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Summary

Canada's single-payer health care system was dealt a near-fatal blow in June when that nation's Supreme Court ruled Quebec's ban on private health insurance led to unconstitutionally long waits for care. America effectively has a similar ban for Medicare patients, which should also be ended.

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Socialized Medicine:

A powerful symbol of national identity?

by Steve Buckstein

What if your doctor told you that you had to wait a year to replace your painful, arthritic hip? If you're an American with health insurance you wouldn't stand for such a delay; you'd switch doctors or hospitals and get the operation done quickly. If, on the other hand, you're a Canadian with supposedly "free" national health insurance, your only choice until last month was to go to America...or go to court.

George Zeliotis of Quebec chose the court. On June 9th the Canadian Supreme Court ruled that such long waits violate patients' "liberty, safety and security." The Court went on to say, "The evidence in this case shows that delays in the public health care system are widespread and that in some serious cases, patients die as a result of waiting lists for public health care."

The Court made clear that "access to a waiting list is not access to health care." And, while the judges didn't declare the entire national health care system unconstitutional, three of the seven did want to take that final step.

Government lawyers argued to keep the state's ban on private insurance because the single-payer system is considered "one of Canada's finest achievements and a powerful symbol of the national identity."

Only two other countries on earth have such "powerful symbols of national identity" – Cuba and North Korea. Every other country with national health insurance recognizes its shortcomings and allows private insurance as a safety valve.

Mr. Zeliotis' one year wait for a hip replacement was admittedly at the long end of the range, but last year Canadians waited an average of 17.9 weeks for surgery and other therapeutic treatments, according to the Vancouver-based Fraser Institute.

You might think such long waits are a price worth paying for universal public health insurance. But what if you had a serious heart problem and every day was critical? Former President Clinton found himself in such a situation last

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year. He complained of chest pain to his doctor on a Thursday, had an angiogram the next day, and had quadruple bypass surgery the following Monday. A five day wait. If he'd lived in Canada, or if Americans had fallen for his wife's so-called HillaryCare plan when he was in office, he would have faced an average wait of 3.4 weeks from seeing his family physician to seeing a cardiologist. Then he'd wait another 2.1 weeks even for an urgent bypass.

The Canadian Court decision should remind us that goods and services can be allocated only one of two ways: through a market pricing system, or through government dictated rationing and lines. Socialists claim that rationing is more fair than pricing, but Canada's court decision blows the cover off that faulty argument.

American health care has serious problems too, but remember that it's also far from a market system. The government is actually the single biggest payer in our system too, just not as big as in Canada. Here, government shells out 45 percent of every health care dollar, primarily through our Medicaid and Medicare programs.

Canada's failure to deliver on its socialized health care promises should serve as fair warning for Americans who believe that we ought to go all the way toward such a system. Oregonians saw through the single-payer hype when we overwhelmingly rejected such a system at the polls in 2002.

We don't have to go to Canada to see the broken promises of socialized health care. We can stay right here and look at how our own Medicare program treats the elderly. Americans expect the freedom to contract with whomever we wish for our health care needs, but U.S. law makes it almost impossible for Medicare recipients to pay privately for services covered by the program. The law actually says that if seniors refuse Medicare hospital coverage they lose their Social Security retirement benefits.

Even if seniors wanted to pay privately for medical services, any physician who accepts private payments from a Medicare patient loses his right to bill Medicare for any patients for two years.

Let's hope our courts see what the Canadian court saw, and soon prohibit such unhealthy policies in America. We should begin moving back toward a market system in medicine, and never allow government monopoly health care to become a symbol of *our* "national identity."

Steve Buckstein is a senior policy analyst and founder of Cascade Policy Institute, a Portland, Oregon think tank.

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