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Breaking Alberta's cruel health-care monopoly

JOHN CARPAY

“Access to a waiting list is not access to health care,” ruled the Supreme Court of Canada eight years ago, in *Chaoulli vs. Quebec*. The court struck down Quebec's ban on private health insurance because it created a “virtual monopoly” that condemns Canadians to suffer — and sometimes die — while their names are placed on waiting lists for surgery. Having considered the success of public health-care systems in other countries (none of which ban private health insurance), the court's majority held that banning private health insurance is not necessary to preserving the public health-care system. In short, the Court ruled that governments must get rid of unreasonable wait times, or else allow citizens to access health care outside of the government's monopoly.

A subsequent unanimous Supreme Court decision in *Canada vs. PHS Community Services Society* confirmed that “where a law creates a risk to health by preventing access to health care a deprivation of the [Charter] right to security of the person is made out. Where a law creates a risk not just to the health but also to the lives of claimants, the deprivation is even clearer.”

A new court action to extend the *Chaoulli* ruling to Alberta will be heard this October. The evidence the Alberta government presents in this case demonstrates that the problem of excessive wait times is as pressing as ever. Despite spending more than \$17-billion on health care each year, the Alberta government does not know the total number of Albertans who are currently waiting for surgery. Further, the government has no idea how many patients on wait lists are prevented

from working to support themselves and their families, or how many patients are suffering severe pain, or how many patients are prevented from performing daily tasks like shopping for groceries, or tying their own shoelaces. Shockingly, the government claims it does not know whether some patients die while waiting for heart valve surgery or the implantation of a pacemaker. The government also admits that Alberta Health has not made any effort to determine how many Albertans die each year while waiting for surgery.

The government's lack of awareness about the suffering of patients results from its refusal to obtain relevant data about the nature and extent of the wait list problem. For example, the government boasts that 70% of patients receive knee replacements within six months. But the government has no idea how many months (or years) the unlucky 30% must wait. The government's inaction drives thousands of Albertans to pay for surgery out-of-pocket in other countries because they must otherwise wait for months or years for medical care in Canada.

The Alberta government defends its monopoly by conjuring up the old bogeyman of two-tier health care. But the peddling of fear ignores the evidence of European and Asian countries which have universal health-care systems that are superior to Canada's. France, Japan, Australia and dozens of other countries allow private health care and private health insurance, and have public health systems that are accessible to all regardless of income. These countries count wait times in days and weeks,

not in months and years as Canada does.

The two-tier bogeyman doesn't exist, because a multi-tier system is already in place, with faster private care available to Workers Compensation Board patients, federal prisoners, the RCMP, and those who are well-connected. The multi-tiered nature of our health-care system is confirmed each year when thousands of Canadians, including many in Alberta, pay out-of-pocket for medically necessary MRIs, to obtain a timely diagnosis and thereby increase their chance of timely treatment within the Canadian system.

But those Albertans who cannot afford to pay \$750 for an MRI must wait up to a year (sometimes longer) to obtain a diagnosis. The government starts counting wait times only after a diagnosis is obtained and treatment recommended. The months or years that a patient suffers prior to obtaining a diagnosis are conveniently ignored.

The government presents plans, proposals and promises to reduce wait times, but not a shred of evidence that wait times have actually been reduced since *Chaoulli* was decided in 2005. All the more reason to remove the restrictions preventing Canadians from accessing prompt health care outside of the government's monopoly.

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Calgary lawyer John Carpay is president of the Justice Centre for Constitutional Freedoms (www.jccf.ca) and represents two Alberta plaintiffs who are challenging the government's health care monopoly.