

# Intelligence MEMOS



From: Christy Clark

To: Canadian Healthcare Observers

Date: May 31, 2023

Re: **REGENT DEBATE: HEALTHCARE NEEDS A PRIVATE-PUBLIC MIX**

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If we have the most expensive healthcare system or one of them in the world, shouldn't we also have the best healthcare system in the world?

Yes, we should. Sadly, we don't.

There are 11 quality healthcare systems ranked by [the Commonwealth Fund](#), based on outcomes – all in Europe and North America. The US is the worst, Canada ranks tenth – second to last.

Long wait times for surgery, poor access to doctors and worse outcomes overall, despite the fact that we spend more of our GDP on health than many other nations in the developed world.

Clearly more money is not the secret sauce for making healthcare work better. If it was, ours would be outperforming every Western European system.

Premiers, facing fast-rising costs with few alternatives to cover them (except cutting other essential services like education) spend days at their yearly meetings debating how to persuade the federal government to make its promised contributions.

But it's never enough. It will never be enough.

More money alone can't fix the problems that plague our system because it's the system itself that needs fixing. People who work in health care have been telling us this for years. The pandemic and all the stress it brought to bear on our hospitals and care providers, have exposed those weaknesses for all to see.

What needs to change? First, we need to stop thinking of healthcare reform as a binary choice. It's not a choice between what we have now, or having a private, American-style system in which the rich get care and everyone else is forgotten.

Let's stop comparing ourselves to the only system worse than ours and start asking ourselves what the nine better performers are doing and see what we can learn from them.

The systems in Western Europe and Great Britain are each unique in their own ways, but all offer universal health care. All cover every citizen regardless of ability to pay, or existing medical conditions. All are publicly subsidized and regulated.

But all also offer a mix of both public and private care. Many of them a mix of public and privately operated insurance plans.

What they do not all share with Canada is the belief that all publicly funded services need to be delivered exclusively in publicly owned hospitals, nor do insurance plans need to be administered by government alone. Many have found different ways to deliver health insurance and services through both public and private providers, while still ensuring no citizen is turned away.

They recognize that granting choice to patients instead of locking them into a government monopoly, puts patients at the centre of decision making. For staff, who can choose where they want to work, it creates incentives for system managers to improve the environments in which they spend their working days.

Facilities spend less on bureaucracy and more on patient care. They track and report results carefully so that incremental improvements in care are possible. They find waste in the system and reallocate it to the services that directly affect patient outcomes.

The competition between healthcare facilities drives health innovation for patients and providers. We need that kind of profound reform.

Our system was designed for the Canada of the 1960's. It was a remarkable achievement that transformed our country in many ways, but it was built to serve the population of 1966.

Drugs that cost a million dollars a year to treat just one patient didn't even exist then. Nor did medicine have the capacity to extend our lives by decades or save the lives of newborns who arrived months early. We didn't have the incredible (and incredibly expensive) technology that allows us to diagnose problems long before they develop into fatal conditions.

Perhaps most importantly, when Tommy Douglas and Lester Pearson envisioned medicare, the young outnumbered the old. In 1966, about 8 percent of us were over the age of 65. In 10 years that number could be up to [24.3 percent](#).

Canadians and our governments did a great job collaborating during the pandemic. We should be proud of the way we came together. But we're not the only ones. The British and many European nations did a comparable job.

Their relative successes weren't determined by whether or not their governments had a monopoly on providing healthcare. It was the result of living in countries that care about social equity – like we do in Canada, like they do in the UK, France, Germany, and Denmark.

Change in the way we run healthcare in Canada is not just possible, it is vitally necessary. Our population is aging and healthcare costs are soaring. More money alone is no longer enough to keep it from collapsing under the weight of change. We need to change the way our system operates – give people and health professionals some choice about how and where they will get their healthcare.

There are plenty of good examples out there. None are south of the border.

*Christy Clark is the former premier of British Columbia.*

*This Memo is drawn from her argument at the C.D. Howe's latest [Regent Debate](#): *Be It Resolved, Competition Will Save Canada's Broken Healthcare System*.*

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