Canada's Failing Health Care Just One of Many Policy Areas in Need of Reform

by Conrad Black

The Canadian health-care system is a shambles, and the pride that many Canadians reposed in it for a long time because it enabled them to preen themselves at the supposedly superior standards of equality and humanity in Canada than existed in the United States, has turned into alarm for all those of an age where medical problems are frequent.

The capricious decision in 1984 of then-prime minister Pierre Elliott Trudeau and his health minister Monique Begin to attempt to ban private medicine and force all practicing medical doctors into being, effectively, public-sector employees, caused 10,000 doctors to leave the country. That deficiency has not only not been filled, but we now have approximately 25,000 fewer doctors than we need to give

adequate medical treatment to the population of Canada.

This means that individual medical practices are overrun with more patients than they can manage, and that a steadily rising number of people with authentic medical problems go to emergency rooms in hospitals for care. Naturally, this has caused acute overcrowding in emergency rooms across the country, and especially in the most populated areas. This is now a problem feeding on itself, as emergency rooms are starting to close down, aggravating the problem. It is like a snowball rolling downhill and expanding as it goes, and it is now expected that Canada will have a deficiency of 40,000 doctors within 10 years. In Nova Scotia alone, 14 percent of the entire population—142,000 people—are on waiting lists for a family doctor.

Yet nothing is being done to address the chronic shortage of doctors, apart from emphasizing the services of Medical Assistance in Dying (MAID). Our health-care system has transmogrified into the country's foremost advocate of the virtues of suicide. Beleaguered traditionalists like me had naively thought the primary objective of the health-care system was the promotion of life and not death.

All Canadians born in the 20th century will remember when the Canadian left, on cue, split its sides laughing that Americans were supposedly asked for their credit card before being put in an ambulance and taken to hospital for emergency treatment. Of course, this was always nonsense. All Americans receive emergency treatment until their condition is stable and they are fit to be released. If they are not among the 20 percent of Americans who are not covered by public or private health-care plans, they may face a catastrophic care financial crisis, but 80 percent of Americans receive a higher standard of care than anyone in Canada—except those Canadians who can afford to go to other countries, particularly the United States, for first-class health care. While Canada was strutting about congratulating itself on having an outstanding

health-care system, nothing was done about the increasing gap between the number of doctors and of doctor-hours available to give needed medical care to Canadians, and the demand for doctors.

First, we rationed medical care. Since in absolute terms, the number of people requiring repeat visits for specialties such as psychiatry was relatively small, the health-care system was designed downwards to assist economically disadvantaged people much less comprehensively than they were certain to require. The deficiency was not recognized or publicized, but inflicted a terrible deprivation on the most vulnerable members of our society. For those who had incomes adequate to pay for more comprehensive medical attention, and were covered by their health-care plans by offsetting them against their taxable income, the onus for this was not great as long as they could shoulder and wrestle their way through to appointments with competent doctors. Such doctors were awash in requests for their attention, steadily greater than the ability of our inadequate numbers of doctors to give.

Despite the growing and undeniable evidence of the shortcomings of the Canadian health-care system, none of the most obvious remedial measures have been taken. There are thousands of foreign doctors who wish to immigrate to Canada or have done so, but for whom the process of being qualified in Canada is retarded by officious pettifogging, needlessly increasing pressures on the system. Canadians who study medicine abroad and qualify as doctors are insolently retarded from admission to the profession in Canada and are placed farther back in the queue even than foreign doctors confirmed to be qualified in Canada, but held back for esoteric reasons, but yet still rank ahead of Canadian citizens fully qualified abroad and wishing to return to Canada to practice medicine. It is estimated that these two categories—foreign medical students who wish to practice medicine in Canada and Canadians qualified to practice medicine abroad who wish to practice it

in their native country—are approximately a total of 2,000 doctors a year who are not able to do what they wish and what the national interest of this country desperately requires.

Nothing could be more vital an interest in any country than the quality and availability of health care. It is something that ultimately concerns everyone. Our governments have clung like drowning people to life preservers to a fatuous myth of both adequate and equal medical treatment for everyone. Unless you can supplement it with your own income it is not adequate, and of course it is not equal.

Since we need more doctors, we should start by fast-tracking all those who are qualified to be doctors and wish to practice medicine in this country. We should accept private medicine for those who have the means to avail themselves of it, thus freeing up more of public health care for people of modest incomes who are entirely dependent upon publicly assisted health care. We should incentivize the medical profession through the tax system, instead of treating it as a socialistic straitjacket for the entire profession, and we should start by incentivizing the creation of more doctors and the expansion of the student numbers of existing medical faculties in Canada.

All of this is obvious, but it isn’t happening. In this sense, it is like other agitated public policy areas in this country, such as the state of indigenous people. What we need is to tear up the Indian Act and the Numbered Treaties and negotiate with a representative group of highly competent First Nations people, and there are many of them—an entirely new regime.

Similar comprehensive reforms would be useful in many areas of public policy, but almost no one seems to be calling for this. There are signs of hope that the Conservative Party under its new leader, Pierre Poilievre, grasps this and is producing policy prescriptions to address these problems. It is all a litmus test of the viability of our system, which is now

hobbled with the moral albatross of the prime minister's false claim that this country was ever guilty of any version of attempted genocide against indigenous people, and by the federal government's complicity in Quebec's assault upon the status of the English language in that province.

For the last eight years, all we have heard from our federal government is a soporific auto-cue about indigenous people, climate change, and gender. It is time for new and thoughtful policy in almost every field, and for the demotion of medically assisted suicide from a measure to reduce the cost of our broken health-care system to a merciful choice for those people whose lives are truly hopeless, and not just a likely cost item to the federal government.

If we do not do this, the whole country will be contemplating assisted suicide eventually.

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