

European Health Care Bests Canada

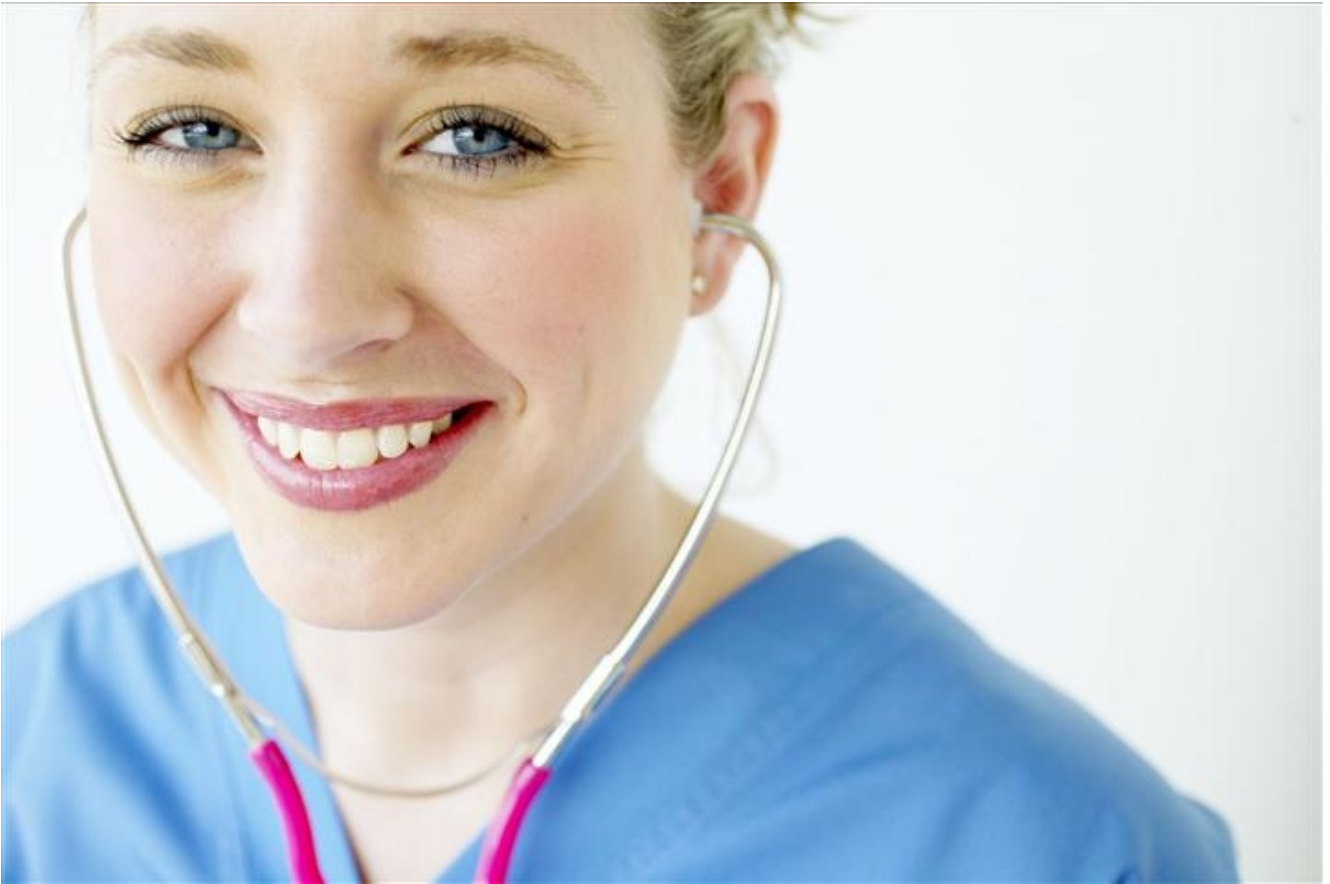
The debate on how good Canada's health care service is, whether it could be a market for inbound as well as outbound medical tourism, and the role of insurance, has become rather bitter internally; while much comment on it from the USA has been more concerned with 'proving' the speaker's argument that it shows how good/bad etc. is US healthcare reform.

So it is interesting to get an unbiased viewpoint from Europe. European health-care expert Johan Hjertqvist says that long waiting lists, a lack of patient rights and slow development of new medicines, are among the more problematic areas that make Canada's health-care system inferior to European systems. Hjertqvist runs Health Consumer Powerhouse, a Swedish-based company that compares health-care systems from around the world, "This is a very old and sloppy system, and that should not be the case," he said.

Health Consumer Powerhouse and think tank Frontier Centre for Public Policy recently released a report outlining how Canada's health-care system matches up to European systems. The 3rd annual Euro-Canada Health Consumer Index evaluates the consumer-friendliness of Canada's healthcare system. It compares Canada to 33 European countries by assessing the extent to which each national healthcare system meets the needs of healthcare users. Overall, Canada finished 25th out of 34 countries. In Canada, wait times for diagnostic exams such as an MRI can last for months, while the typical wait time in top European countries is less than one week.

Hjertqvist said: "According to the study, Canada spends over \$3,500 per person on health care, one of the highest rates among the countries studied. Despite that, Canada has very long waiting lists in comparison with European systems. Canadians think it is reasonable that people should wait over one year or two years for treatment. Nowadays, you expect that you should be able to access a new mobile phone or whatever, and no one says it will take 18 months to get a new television. I think it is much more important to have a new hip than a new television, you should not have to wait 18 months for a hip replacement."

France, Belgium and the Netherlands have some of the best healthcare systems in Europe and have diagnostic and orthopedic surgery waiting lists of around a week, whereas in Canada, waiting lists can swell to years. The report highlights that having little access to health care, as in the case of waiting lists, has an enormous effect on Canadian budgets, because it is expensive to have someone not working and getting paid for sick leave. The Canadian health-care system needs more contracted private health-care providers in order to improve patient access to treatment.



According to the study, Canada is behind several European health-care systems in terms of patient rights and information, and Canada needs a legislative guarantee of patients' rights and an easier method for attempting to seek a second opinion. The development of new medicines has been a weak spot for Canada, although there has been some improvement over the past few years. One area in which Canada excels is patient outcome.

According to the report, Canada has a "Beveridge model health-care system, where a single organization handles the financing and provisions of the system. The Netherlands has the best overall health-care system in the study and uses the Bismarck model that consists of several insurance organizations that exist independently of the health-care providers in the country."

The former president of the Canadian Medical Association (CMA), Dr. Brian Day, has always been an advocate for Canada promoting medical tourism, especially from the U.S., as a way to raise funds for the country's financially stretched health budget. Day argues that it makes sense to seek additional sources of income and that the U.S. could be Canada's major medical tourism source market. It could also attract patients from other regions such as the Pacific Rim.

Day suggests that Canada can greatly discount treatment costs in the U.S. and offer world-class care, but it is not currently possible as the healthcare system is based on rationing and waiting lists. This prevents skilled health workers from obtaining full-time work and creates a peculiar paradox where, despite being in short supply, they are forced to leave the country.

He argues that a Canadian medical tourism industry will increase training, recruitment and retention of health workers. It will create new, well-paying, long-term quality jobs and encourage investment in hospital and medical school infrastructure and new medical technology. Dr. Day says that British Columbia should be the first Canadian province to embrace the concept of international centers of excellence in Canada, and that a beneficial by-product of medical tourism will be the elimination of rationed access and waiting lists for Canadian patients.

CMA President Anne Doig says: "If we want to save medicare, we have to change it. While Canadians like to think that we have the best health care system in the world, the facts say otherwise.

Transformation is needed to ease pressure that is increasing in all sectors of the health care system. 25% to 30% of people in acute care beds should not even be in hospital, as they need 24-hour supervised care, not hospital care. Either change the healthcare system or prepare for its demise."

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