EDITORIAL

Impact of the Chaouli decision

Forty years after the introduction of the Canada Health Act, and 20 years after private sector medicine was banned in Canada, we have come almost full circle. The Quebec Supreme Court has ruled that restricted access to necessary care was a breach of human rights, and that where access was delayed Quebec citizens had a right to seek private alternatives in Canada.

Physicians have been exquisitely aware of the limitations of a universally free system for some time. However, our national leadership has consistently opposed private sector medicine. Recently, the Canadian Medical Association reversed its long standing position on this issue. This came, apparently, with little philosophical discussion; the debate was primarily about procedure.

The CMA's about face leaves a bad taste in the mouth. The CMA had an opportunity to lead the country by making a compelling case, based on human freedom, fundamental principles of economics, and the well documented outcome of socialized systems elsewhere in the world, for the right of individuals to seek facilitated access to care, as is the case in every other free country. Instead, for more than a generation, they supported the status quo of the Canadian Health Act. Now that the Quebec Supreme Court has ruled on this matter, and change is in the air, the organization has finally had a change of heart.

The Chaouli decision represents the first loosening of the straightjacket of the CHA. It is likely that the rest of the country will follow Quebec's example. The door of entrepreneurial initiative has been opened a crack, and it will likely be blown open with force. The key areas where private medicine will emerge are for treatments and services which are unfunded by ministries of health but for which evidence of benefit exists. In Toronto, a new private clinic has recently opened which provides unfunded systemic cancer therapies to patients who can pay. These include Velcade, a new proteosome inhibitor which has been shown to offer a survival benefit in multiple myeloma; and Herceptin, a HER-2 antagonist which improves survival in advanced breast cancer by 11%. A course of Velcade is $50,000; Herceptin is similar. (Both are considerably less expensive in Canada than the U.S.) Can we afford to pay for these drugs for all eligible patients? Probably not. Should no one therefore be able to access them (unless they go to the U.S. for treatment)? Only a Marxist ideologue would argue this.

What does this mean for urologists? There are numerous opportunities. A group have recently opened a private HIFU facility in Toronto. (This technology has been strenuously debated in our last 2 issues). Typically, in Canada, waiting lists for many outpatient procedures are excessive. Prostate biopsy is a case in point. In many constituencies, patients wait 8 weeks or more (particularly from the time of referral). It seems likely that private urology clinics offering rapid consultation and TRUS guided biopsies within 2-3 days will emerge to meet this demand. The same goes for laser resection of bladder tumours; vasectomies; and perhaps cystoscopy. It remains uncertain what the Ministries' of Health stance will be regarding these clinics; but in the post-Chaouli era, it is clear that where waiting lists are 'excessive', a greater latitude is inevitable.

These clinics will be controversial. Some will argue that the introduction of private medicine will lead to US style health care. This view ignores the reality of blended systems which function effectively in countries all over the world, and should be dismissed as uninformed or as ideological zealotry. Others will portray those physicians involved in private sector medicine as selfish and money grubbing. This is based on selective outrage. No other sector of society is prevented from offering its services privately, and a free and democratic country does not restrict its citizens from engaging in a free exchange of services.

A healthy debate should ensue regarding the limits of private clinics, the relationship between these clinics and the public health care system, and our role in maintaining public sector health care. We encourage readers to write the CJU with their views on these issues.

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