

Canadian doctor to U.S.: Try single-payer health care instead of trashing it

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I see the cracks in our system just as U.S. doctors see the cracks in yours. But we don't believe the solution lies in dismantling universal care.



(Photo: Darryl Dyck, AP)

There's a joke we sometimes tell in Canada: What's a Canadian? An apologetic American with health care.

It's funny because we half-believe it's true. The United States and Canada are about as similar as two countries get. But Canada has had a [publicly funded \(https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html#a13\)](https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html#a13), single-payer health care system in each of our provinces and territories since the 1960s. It works. Maybe it can work for you too.

I was in the room on Capitol Hill last week when Sen. Bernie Sanders, I-Vt., introduced new legislation that would seek to enact a [single-payer health care system \(/story/news/politics/2017/09/13/what-would-sen-bernie-sanders-medicare-for-all-bill-mean-you-obamacare/662362001/\)](/story/news/politics/2017/09/13/what-would-sen-bernie-sanders-medicare-for-all-bill-mean-you-obamacare/662362001/) in the U.S. If Sanders' bill moves forward, all Americans would have access to Medicare, regardless of their age or financial situation. Is it that simple? In some ways, yes.

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In Canada, the notion that access to health care should be based on need, not ability to pay, is a deeply ingrained value that crosses party lines right and left, and is a source of collective pride. The single-payer, publicly funded health care systems in Canada cover virtually every resident of our country, at a much **lower cost than the U.S.** (<http://knowledge.wharton.upenn.edu/article/lessons-can-u-s-learn-canadian-health-care-system/>). model.

There are plenty of nasty rumors in the American media about the quality of health care in Canada. In fact, Canadians live longer than Americans, and according to a recent study published in *The Lancet*, **the Canadian system outperforms the U.S.** ([http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30818-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30818-8.pdf)) on quality and access to care overall.

As a practicing physician and a hospital administrator in Canada, I see the cracks in our system just as American doctors see the cracks in yours. It's true that **sometimes Canadians wait too long** (<https://www.fraserinstitute.org/studies/waiting-your-turn-wait-times-for-health-care-in-canada-2016>) for non-urgent or elective investigations or procedures. That is why across Canada, governments, health care providers and citizen groups are working hard to improve access for procedures like hip replacements, cataract surgery or non-urgent advanced imaging. But we don't believe that the solution lies in dismantling universal health care and creating a system where some cannot afford the care they need.

Most importantly, **Canadians don't wait for urgently-needed care.** When Canadians get sick they get the care they need, and the care they get is good. When my patients need to see a doctor, they don't have to worry about paying for the visit. And when they are admitted to the hospital, they don't see a bill.

Is it true that Canadians get health care in the United States? Occasionally. When it happens, it's often because our senior **Snowbirds** (<http://journals.sagepub.com/doi/abs/10.1177/089826438900100202>) happen to fall ill while they are enjoying your better winter weather in Florida or Hawaii. More rarely — **so rare that it's hard to accurately measure** (<http://content.healthaffairs.org/content/21/3/19.full>) — people do travel by choice just to buy immediate care.

Of course, Americans travel for health care too, sometimes because they can't afford it at home. The U.S. Centers for Disease Control and Prevention has estimated that about **750,000 U.S. patients travel abroad** (<https://www.cdc.gov/media/eid/2016/8.html>) each year for medical treatment. That's a larger proportion of the U.S. population than even the highest estimates of Canadians seeking treatment abroad.

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Single-payer health care is also much less administratively onerous and expensive. The billing office in the clinic where I work serves more than 40 primary care doctors, and employs only two billing clerks — because **billing is so simple. Every month my practice sends one bill to the public insurance plan, and every month we get paid on time.**

Compare that to the multiplicity of [private insurance plans \(http://content.healthaffairs.org/content/30/8/1443.full.pdf+html?sid=e1d1b3f9-4988-4926-bf75-9c0722d8e753\)](http://content.healthaffairs.org/content/30/8/1443.full.pdf+html?sid=e1d1b3f9-4988-4926-bf75-9c0722d8e753) my American colleagues deal with. The costs of administering this system are much lower — in Canada overhead is less than 2% (<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-014-0556-7>) in public plans, compared to the 18% spent by private insurance firms in the U.S. Overall, health care spending in Canada accounts for 10% of our GDP (<http://stats.oecd.org/Index.aspx?DataSetCode=SHA>), compared to 17% in the U.S. Per capita we spent about \$4,644 in U.S. dollars in 2016, compared to \$9,892 in the U.S. Yet more than 1 in 10 Americans are uninsured (<https://www.cnbc.com/2017/04/11/the-number-of-americans-without-health-insurance-rose-in-first-quarter-2017.html>).

Like all industrialized countries, Canada needs to meet the challenges of an aging population while contending with rising costs, advances in technology, and an imperative to keep people longer in their homes. No nation has figured out the magic formula: There is much we need to do to improve our system, and even where we know our outcomes are good, it isn't very Canadian to be boastful.

But Canadians, along with others all over the world, will be watching as the conversation around single-payer health care continues to unfold in the U.S. As we have long ago discovered, everyone should have equal access to health care when they need it — it is a basic human right.

Danielle Martin is a family physician in Toronto and Vice President of Medical Affairs and Health System Solutions at Women's College Hospital. Her new book, [Better Now: Six Big Ideas to Improve Health Care for All Canadians \(https://www.amazon.com/dp/B01EH1EKEY/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1\)](https://www.amazon.com/dp/B01EH1EKEY/ref=dp-kindle-redirect?_encoding=UTF8&btkr=1), is a Canadian bestseller. Her 2014 testimony to a U.S. Senate subcommittee about the Canadian health care system has been viewed 30 million times. (<https://www.facebook.com/senatorsanders/videos/10156196140087908/>) Follow her on Twitter: [@docdanielle](https://twitter.com/docdanielle) (<https://twitter.com/docdanielle>).

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