in 1999 to 16.2 weeks in 2000-01." Worse still, the survey states, an estimated 878,088 Canadians were waiting for treatment in 2000-01, an increase of 3 percent between 1999 and 2000-01. No wonder former Quebec Premier Bourassa avoided "free" care in his home country and instead sought treatment in Cleveland when he was diagnosed with cancer.

Many advocates of government-run health care in America would like to move us toward the Canadian system one step at a time. Others, like proponents of the single-payer initiative on Oregon's November ballot, would have us take a giant leap off a cliff in that direction.

We should remember, if the sorry state of Canadian health care tells us anything, it is this: Politicians and their bureaucracies should not be trusted with the care hospitals provide any more than they should be trusted with the food hospitals serve.

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