

MONOPOLY: Great Board Game – Disastrous Health Care Policy

(This article was inspired by a book. Dr. Don Nixdorf, D.C., a prominent chiropractor in British Columbia co-authored “Squandering Billions: Health Care in Canada. It is a passionate look at how our health care system makes decisions about where to spend the money.)

As Canadians we place high value on our health care system. And so we should – the government of British Columbia spends more than one-third of its budget on caring for our health. This spending is only going up – it’s predicted that soon health care will consume half of all the money and then more. What about the other necessities – policing, firefighting, teachers, schools –which of these will we have to give up in order to pay for a health care system that is straining under a growing burden of demand as our population grows less physically fit, more riddled with back pain and arthritis, more drugged, and less healthy?

Aging people and an aging infrastructure are conspiring to overwhelm Canada’s health care system. But the conspiracy runs much deeper than most people know. Like all good conspiracies, this one involves power and politics and money. There are guarantees of exclusivity and back-room deals. Then there is the up-selling and blank cheques and almost no accountability for outcomes. The politics of health care is mired in conflicts- of- interest. Powerful industries influence public policy. Unions and insurance companies and medical associations maintain a huge influence on the business of health care and its public administration. It’s a complex subject. So I will try to simplify our current situation for your consideration.

Imagine if you will that there is a product- let’s say it’s a piece of exercise equipment. One version, ‘Model A’, has been around for quite a long time, it’s more effective and infinitely safer to use. It’s well-designed so that it works as a stand-alone product and doesn’t force you to spend time and more money on a bunch of other features you don’t want. It costs half as much as the fancier models and is available for delivery tomorrow, or by the end of the week for sure.

The competitor’s product –‘ Model B’, is much more expensive, plus it requires lots of add-ons which are always changing because if this model is used ‘too often’ or ‘inappropriately’ it can cause a lot of harm and suffering. There’s a two to four week wait for delivery; special models are often recommended instead of the regular Model B (ie. up-selling), but there could be a six to nine month wait for your special order to come in.

I’m sure you share my belief that physical fitness is a good thing. If you personally had to pay for gym equipment from your own wallet, you would most certainly choose Model A. It is better, cheaper, safer and more readily available. These are all good indicators that you are getting your money’s worth.

Now imagine that the government agrees with you and I – fitness is important and everyone should have a piece of workout gear. A vast bureaucracy (built upon the Canada Health Act) was created to insure that all Canadians get their fitness equipment for free. Then they signed an exclusive contract with the supplier who makes Model B. To be fair, they likely did this because this company also makes other things – some of their products are fantastic but gym equipment is really not their thing. Nonetheless, a monopoly was granted.

Do you think it is right that your taxes should go to just the one company? If you truly prefer Model A's features, you will have to pay for it out-of-pocket, even though you've already now got three of the Model B's sitting in the garage. They just don't work for you, and have in fact on occasion hurt you, but they were free!

This situation seems crazy – and it is. But this is what has happened to our precious health care system. Back in the 1980's, the authors of the Canada Health Act, with sincerely good intentions, insisted that our health care system be based on five principles:

It was to be publically administered, portable, universal, accessible and comprehensive. In order to establish their monopolistic position, the words 'medically necessary' found their way into the document.

According to the authors of 'Squandering Billions: Health Care in Canada', "there are two fatal flaws in Canada's medicare act. Both of them were pointed out from day one by health economists. The first fundamental flaw was the monopoly gifted to medical doctors and hospitals. The second flaw was the unlimited access provided patients. Lack of competition in any field is certain to result in economic disaster, intellectual laziness, inefficiencies and decline in quality. Exceptions to this principle are rare in any field of human enterprise. Budgets are generated by hospitals, doctors and patients – none of whom are ever held to account for their own behaviour." (page 139-140)

The term 'medically necessary' is used by the Canadian Medical Association and their provincial counterparts to award medical doctors and hospitals (which are almost exclusively being paid for illness care, not wellness care) an absolute monopoly on federal funds. Other doctors, (most of whom are less expensive than medical doctors) working within their area of specialty, are more able to help the patient but have been shut out of the process of providing high-quality, publically funded care.

Doctors of Traditional Chinese Medicine, Doctors of Chiropractic, Doctors of Naturopathy, Doctors of Optometry – those who have devoted their lives, full-time, to understanding and practicing their area of specialty, be it acupuncture or spinal manipulation or vision correction- these professionals are almost completely excluded from our public system. Why? Because our system has been monopolized- quite successfully I might add.

Organized medicine's attempts to contain and eliminate their competitors, particularly the chiropractors, are legendary. Chiropractic is the third largest health care profession in Canada. Their growth and success has happened despite "relentless, monumental abuse and discrimination by medical doctors, the health establishment and governments" In the United States, the American Medical Association tried very hard to undermine its chiropractic competition. They required their members to actively condemn chiropractors, they were not allowed to accept referrals from a Doctor of Chiropractic nor could they send a patient to one. They were not to share Xrays or reports or even office space. In fact, this conspiracy to destroy the chiropractic profession was so pervasive – and so illegal – that in 1987 the American Medical Association was found guilty of 'running a predatory monopoly'.

For critical care – a fractured skull, a perforated bowel, a necrotic heart or a kidney stone- there is no substitute for medical expertise. They do a magnificent job. But, at the same time, medical doctors (as today's gatekeepers to the health care system) are frequently put in a position of diagnosing and treating conditions for which they have little or no qualifications or expertise, so they take on the role of 'referring practitioner', compounding the costs and delays and suffering.

Where there is evidence of quicker patient recovery and lower costs, when practitioners' specialized training equips them to provide superior care for less money, why are we not fully funding the expertise of other (non-medical) doctors and allied practitioners such as Podiatrists, Dentists, Chiropractors, Naturopaths and Massage Therapists? Why not?

Whenever the subject comes up, the argument is made that adding on other services to the list of things MSP will pay for will only add costs. This is true. But this is not the right argument. We shouldn't be talking about adding extra modalities to the menu. We should be talking about substituting more effective, more affordable care when it is clearly an advantage. Most births are best handled by midwives, most tooth problems are best treated by a dentist, and most neuromusculoskeletal complaints are definitely within the scope of a chiropractor, who has far more training and expertise in functional anatomy and diagnosis and spinal manipulation than most any other licensed health care providers in the country.

The more that valuable approaches are kept from us and the more firmly entrenched the medical monopoly becomes, the worse off our health care system will be. Watch for increased lineups and wait-times for medical care, more money spent on drugs (especially the problematic opiates), increased use of the emergency room and wildly increased costs of caring for neuromusculoskeletal injuries/disorders.

If you believe our health system is worth saving, tell your MLA and tell the Ministry of Health of British Columbia that you aren't happy about this monopoly situation. Ask

them why our province's plan does not provide coverage for ALL licensed/regulated doctors and allied practitioners. Government must justify its positions and decisions, especially when it comes to something so important as the health of us and our kids and our parents. We need to challenge our public servants to demonstrate their credibility and legitimacy – in a very big way, they decide who wins and who loses. The losers should not be health care consumers!

For a thought provoking discussion of the politics and power of health care in Canada, I highly recommend:

SQUANDERING BILLIONS: Health Care in Canada

G.Bannerman, D.Nixdorf, D.C., Hancock House (2005)

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