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Kirby report primes pump

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Starting with its "health-care guarantee" that no Canadian patient would languish on a wait list beyond time limits dictated by sound medical practice, there's plenty in Michael Kirby's Senate committee report to merit consideration.

Too many critics have become so fixated with the panel's call to raise an additional $5 billion through a special tax to pay for its recommendations -- among them expanded home care, pharmacare and palliative care -- that they've lost perspective. While $5 billion is a big pile of cash, it must be seen in the context of a health-care system that costs about $100 billion a year.

And even though the proposed five-per-cent hike is in addition to health costs that have risen in recent years by about 20 per cent -- driven to a great extent by ballooning drug costs -- Canada's public system compares well with the predominantly private American system whose insurance costs have been rising at about 13 per cent a year.

So, it's understandable that Kirby's panel would "categorically reject the position that the problems of Canada's health-care system can be solved in a way that is cost-free to individual Canadians."

While no taxpayer relishes the thought of forking over more of her paycheque -- even if it's in the form of a dedicated tax, as suggested -- and most Canadians can point to colossal waste in government that can be redirected to improve medicare, the reality is that Canada's health spending is in line that of most developed nations.

According to recent OECD figures, the 9.1 per cent of GDP Canada dedicated to health spending in 2000 was lower that France's 9.5 per cent, Switzerland's 10.7 per cent and America's 13 per cent. Canada's per capita health expenditure of slightly more than $2,500 US was about half of the $4,600 spent by the U.S. and on par with the likes of Germany, France and Australia.

Rather than rail against Kirby's call to raise spending, critics should analyze whether the measures the panel proposes can deliver the promised results.

Rather than sputter at the $5-billion tab, Canadians should assess whether such moves as designating $550 million to post-acute care, $250 million to palliative care and $500 million for pharmacare to protect Canadians with "catastrophic" drug costs aren't rational in the long run. It makes sense to support families who care for terminally ill or post-op patients in their own homes rather than have these patients occupy expensive institutional beds. And an extended pharmacare plan provides up-front help for many families instead of through the tax system.

Kirby's call to fund hospitals on a fee-for-service basis and to empower health districts to contract the most efficient institutions and physicians to provide medical services opens the door to more private care. Whether that will provide more competition or add to costs by providing the incentive to perform more tests and surgeries, however, is debatable.

While such recommendations as adopting a multi-disciplinary primary care model, developing ways to speed up the integration of foreign-trained doctors and creating a national health care commissioner to provide annual reports to Canadians on the system's efficacy are old ideas, they have merit. On everything from the need to provide capital and research funding to Canada's medical schools to the call to create 640 additional

training spaces by 2005 for doctors and have nursing schools produce 12,000 graduates by 2008, the committee is on the right track.

With Roy Romanow's royal commission on medicare due to report next month, the Kirby report is a great warmup to get Canadians thinking about how medicare should be reformed.