



ANDREW RURAK

A HEALTH FARE SYSTEM U of A Associate Professor John Church has argued against increased health-care user fees.

Fraser Institute places public health care under microscope

Experts discuss think-tank's annual report, which recommends major changes to the current health-care system, such as the addition of user fees

CHLOÉ FEDIO
Managing Editor

Health care in Canada is financially unsustainable as provincial government spending on the public service is eating up progressively larger amounts of money, according to a report released by the Fraser Institute earlier this month. *Paying More, Getting Less 2006: Measuring the Sustainability of Public Health Insurance in Canada*, the institute's third annual report, outlines that Alberta is projected to spend 50 per cent of all revenues on health care by 2017.

"Public health expenditures are growing faster on average than total revenues available to each of the provinces," said Brett J Skinner, author of the report. "What that means is that public health expenditures are consuming over time a larger and larger share of the money that's available in each of the provinces, which leaves less proportionally for other things like education and social welfare and transportation, infrastructure et cetera."

John Church, associate professor at the Centre for Health Promotion Studies at the University of Alberta, said that Albertans are expecting a certain level of health care, but they want to continue to pay low taxes, which can no longer support the system.

"Raising taxes has become increasingly unpopular," Church said. "If we want to continue to sustain the level of services that we're providing, then one of the options is that we're going to have to pay more taxes. You only get what you're willing to pay for, whether it's public or private."

Skinner explained that Manitoba and Saskatchewan are the most urgent cases, projected to consume half of all revenues as early as 2016, and that six out of the ten provinces will spend 100 per cent of all revenue on health care by 2050 if reforms don't take place.

"It's nothing unexpected," said Ryan Lee, associate professor at Haskayne School of Business at the University of Calgary. "This is a wake-up call. Canadians need to understand that it can't stay this way and be feasible."

The report suggested some solutions to the growing cost, including a proposal to institute user fees, which means patients would have to pay a \$5-10 fee in order to see a doctor.

"If there's no price at the point of service, the patient has no incentive to be responsible about the kind of health care they demand, substituting low-cost things that are just as effective for high-cost things and they have no incentive to use only as much health care as they truly need," Skinner said.

"Right now we have a system where there's no cost to me except for my time to go see a practitioner. And there are people in this world who have nothing but time."

RYAN LEE,
U OF C ASSOCIATE PROFESSOR

Lee, an expert in risk management and insurance, agreed with the institution of user fees, which would give people the incentive to take more responsibility for their own health, and reduce patients going to the doctor for the common cold.

"Right now we have a system where there's no cost to me except for my time to go see a practitioner. And there are people in this world who have nothing but time," Lee said.

But Church argued that people in the lower socio-economic brackets were likely to be more directly affected by user fees than other patients, creating an unfair system.

"I think that the evidence to date is that user fees can act as a deterrent to service utilization, and they can be a particular deterrent for those people who have the fewest resources—so poor people," Church said.

The Alberta Medical Association estimates that the province is currently short about 1000 doctors, but Church argued that physicians should only deal with the more complex health problems, leaving other health-care providers to screen patients.

"I'm not convinced that we have as much of a shortage of physicians as some people say," Church said. "Delivery of care should change so that physicians would only see a narrower range of patients."

Church said that using a team approach to delivery in the primary

care setting can free up more physicians as nurse practitioners take on a greater role, thus taking pressure off the public system. He suggested a more preventative approach to care, which would in turn reduce costs.

"The focus is still on treating people after they've gotten sick and what is missed in all this is if we could start addressing the issues that lead to people getting sick, then ultimately we're going to decrease demand on the health-care system," Church said.

Church pointed to the link between chronic disease and obesity, which ultimately causes higher health-care costs.

"We have a whole generation of kids now that are seen as being, on average, overweight, compared to other generations," Church said. "If we really want to deal with this, we need to be paying serious attention to that side of the equation."

But Lee suggested that by increasing private care options, the burden on the public system would be alleviated. He pointed to medical contracts with private surgical facilities in Calgary, which do a set number of procedures around joint replacement and eye surgery.

"We know there's an MRI out there for the Calgary Flames," said Lee, referring to the Canada Diagnostics Centres, which provides advanced diagnostic testing for the NHL team.

"But if they're not dealing with a Flames' injury every single minute of the day that the machine could be run, why shouldn't we open the ability for someone who's willing to pay for that?"

"On the surface it seems that we're catering to the rich, but the issue really becomes what it does to the system after the fact," Lee said, arguing that, ultimately, it would reduce pressure on the public system.

Skinner said private health care falls in line with the Supreme Court's June 2005 ruling in the *Chaouilli* case, which struck down Québec's ban on private health insurance.

"What we're talking about is breaking up the public monopoly, and not letting the government have a monopoly over the payment of hospital and physician services but allowing people to seek private payment if they want to and that would include, of course, allowing people to buy private insurance to cover those things," Skinner said.

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RATT

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CHECK OUT THE BUFFET AT POWERPLANT

Here's just a few of the items found at the Buffet last week:

Beef Creole, Pork Stroganoff, Beef Stew, **VEAL CUTLET**, Pork Cutlet, **MOZZA SMOKIES**, Bavarian Smokies, Veggie Lasagna, Beef Lasagna, Beef Meatballs, SEAFOOD PASTA BAKE, Veggie Pasta Bake, Veggie Stir Fry, Curried Beef, Steamed Rice, Hot Wings, **ROAST POTATOES**, Beef Stir Fry, Steamed Veggie Soup, Veggies Au Gratin, Corn Chowder, Beef Barley Soup, Navy Bean Soup, CHICKEN VEGGIE SOUP, **CHICKEN RICE SOUP**, Italian Meatball Soup