

Re: Accountability in Canada a joke.

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From: Larry Hoover (larryhoover_at_sympatico.ca)

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Date: Sun, 29 Aug 2004 17:25:41 -0400

"Robert" <RobertJ@hotmail.com> wrote in message
news:10j4b6ipfbpf008@corp.supernews.com...

>

> *"Larry Hoover" <larryhoover@sympatico.ca> wrote in message*

> *news:j5mYc.123\$7i2.52288@news20.bellglobal.com...*

>> *There is an accountability in the U.S. system.*

>

> *There is no US system unless you mean Medicare or VA. There are multiple*

> *options and not one solitary system.*

You had it right. There is no system. However, it would be clear to a thinking person that my reference was to the private health care system, however you wish to describe it. Profitability is not applicable to public care.

> *Profit to the shareholders. That is built in, and takes precedence*

>> *over quality of care. If nothing else, in the American system, money*

> *talks.*

>

> *So public systems are more efficient? Government is efficient? They can't*

> *even screen people to see who is eligible. Talk about fraud in the public*

> *system.*

I didn't say public was perfect. Public health systems do not siphon off money to line people's pockets. They do not waste 30% of the insureds' money on bureaucracy and denial of care.

>> *No elected representative has the cojones to take the profit away from*

>> *the*

>> *health lobby.*

>

> *The same elected representatives you want running the public program. They*

> *don't have the cojones to take on the private companies so where does that*

> *leave the government health program then?*

Stuck. There is no valid leadership, so the whole thinks a hypothetical, non?

sci.med: Re: Accountability in Canada a joke.

>> *Robert spoke of externalized costs of health care in e.g. Canada. Yes, we
>> train
>> more doctors than we retain. But that's not an inevitable outcome. It's
> only
>> because the U.S. has raised the price of doctors. You need an externality
> to
>> apply the concept of externalized costs, Robert.
>
> All I hear about is how cheap the canadian system is and all they do is
> hide
> the true cost. A private company can not do that but big government sure
> can.*

Private companies do it all the time. They're much better at it than government, dude. Have you ever been denied a treatment you thought was covered? Been denied coverage because of a pre-existing condition? Because your annual claims exceeded some threshold? Only private health care does those things. If everyone gets the care they need, those issues are moot.

>> *Yes, Canada has problems with timely access to care. Elective surgeries
> have
>> long waiting lists. I don't see how it serves the populace to have people
>> "on hold", as they cannot be fully productive and contribute to the
> general
>> welfare of the society as a whole, while they're waiting for treatment.
>
> A realization that canadians and healthcare workers have seen but that is
> not recorded as lost income or put within the price tag of healthcare.*

Nor does your accounting consider the societal costs arising from tens of millions without access to health care in the U.S.

>> *Canadians are addressing health care funding. Our elected representatives
>> are at least trying to improve the system, and in a way that benefits all
>> Canadians. Health ought not to depend on wealth.
>
> It does and that is another myth being put out there that people with
> wealth
> are actually going to wait. Get real.*

You have somehow grasped the exact opposite meaning of my intent. If health depends on wealth (i.e. positive not inverse correlation), then the wealthier are healthier. Canadians feel that citizenship is sufficient as a criterion for obtaining health care. Those who wish to spend their money elsewhere (e.g. Thailand, or the U.S.) are quite free to do so. Having multiple options from wealth should not preclude basic health care for everyone else.

> *Do you think people with wealth in the
> states are going to wait if we adopt a similar system? I don't care where
> you live as wealth does impact health. You mean to tell me somebody who*

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- > *can*
- > *not eat is as healthy and one who can simply because he can make an*
- > *appointment at no cost?*

Eh, what? Once more, in English, please?

- > *Talk about government propaganda and you buy that*
- > *stuff. Where did you get the idea that poverty is eliminated by providing*
- > *them with a doctor?*

What the hell are you talking about, now? You have a gift for jumping to absurd conclusions. The poor ought not to be denied health care, simply because they're poor. Or, are you suggesting that should be the case?

- >>
- >> *If Canadians agreed to raise their contributions (directly, as e.g. user*
- >> *fees, but preferably indirectly as taxes) to the percentage of GDP that*
- >> *Americans are forced to pay, I can virtually guarantee a higher quality*
- >> *of*
- >> *care than is available even in the United States. Without guaranteed*
- > *profit*
- >> *(or if you prefer, call it "return on investment") siphoning off the*
- >> *cream*
- >> *of the cash flow, and without the strangling inefficiency of*
- > *administrative*
- >> *bureaucracy inherent in the U.S. system of "managed" health care,*
- > *virtually*
- >> *all of the resources would flow to those in need. No uninsured citizens,*
- > *no*
- >> *untreated or poorly treated people marginalized by cruel fate. Nobody*
- > *being*
- >> *denied care because it's not covered under their insurance. Nobody going*
- >> *bankrupt to save their own life.*
- >>
- >> *Lar*
- >>
- >>
- >
- > *I quoted a Canadian health minister saying exactly that. Canadians are*
- > *going*
- > *bankrupt right now according to him. They don't provide out of hospital*
- > *drugs and long term elderly home care.*

What has that got to do with basic health care? We are debating expanding the core system to include catastrophic medication coverage (that definition is still being shaped), and/or a national pharmaceutical plan, and in-home care. As it is now, most provinces provide nearly free drugs to those over 65, and free nursing home care. Of course, you can pay for better care, but the basics are offered to one and all.

Lar