

Banning Private MRIs would hurt Alberta patients

By John Carpay

Last week, Alberta's College of Physicians and Surgeons suggested banning private MRIs and CT scans.

This would create more suffering for more patients, and also increase the number of Albertans who die while on a waiting list. Hundreds of Albertans are alive today because they took charge of their health and escaped the waits to which patients are routinely subjected inside the government's health-care monopoly. Obtaining a timely diagnosis of their cancers or other conditions allowed these Albertans to decrease their suffering, prevent permanent damage to their health, and even save their lives. These Albertans did not jump to the front of the queue. They left the queue.

In documents filed by the Alberta government in the Court of Queen's Bench (*Allen v. Alberta*; *Cross v. Alberta*), the government admits that Albertans wait longer than three months for an "urgent" MRI. If your condition is deemed "semi-urgent," the wait is four or five months for 90 per cent of patients, and even longer for the unlucky 10 per cent. The wait for a "non-urgent" medically necessary MRI is nine months or longer.

Cancer pays no heed to our politicians and health bureaucrats, who ration diagnostic tools (MRIs and CT scans) as well as treatments. Cancer spreads quickly while worried patients wait for months for their diagnosis.

These MRI wait times, like the painful waits for orthopedic surgery and other elective treatments, should not surprise anyone. They are the predictable result of an inefficient, unaccountable, bureaucratic, centralized, government monopoly. This monopoly has no real incentives to spend responsibly the \$17

billion Albertans pay to it each year in taxes.

For example, hospitals are not paid based on how many timely, high-quality treatments they provide to patients. Instead, hospitals receive a global budget envelope each year. Therefore, every surgery performed and every baby delivered represents a drain on that budget. Hospitals benefit by restricting access and service. Without an incentive to maximize the number of procedures and treatments provided, wait lists grow longer.

Shockingly, in the *Allen and Cross* court actions, the government states that 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 has no idea how many Albertans have suffered irreparable damage to their health, how many are prevented from working, and how many are prevented from enjoying life because of wait lists.

France, Japan and Australia are among the dozens of countries whose public health systems (accessible to all citizens regardless of income) count wait times in days and weeks, rather than in months, as we count them in Canada. With the exceptions of Canada, Cuba and North Korea, countries around the world permit private health care and private health insurance, which exist alongside their public systems.

In stark contrast, Canadians are legally prohibited from spending their own money on health insurance to access better and more timely medical care.

Canadians can spend their money on alcohol, tobacco and gambling (thereby providing governments with billions of extra tax dollars) but not on insurance for health essentials like diagnosing and treating cancer. Canadians can buy medical insurance for their pets (who never wait for MRIs), but not for their children.

Banning private MRIs and CT scans would move us even further away from the world's successful models, forcing more patients to suffer on waiting lists in the government's monopoly. Banning private MRIs would move us closer to Cuba and North Korea, which like Canada, make it illegal for citizens to spend their own after-tax dollars on essential health care.

It is unlikely that Alberta's College of Physicians and Surgeons has the legislative authority to determine which medical services should be legally designated as insured, and thereby available only through the government's monopoly. The college would do better to advocate that Alberta learn from the European and Asian countries whose public health-care systems consistently provide patients with better outcomes at a lower cost.

As the Supreme Court of Canada said in *Chaoulli v. Quebec*: "Access to a waiting list is not access to health care."

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