

European comparisons faulty

Canada's pushers of privatization like to point to Europe and elsewhere for models for change, not to the United States, where more than 40 million Americans aren't covered by any health insurance at all.

But for Canada, the comparison with Europe doesn't work very well. Europe is struggling with its own problems, and some of the best examples of what Europeans offer is not really what Canada's privateers want at all.

First, Europeans developed their health care systems within a model of much stronger social supports for citizens, thanks to stronger labour movements and the traditions of social democratic governments. Canada's proponents of private health care aren't the least bit interested in copying the European welfare state.

In the UK, as a result of changes forced by Margaret Thatcher, patients can get quicker care by buying private insurance. But until a recent infusion of government

money to public care, waiting lists in the public system were longer than ever. The UK system allows physicians to work both sides of the fence, earning more money seeing patients privately, giving them an incentive to keep public waiting lists high. It's a similar situation in Australia and New Zealand.

In France, public health care requires large co-payments from patients and requires patients to pay doctors upfront, before insurance pays. But unlike North America, private insurance in France is dominated by non-profit *mutuelles* which follow the principle of solidarity. They do not base their premiums on risk factors.

Questions about health status - an automatic elsewhere - are considered discriminatory and contrary to the spirit of the French insurance system.

The German and Dutch systems, much touted by Canada's privateers, are also far different from what the various promoters of private health care in Canada really want.

There you can't buy private insurance to jump the queue. Wealthier individuals are not covered by public insurance at all. Their private insurance must cover them for all their health care needs - emergency care, cardiac care, cancer care, brain surgery - not just for hips and knees.

University of Toronto law professor Colleen Flood says it's part of the ethical code of Dutch physicians that they do not give preferential treatment to patients with private insurance, and the fees they receive are the same.

What the pushers of privatization in Canada really want is to help people who can afford to pay to jump the queue. For everyone else, waiting lists would increase, not decrease.

If the promoters of private health care get their way, Canadian values of equality and fairness will be lost. Most Canadians will be worse off, while health system entrepreneurs will grow rich. □