

**WHAT'S THAT PLACE OVER
THERE?**



**THAT'S LIVERPOOL SIMBA NEVER GO
THERE**

Liverpool 8, 1950



Saskatchewan Medical Care Insurance Act 1961

8 Principles

1st Public Canadian Health Insurance

Comprehensive

Basic Universal Canadian universal coverage by 1971

Accessible

Precursor of Canada Health Act 1984

Portable

Public Administration

Effective

Efficient

Responsible

Canada Health Act 1984
Not Included in Federal Act:
Comprehensive

Universal

Effective
Accessible

Efficient
Portable

Responsible
Public Administration

“The State, in organizing security, should not stifle incentive, opportunity, responsibility; in establishing a national minimum, it should leave room and encouragement for voluntary action by each individual to provide more than that minimum for himself and his family”

Sir William Beveridge

**Founder of the British National Health Service
(the template for Medicare in Canada)**



***“I have swung from one point in my life
When I was convinced that everyone needed
the Canadian system. Then I became convinced
it was the worst thing”***

Malcolm Gladwell






THE VANCOUVER SUN

www.vancouversun.com

TUESDAY, MAY 20, 2003

FINAL EDITION



**The best medical
facility in the country.**

With medical attention
you won't find anywhere else.
You'll be surprised to know where it is.
Find out tonight.

News Hour

with Tony Parsons


TONIGHT @ 6:00



Medical Tourism




Air Koryo

- Extracts funds and dictates spending
 - Sets price
 - Owns and controls the facilities and locations
 - Trains, employs, regulates and funds workers
 - Governs how, when and where clients are served
 - Determines level and quality of services
 - Self regulates and evaluates
 - Outlaws competition
- 

Fiscal Approach of Government

“We’d sooner pay US\$35,000 than C\$15,000”

Ministry of Health and Long-Term Care / Ministère de la Santé et des Soins de longue durée

 Ontario

HEALTH SERVICES DIVISION / DIVISION DES SERVICES DE SANTÉ
Provider Services Branch / Direction des services aux professionnels
2nd Floor, 49 Place d'Armes / 2^e étage, 49 Place d'Armes
PO Box 48 / CP 48
Kingston ON K7L 5J3

February 12, 2004

PRIVATE AND CONFIDENTIAL

Ms. [redacted] and Patient Financial Services
Columbus OH USA
FAX: 614- [redacted]

and
Anesthesia Services
Columbus OH 4 [redacted] USA
FAX: [redacted]


Dear Dr. [redacted]

This is to confirm that Mr. [redacted] (Health Number: [redacted] Prior Approval Number: [redacted]) has received Ontario Ministry of Health and Long-Term Care payment approval for ankle replacement surgery relative to osteoarthritis. Please ensure that all correspondence and/or claims regarding Mr. [redacted] are identified with both the preceding numbers.

As indicated in your recent correspondence, the cost for this care is estimated at **\$35,000 U.S.** This fee represents estimated costs payable by the Ontario Ministry of Health and Long-Term Care for all hospital, professional and ancillary services. Payments will be made in U.S. funds. In accordance with the *Health Insurance Act*, the insured amount does not include the cost of medication, food and/or accommodation except where provided as part of insured inpatient/outpatient services. The insured amount does not include the cost of transportation.

Should it be necessary to provide additional services, or extend treatment beyond the procedures outlined above, please contact Jean Cooper or Barbara Holt immediately to initiate the pre-authorization process. In addition, please submit within 24 hours a written summary outlining the necessity for further treatment as well as an estimate of additional charges for both physician and hospital services. Services rendered outside Canada for which the patient has not received prior approval are not prescribed as insured services and, as such, are not eligible for reimbursement by the ministry.

Ministry of Health and Long-Term Care / Ministère de la Santé et des Soins de longue durée

 Ontario

HEALTH SERVICES DIVISION / DIVISION DES SERVICES DE SANTÉ
Provider Services Branch / Direction des services aux professionnels
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PO Box 48 / CP 48
Kingston ON K7L 5J3
Tel: (613) 548-6299
Fax: (613) 548-6309

May 4, 2004

Dr. [redacted]
Orthopaedic Surgeon

Dear Dr. [redacted]

RE: H [redacted] Prior Approval L2003C

Thank you for your letter of April 13, 2004 to Susan Fitzpatrick, Director Provider Services Branch, regarding the above noted patient. I have been asked to respond on Ms. Fitzpatrick's behalf.

While grateful for your request to perform surgery on this Ontario citizen, I regret to inform you that the surgery which you have described, namely Scandinavian Total Ankle Replacement (STAR), has been reviewed by the General Manager and, as you've stated in your letter, this procedure continues to be investigational.

The *Health Insurance Act* of Ontario, Regulation 552, Section 24, lists specific exclusions to benefits insured under the Ontario Health Insurance Plan (OHIP). Specifically, treatment that is considered to be experimental is not an insured benefit of OHIP. Furthermore, out-of-province care for insured Ontario citizens does not include payment for services provided by a private clinic such as the Cambie Surgery Centre in Vancouver. Under Section 28 of Regulation 552 under the Act, the General Manager is only allowed to make payment to government-licensed hospitals.

I regret that my response could not be more favourable in this matter.

Sincerely,
[Signature]
H. G. Langley, MD CCFP
District Medical Consultant Coordinator

RECEIVED
MAY - 6 2004

The United Arab Emirates (InterHealth)



*Let your adventure
begin in Abu Dhabi
at the Shaikh Khalifa
Medical Center*

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www.hcaintl.com

*Every Great
Adventure
Starts With Just
One Step*



HCCA Canada Inc.

17 January 2001

Dr. Brian Day
Broadway Medical Centre
930-943 Broadway W.
Vancouver, British Columbia
V5Z 4E1

Dear Dr. Day,

Please allow me to introduce myself. My name is Katherine Hewitt and I am an International Representative for HCCA Canada Inc. We are an international healthcare management company and are presently recruiting health care professionals for a variety of hospitals in the Middle East, one of which is the Shaikh Khalifa Medical Center in Abu Dhabi.

SKMC, a tertiary care hospital, is approximately 220 beds and has been open for just over a year. At the moment they are looking for an Orthopedic Surgeon/subspecialty – knee, who has a medical degree, is FRCP(C) certified with at least two years experience post specialty certification. I am writing to see if you would be interested in submitting your resume for consideration. Enclosed, please find some information about the hospital and a "physician benefit summary" sheet for your perusal.

If you wish to discuss this further, please contact me during the hours of 8:30am–5:00pm, Monday through Friday, or you may email me at the below stated address. I would like to add that if you are not interested in the position for yourself but should refer to us the successful candidate, you will receive \$500.00US as a referral fee.

I look forward to communicating with you in the very near future.

Regards,

Katherine Hewitt RN/MBA
International Representative
HCCA Canada Inc.
khewitt@hccaintl.com
1-888-672-1222

**Recruitment of Canadian doctors and nurses
by a company partly owned by
Canadian Federal and Provincial government
(20 recruited from BC alone in 1 year)**



Dr. Brian Day is applauded after being elected president of the Canadian Medical Association on Tuesday.

A new 'Day' for the CMA

DAVID GRATZEL

Dr. Brian Day has gone from Liverpool socialist to accomplished orthopedic surgeon to Vancouver medical entrepreneur. Delegates at the Canadian Medical Association's annual meeting in Prince Edward Island elevated him to a new role this week: president. With this vote, doctors pushed Canadian medicare one step closer to sanity.

Of course, not everyone sees it this way. No sooner had he been announced than Dr. Ruth Collins-Nakai, the outgoing president, suggested that "it's not necessarily a shift in ideology." Dr. Heidy Fry, a former Liberal cabinet minister, explained that Dr. Day must now work to represent all physicians. And, in a small way, they have a point: Dr. Day's victory should be kept in perspective. He was elected by a fraction of the nation's physicians to a job heavy on travel and meetings, light on public presentation. At this point, he actually isn't even the president of the CMA — rather, he's president-elect, with a full year before he ascends to the top job.

And yet, it is impossible not to feel the significance of the moment. Dr. Day is not simply a critic of Canada's health care system, he is arguably the most vocal and articulate one. He told *The New York Times* in an interview, "This is a country in which dogs can get a hip replacement in under a week and in which humans can wait two to three years." He has not simply suggested alternatives to the status quo but, literally, built one, in the form of his private surgery centre. Several years ago, he went so far as to offer to take over the majority of surgeries of the local regional health board for 60% of its present cost. (The NDP government at the time bit.)

Even Dr. Fry acknowledged that the vote represented a changing of the guard. For a decade, the Canadian Medical Association removed itself from the weighty debate of health care reform. With this vote, the nation's physicians sent a simple and clear message: There's a fundamental problem with medicare.

Dr. Day, in some ways, is an unusual messenger. He grew up in a socialist home in Liverpool, both of his parents voted Labour. He claims that in his first 15 years of practicing medicine, he had strongly supported a government-run system. His enthusiasm waned: "When you find that your operating-room time is cut from 22 hours a week progressively

over the years to five hours a week," he told CBC Radio, "and you have 450 patients waiting for health care, you realize that something has to give." Today, Dr. Day operates the largest private clinic in the country, providing a host of surgical procedures on a for-profit basis. His views on health care have made national and international news. He takes over an organization that has been anything but front and centre in this debate. In recent years, the Canadian Medical Association avoided controversy. In 1996, when members debated private care, supporters of the status quo won the day. The close vote was tipped by the passionate speech of Dr. Jack Armstrong, then president, who argued that if the CMA "is the first out of the trenches for private funding for core medical services, we are going to get shot down in flames." And so, for much of the last decade, the CMA ignored the 800-pound gorilla in the corner. Waiting lists grew, patients suffered — and the CMA made motherhood-and-apple-pie statements about the importance of access. Even meetings were

lumbia. Dr. Barak broke his word and ran for CMA president anyway. His candidacy attracted the endorsements of former presidents and a host of medicare defenders. This week, Dr. Barak lost, again.

How to understand the election? For four decades, Canadian health policy has been dominated by one dominant ideology: its proponents were confident that no matter the problem, there is a government solution. Former Saskatchewan premier Roy Romanow well articulated this position in the final report of his royal commission, stating that government-run health care is not simply the fairest but also the most "efficient" system. Dr. Day's election is the recognition by Canadian physicians that this ideology is a failure. Dr. Day isn't suggesting that the entire system be privatized, as his most zealous critics have charged. He simply recognizes that there is a role for a vibrant private sector in health care — as there is in the other nine-tenths of the economy.

Dr. Day's election is the second significant event to rock the medicare status quo. Last June, the Supreme Court of Canada — arguably the most liberal high court in the Western world, having endorsed the constitutionality of medical marijuana and gay marriage — ruled against Quebec's ban on private insurance. Chief Justice Beverly McLachlin and Justice John Major wrote: "Access to waiting lists is not access to health care."

The full legal implications of the Supreme Court ruling remain to be seen. Indeed, with the interpretation of the Quebec government, it's unclear if private insurance will be legalized. A Day presidency is also unlikely to result in any dramatic legal upheavals (like, say, the Ontario Medical Association's challenge to the Canada Health Act in the 1980s). But both the ruling and the election will change public opinion. In a country where politicians are content to mouth platitudes about timely care and promise meaningless guarantees, it's significant that prominent Canadians no longer accept the status quo.

Earlier this year, Dr. Day told *The New York Times*, "In a free and democratic society where you can spend money on gambling and alcohol and tobacco, the state has no business preventing you and me from spending our own money on health care." Those are strong words. And remember, they come from the president-elect of a physicians' association, 63,000 strong.

National Post
David Gratzel, a physician, is the author of *The Cure*, forthcoming from Encounter Books.

CMA head slams political parties

Politicians fail to address health issues, Day charges

BY AARON DERFEL

MONTREAL — The outgoing president of the Canadian Medical Association blasted political parties at the federal level Tuesday for failing to address the country's pressing health care problems.

In a final address, Vancouver surgeon Brian Day bemoaned the fact that more than one million Canadians are on waiting lists for health care and that five million people don't have access to a family doctor. Yet neither the governing Conservatives nor the Liberal opposition seems to care, he charged.

"Individually, most [politicians] have a deep understanding of the plight of our health care system," Day told delegates at the CMA's annual meeting in Montreal. "Collectively, especially at the federal level, they are reluctant — even afraid — of engaging in a meaningful public policy discussion on health. For example, last October's throne speech I his-



TYRRELL KEATHERSTONE/ICIS

Dr. Brian Day delivered his final speech as CMA president Tuesday.

tened as the topic of health care was almost completely ignored by our Conservative government.

"Not to be outdone, the Liberal Party of Canada recently sent out a questionnaire based on what they identified as today's issues of crucial significance," he added. "Of 16 questions in their poll not one question related to health care."

Day, an orthopedic surgeon who runs a private surgical clinic in Vancouver, has been labelled by critics as "Dr. Prof-

came to the point when he was actually going to kill Luke Skywalker, he gave in and actually went from the dark side to the good side," he said, chuckling.

In his speech, Day reiterated that Canada's public system must change and should embrace some private-sector initiatives. To that end, he suggested that public-private partnerships be set up to fund the education of medical students. "Despite the best efforts of medical schools to expand, we have actually dropped further in the OECD rankings this year," he said, referring to the Organization for Economic Cooperation and Development.

Day said Canada now ranks 26th out of 28 countries in doctors per population. Adding to the pressure, he said, is the fact that 4,000 doctors are about to retire.

A resolution to develop a strategy for public-private partnerships in publicly funded health services was approved. Day also called for the Canada Health Act of 1984 to be updated, noting that in its current form, the act impedes progress and change.

Day said the CMA will make health care an issue during an expected fall election campaign, although it won't lobby against or support any one party.

He called for patients to be the focus of the health care system, for more spaces in Canadian universities to train doctors and for action to address wait times for health care.

"In Canada we pay dearly to keep patients on waiting lists. This is illogical. Preventing patients from getting treatment is not my definition of preventive medicine," he said, adding that the cost to the economy in 2007 was \$14.8 billion. "This excluded the growing costs of waiting to see a GP or specialist. And it excluded the costs as patients deteriorate and develop chronic, severe irreversible damage, addiction to painkillers, or depression."

Earlier in the day, Claude Castonguay, a former health minister in Quebec, addressed the conference. He summarized the findings of a report he submitted to the provincial government in February in which he called for, among other things, user fees for certain medical services.

He said the public health care system, as it now stands, is not financially sustainable.

Incoming CMA president Robert Qucllet, a Quebec radiologist, will address the conference today.

Canwest News Service

"This is my heart, it's my health, it's my choice."

With these words, Newfoundland Premier Danny Williams defended his decision to hop the border and go under the knife for heart surgery in Florida.

Premier Danny Williams

Belinda Stronach went to California for some of her breast cancer treatment earlier this year (2007)

Federal Minister Stronach

Shouldice hernia

Prime Minister Joe Clark

Medsys Private Clinic

The doctor of former prime minister Paul Martin is head of Canada's largest chain of private clinics.

Prime Minister Paul Martin

Heart surgery Washington State

Senator Ed Lawson

Former prime minister Jean Chrétien flew to a Minnesota private clinic on a Canadian government jet, paid for by Canadian tax dollars.

Prime Minister Jean Chretien

Cancer treatment Bethesda, Maryland

Premier Robert Bourassa

Private spine surgery False Creek, Vancouver

Attorney General Barry Penner

Shouldice Hernia

Opposition NDP Leader Jack Layton

Communist Countries Embrace Market Forces Canada in Denial

China

The
Economist

World politics | Business & finance | Economics | Science & technology | Culture

Private health care

The good midwife of Sichuan

Apr 7th 2012

THE scene at the women's and children's hospital in Chengdu could be in any well-appointed modern maternity unit. Doting fathers stare at newborns dozing on crisp bedding as masked cleaners keep the corridors spotless. The Angel hospital in Sichuan's capital is part of a wave of privately owned hospitals, catering to patients fleeing crowded state clinics.

The patients here are well-off locals, paying from 20,000 yuan (\$3,200) for a Caesarean delivery and the latest drugs. Rooms cost extra, including suites for families to host postnatal banquets.

The roots of private health care in Communist China go back to clinics



Cuba

The
Economist

MARCH 24TH-30TH 2012

Economist.com

How Hillary has done

India loses its magic

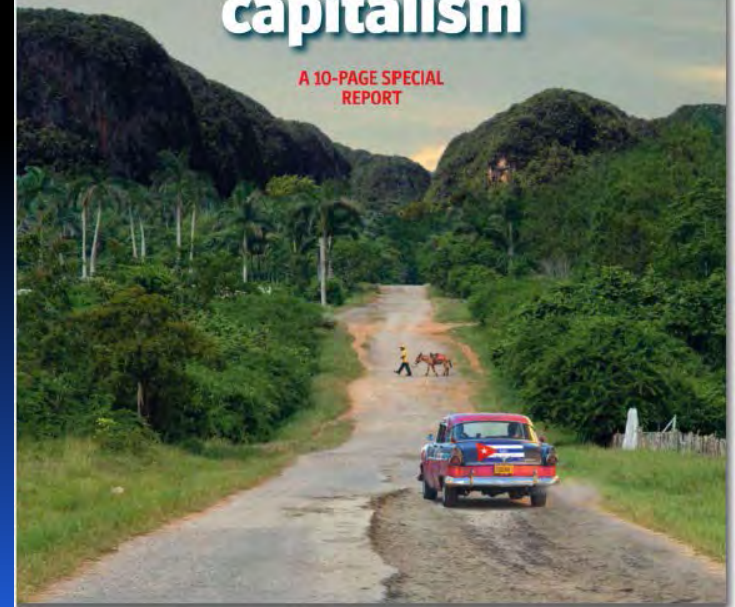
The meaning of Apple's share price

Britain's budget for global business

The perils of online passwords

Cuba hurtles towards capitalism

A 10-PAGE SPECIAL
REPORT



***“I don’t think there is any conflict here.
As a socialist country we focus on the people.
Privatization is a way of making companies more efficient.
If they are more efficient they will contribute more taxes
and so the country benefits and grows
so that the people in the country can use the revenue
to improve everyone’s living standards.”***



Mai Kieu Lien





CANADA

GDP SPENT ON HEALTH CARE	10.6%
AVAILABILITY OF PHYSICIANS	25 TH of 29
AVAILABILITY OF MRI SCANNERS	20 TH of 29
WAIT TIME FOR SPECIALISTS	10 TH of 10

GERMANY

GDP SPENT ON HEALTH CARE	10.0%
AVAILABILITY OF PHYSICIANS	11 TH of 29
AVAILABILITY OF MRI SCANNERS	3 RD of 29
WAIT TIME FOR SPECIALISTS	1 ST of 10

SWITZERLAND

GDP SPENT ON HEALTH CARE	11.9%
AVAILABILITY OF PHYSICIANS	6 TH of 29
AVAILABILITY OF MRI SCANNERS	7 TH of 29
WAIT TIME FOR SPECIALISTS	4 TH of 10

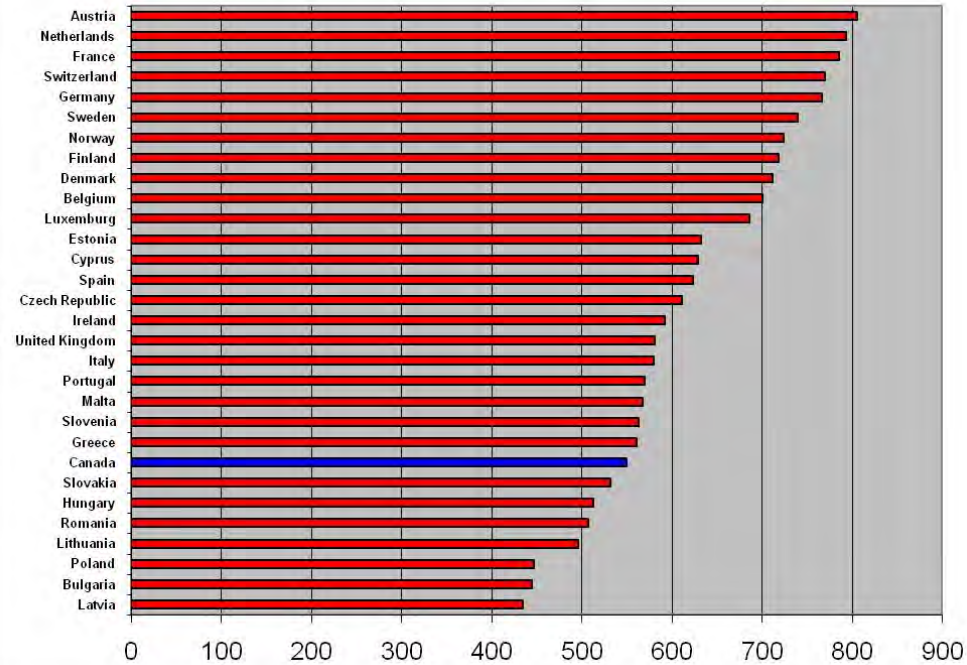
AUSTRALIA

GDP SPENT ON HEALTH CARE	10.0%
AVAILABILITY OF PHYSICIANS	9 TH of 29
AVAILABILITY OF MRI SCANNERS	10 TH of 29
WAIT TIME FOR SPECIALISTS	5 TH of 10

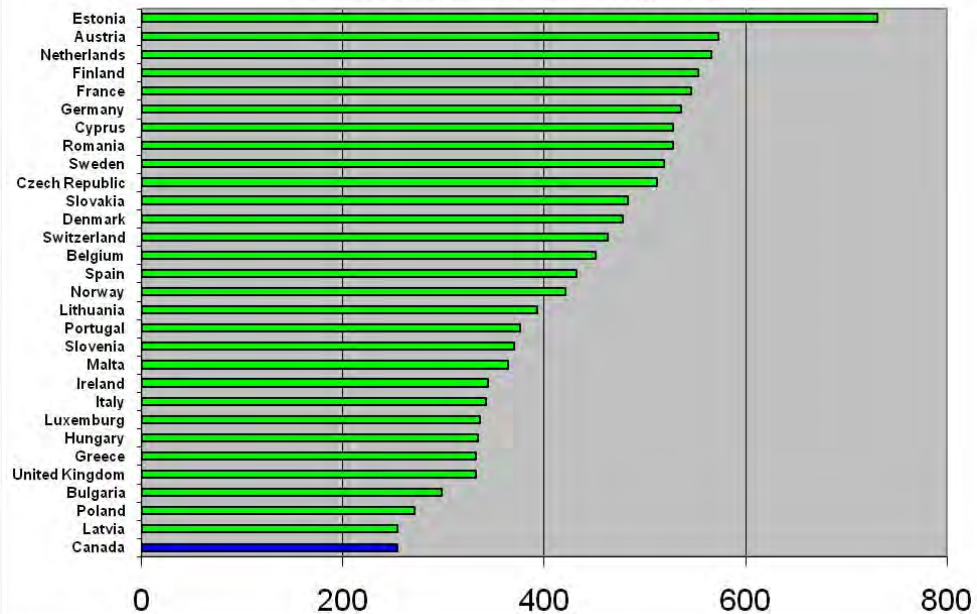
Note: Data for spending, physicians and MRI scanners are adjusted for age.



Canada in Total Index Score



Best value for money where?



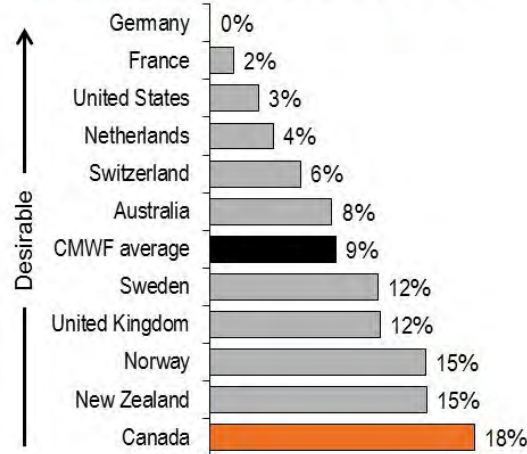
EURO-CANADA
HEALTH CONSUMER INDEX

5 million Canadians cannot get a family doctor



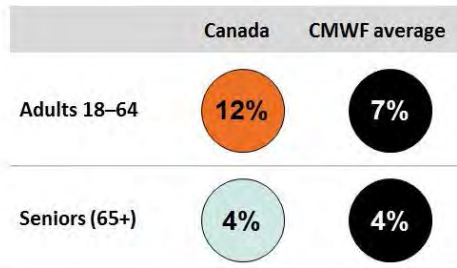
Wait times longer in Canada for all elective surgeries

Patients who waited 4 months or longer for elective surgery in last 2 years (2016)



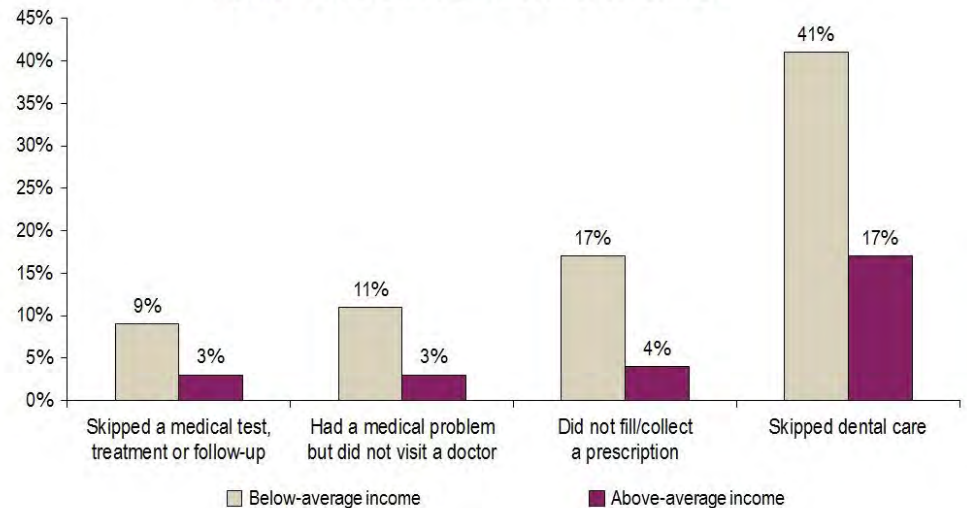
Younger adults financial barriers to drugs and dental care

Within last year, did not fill prescription for medicine or skipped doses of medicine because of the cost



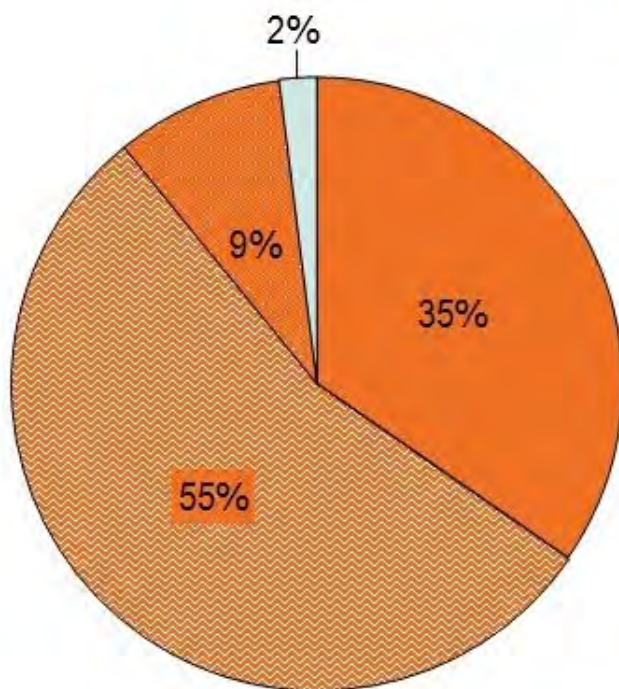
All Canadian provinces and territories provide drug coverage for seniors 65+.

Cost barriers to all care are highest for low-income Canadians



CIHI and Commonwealth Fund

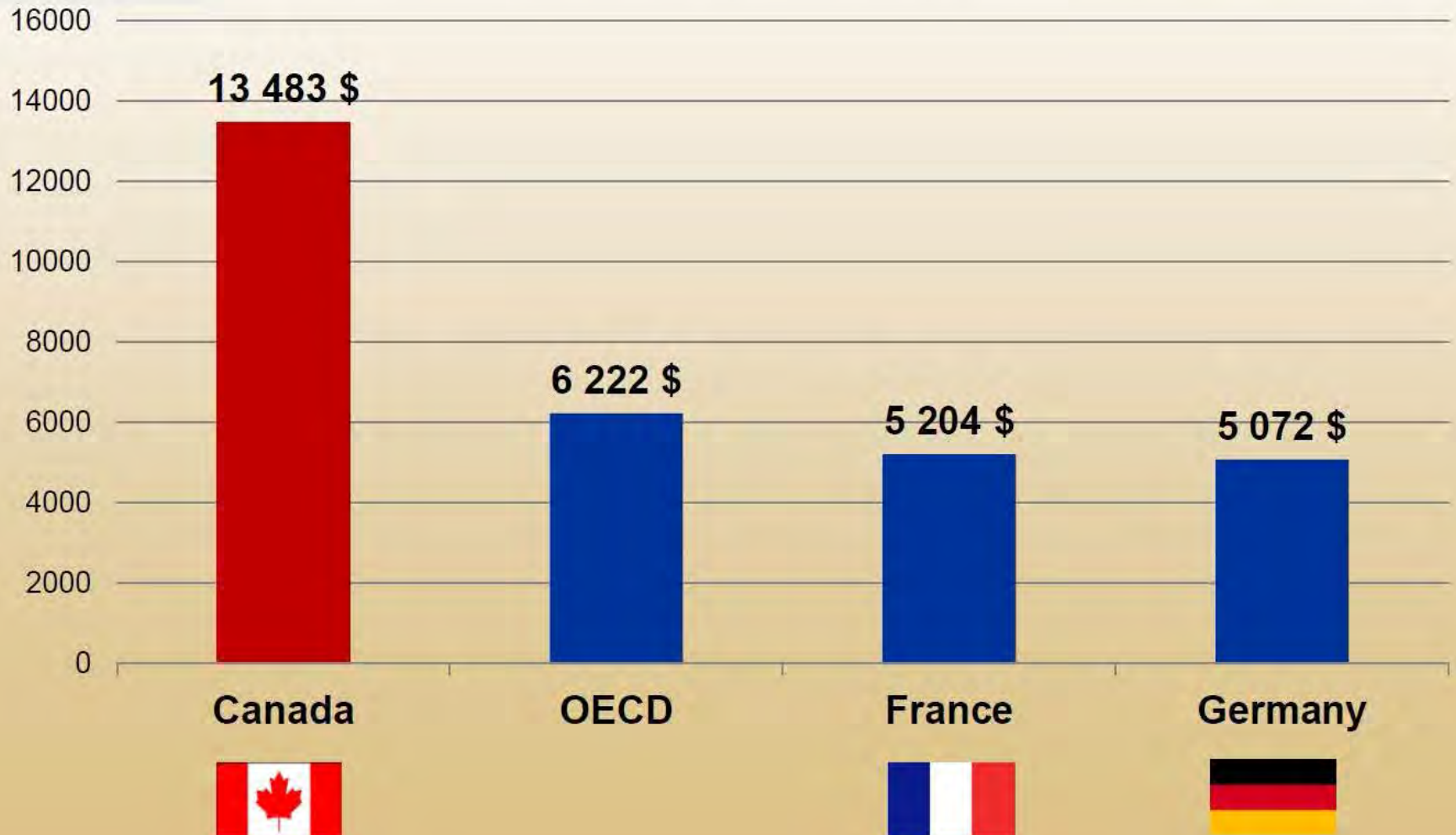
64% of Canadians want fundamental change or a complete rebuild



- On the whole, the system works pretty well and only minor changes are necessary to make it work better.
- There are some good things in our health care system, but fundamental changes are needed to make it work better.
- Our health care system has so much wrong with it that we need to completely rebuild it.
- Not sure

Cost efficiency in hospital spending

Hospital Spending per Discharge, 2009 (US\$, Adjusted for Differences in Cost of Living)

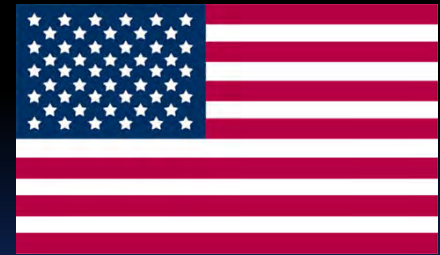


Administrative Costs



BC Medicare

15-16%¹



**U.S. Medicare
and Medicaid**

7-8%²

¹Turchen, 2008

² Matthews, 2006

Number of Public Health Administrators

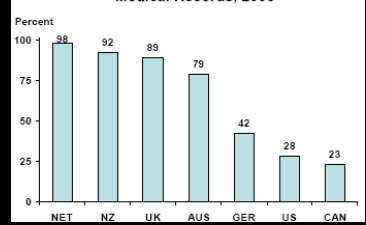


Canada 1 per 1,415



Germany 1 per 15,545

Primary Care Doctors' Use of Electronic Patient Medical Records, 2006



Last: IT

Sask. kids wait 15 months for non-urgent surgery

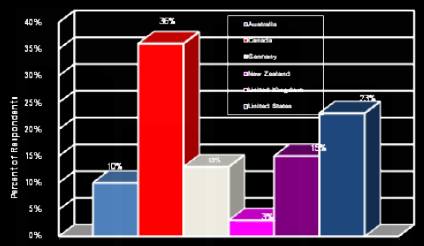
Acting alone of medicine says progress is being made on the issue...
 "I am supposed to have my scheduled day (in the OR) per week. That's what I was told when I was expected here four years ago. In June and July, I had two days for each of these months."

65% children: unacceptable wait

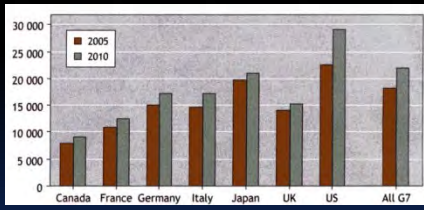
	AUS	CAN	NZ	UK	US	GER
Went to ER in past 2 years	46%	60%	42%	45%	55%	28%
Went to ER for condition that could have been treated by regular doctor if available	15%	21%	9%	12%	26%	6%
Time waited to be seen in ER						
Less than 1 hour	47%	35%	55%	50%	53%	66%
4 hours or more	17%	24%	12%	14%	12%	4%

	AUS	CAN	NZ	UK	US	GER
Unweighted N	702	751	704	1,770	1,527	1,503

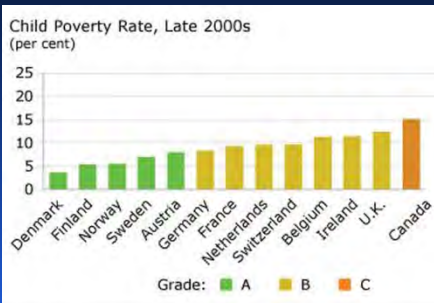
Last-E.R. Waits



Last: waits for doctor



Last: interventional radiology



Last: child poverty

Nearly 25% of Canadian nurses wouldn't recommend their hospital

46% feel satisfied with the quality they deliver

CBC News

By Amber Hildebrandt



Nurses told the CBC they worry that they aren't giving patients the quality of care they deserve. (Claude Vickery/CBC)

100% of Cambie nurses would recommend their facility



ACCREDITATION
AGRÉMENT
CANADA
Qmentum

Cambie Surgery Centre
Accreditation Canada
Anonymous Survey

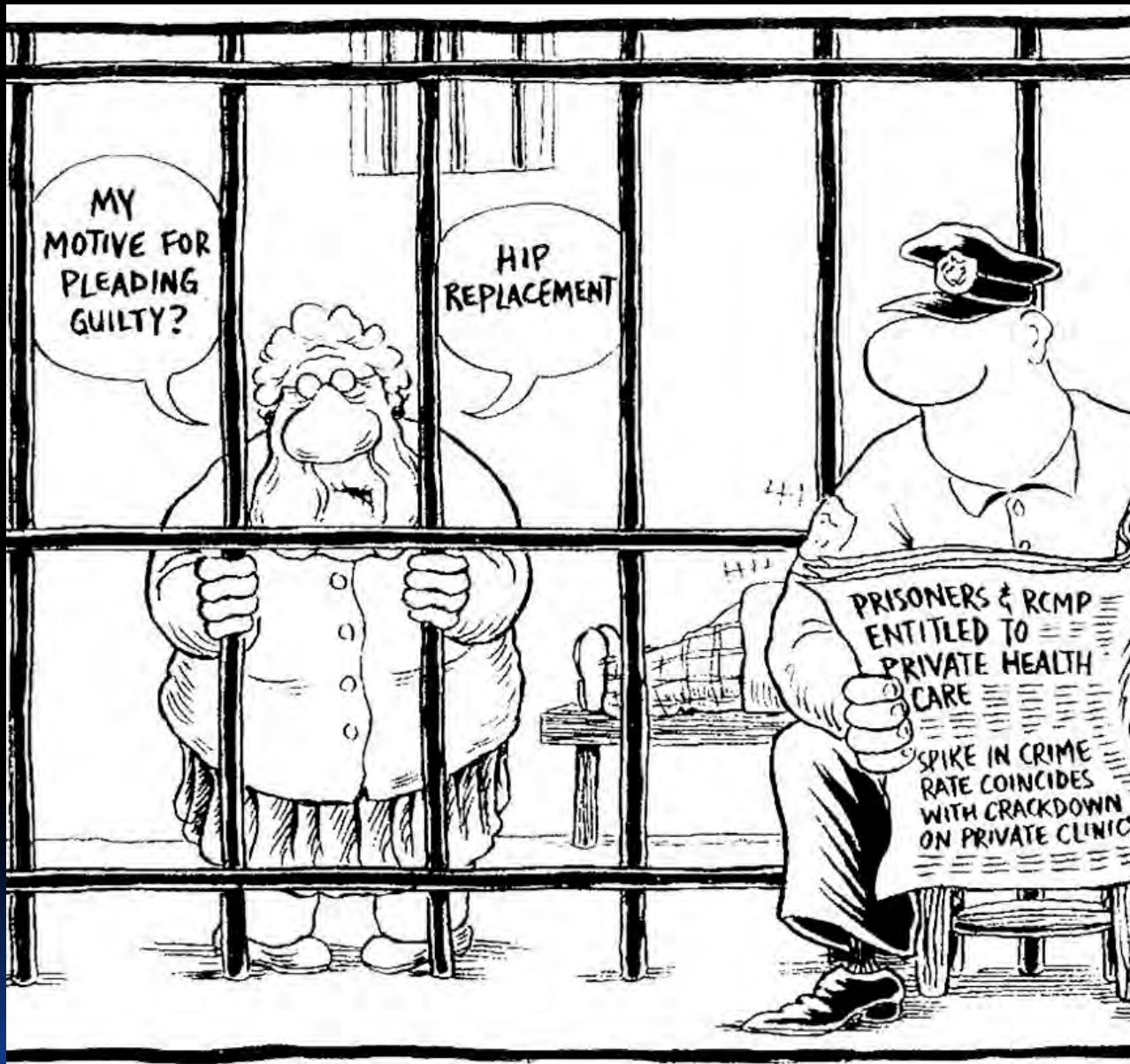
Worklife Pulse Tool

Results

Staff version

NOTE: This survey asks about your work experiences. Participation is voluntary. Your answers are confidential.

YOUR OVERALL EXPERIENCE	N	Never #	Never %	Sometime s #	Sometime s %	Usually #	Usually %	Always #	Always %
How often does your work unit / team provide top-quality patient care or other services?	46	0	0.0%	0	0.0%	7	15.2%	39	84.8%
YOUR OVERALL EXPERIENCE	N	No #	No %	Yes, probably #	Yes, probably %	Yes, definitely #	Yes, definitely %	100% would recommend to friends or family	
Would you recommend this organization to friends and family who require care?	46	0	0.0%	5	10.9%	41	89.1%		



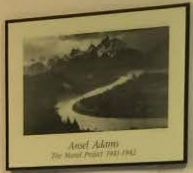
**Prisoners
WCB
Federal workers
Non residents
Armed forces
RCMP**



1

2

3



Avel Adam
The World Peace 1941-1942

Auditor General Canada audit of Health Canada

“We expected that the branch would set priorities on the basis of good, evidence-based information.”

“No such luck,” Fraser noted.

Auditor General of Alberta

Albertans are not receiving the quality of care they could receive.

Auditor General of Ontario

high incidence of sepsis.

cancer surgeries not timely.

Long surgical wait times put patients at risk.

Patients waiting too long

Operating-room closures despite patients waiting a long time

Patients waiting too long in emergency rooms.

“Sadly, too many kids are dying by suicide. That’s what can happen when kids wait”

Kim Moran, CEO of Children’s Mental Health Ontario

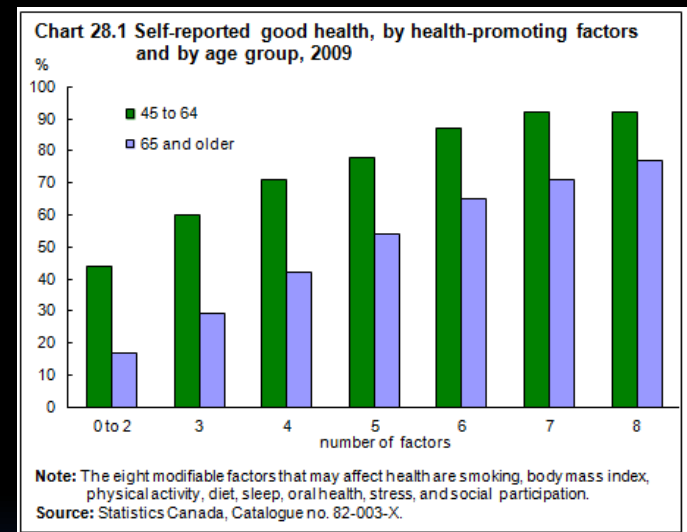


Ontario’s government watchdog says kids and teenagers struggling with severe mental health problems are languishing on hospital wait lists and the consequences can be devastating



Annual healthcare cost:

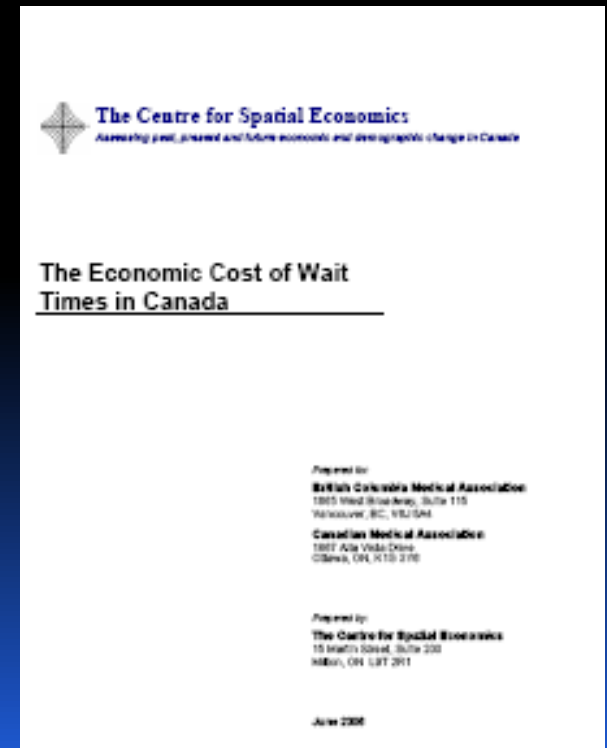
\$1,341	1 - 14
\$2,479	15 - 64
\$11,488	75 - 70
\$21,150	>80



In 2009, 25% of seniors reported at least four chronic conditions, compared with 6% of adults aged 45 to 64

Economic Cost of Waiting in Canada 2006

In 4 procedures alone exceeds \$1.8b
Tax revenues fall
Loss of work costs



Question from Brian Day:

“...but what about residents who travel to Washington State. Wouldn't it be better to offer facilities here, and keep the patients, the money and the jobs in Canada?”

Government Answer:

“If I could stop them at the border, I would”

Thea Vakil

**Associate Deputy Minister and COO,
Ministry of Health, British Columbia**



Recommended Benchmarks Veterinary Medicine



**Hip
Replacement
in Dogs
7 days**

Patient dies after surgery cancelled

By John Bermingham
Staff Reporter

A Vancouver grandmother suffered a massive heart attack just hours after her heart bypass surgery at Royal Columbian Hospital was cancelled due to a lack of nursing staff.

Minnie Mayo, 67, died three days later.

"They didn't kill my mother," sobbed her grieving son Terry Mayo, 43. "But they elected not to save her."

Mayo, who came up from Arizona to be by his mom's bedside, said she was scheduled for bypass surgery Aug 18.

"A nurse walks in and says, 'Mrs. Mayo, I have some bad news for you — your surgery has been cancelled due to staff shortages and the economic, budgetary situation in the hospital.' We were very disappointed."

Later that night, while Terry slept in a cot beside her, she had a full heart attack.

"Her heart rate fell from 110 down below 40," he said. "I know what it's like to be in a plane that's going down. It was the most awful feeling I've ever had in my life."

"She yelled out for me to hold her hand. I held her hand. She went through a massive heart attack."

They got her into the operating room at 7 a.m.

"It was too late. The damage was done."

She died on Aug. 21 and was buried last Wednesday.

Mayo says his mom would have got a heart bypass immediately in the U.S.

"What kind of country is this, that people can die in the hospitals because of staff shortages?" Mayo asked. "It's not right."

B.C. Nurses Union president Debra McPherson said patients are often



Don MacKinnon — for The Province

Gary (left) and Terry Mayo hold a photo of their mother Minnie Mayo, who is holding her grandson Jayson Mayo.

bumped from their scheduled operations because there are not enough nurses for the operating rooms.

"Surgeries are cancelled regularly," she said. "I'm sure there are (people) who have had adverse consequences of having to have their surgeries cancelled."

"I don't know that anybody is tracking the people who keep getting bumped, to find out what their fate is at the end of the day."

McPherson said many operating rooms are permanently closed. The situation is expected to worsen, because the select group of older nurses who staff operating rooms are approaching retirement.

"We're going to be very short of OR nurses," she said. "So if people think

it's bad now, it will get worse."

She said private clinics will take nurses away from the public system and create even more shortages.

"This is the symptom of the [B.C.] government's failure to address the critical shortage of registered nurses in the province," she said.

Royal Columbian Hospital spokeswoman Helen Carkner said the nursing shortage does lead to cancelled surgeries.

"It can be certainly happen," she said. "This is specialized surgery, and you would need specialized OR staff. I think that's true of any hospital in the country."

She said RCH medical director Dr. Les Vertesi is reviewing Mayo's file.

jbermingham@png.canwest.com

SUNDAY Province

Sunday, March 4, 2001 c

B.C. HIGH SCHOOL
Report Card 2001

ALL THE LOWER MAINLAND RESULTS

EIGHT-PAGE SPECIAL REPORT

SEE HOW YOUR CHILD'S SCHOOL DID

Heart patients 'die on the waiting list'



Delays are 'crazy,' says doctor who estimates she's lost 10 patients who died while waiting for treatment **A3**

The Medical Post

October 22, 2007 \$5.00 per copy
 The National Association of Broadcasters (NAB) has announced that it will be launching a new service for its members, the NAB Digital Service, which will provide a platform for digital content creation and distribution.
 2007-10-22

Canada in brief
 • Ontario: Ontario's health care system is in a state of flux, with a new provincial health insurance plan being introduced in 2008.
 • Alberta: Alberta's health care system is facing a major restructuring, with a new provincial health insurance plan being introduced in 2008.
 • Saskatchewan: Saskatchewan's health care system is facing a major restructuring, with a new provincial health insurance plan being introduced in 2008.

6
 How to buying health insurance
 How to buy the proper coverage and what to expect if you need to make a claim.



Exclusive: Medical front-line workers
Physicians pour out wait-time frustrations
 For someone in chronic pain, think how doubtful they would be in two years by Colin Milne

Dr. Elizabeth Armstrong, Medical Director of the Provincial Palliative Program at Sunnybrook Health Sciences Centre in Toronto: "If patients decide they want to go for 6, then they need to know that it can be a daunting ride for a 24-hour period. They're very vulnerable patients."

Wet-season wonders

Preemie predictions
 With more babies being born between 22 and 28 weeks' gestation, doctors and parents face difficult decisions for these infants on the edge of viability. Long-term follow-up is now offering insight.

by Patricia Nicholson
 HAMILTON: Amelia Taylor made headlines in February when she was delivered from hospital four months after her very premature birth. With a gestational age of 27 weeks, in due time, Taylor is thought to be the world's youngest surviving twin.
 Taylor's case is a real-world example of what doctors at 22 weeks is so rare that data on them are anecdotal, and Dr. Sandy Sagal, neonatologist and professor of pediatrics at McMaster University in Hamilton, and parent of preterm infants, or mothers who are at high risk for giving birth early, seems to be aware that cases such as Taylor's are rare.
 "I think parents are fairly realistic, but in their hearts they'd always have hope and that's a good thing," Dr. Sagal said. "It's human nature and I think it's very important to have hope. But hope is different than miracles."
 She estimated that about 15% of children born at less than 28 weeks gestation will have some degree of impairment, and 50% to 60% will have "disable" issues such as hearing disabilities and behavioral problems.
[See Disability page 18](#)

Restrictive transfusion strategy benefits kids

by Terry Murphy
 MONTREAL: The red cell transfusion threshold critically ill children have not been clear.

and the extent and documented practice of pediatric transfusion have varied widely.
 But now a 14-center, four-country study of more than 600 when they get there.
 The study led by Dr. Margaret Levin, professor of pediatrics at University of Montreal, has found that all transfusions are



Medical Post Survey Spring 2007

26% of doctors have had a patient die on a wait list

Brain surgery patient told wait time for MRI is 2.5 years

Vancouver, BC, Canada / News Talk 980 CKNW | Vancouver's News. Vancouver's Talk

Liza Yuzda

Posted: March 07, 2017



March :

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Account Number/N° de dossier : **01000401102**
Medicare Number/N° d'assurance-maladie : **0100002000**

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Emergency Department, you are
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Selon les ordres reçus du D^r
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June 10 at 10:00am for HOLTER MONITOR HOOKUP (24 HR)

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**NOTE: Reminder to please bring your
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Costing and Accountability Calgary Health Region (CHR)

“CHR administration argues that accurate cost accounting would require a diversion of effort better expended elsewhere”

"Hospitals have fixed budgets and must not run over them... You can't just keep accepting patients and treating them once the money has run out. It won't be tolerated"
Quebec Health Minister, Gaétan Barrette



Laura Hillier – a tragic tale

She will not die in vain: Burlington teen fought for faster treatment



HILLIER

Cathie Coward, The Hamilton Spectator

18-year-old Laura Hillier died surrounded by family last Wednesday at Juravinski Hospital.

Laura Hillier, 18, has just been told she will die soon. She wants you to hear this..

“Hello. I’m Laura Hillier.”

The voice of the 18-year-old girl cracks in distress. She’s propped up on a hospital bed, eyes swollen from crying, lips stained red from bleeding lungs.



“... I’m in the ICU... I can’t breathe. Soon, a tube will be stuck down my throat again. And for feeding as well. And I won’t be able to talk. They said I may not wake up but I really hope I do. But if I don’t, I hope this never happens to anyone ever again. And that the government sees that there needs to be funding. Because people are dying when we can save them. We can save these people. Please help. Thank you.”

Laura recorded these words, shared for the first time, because she thought they would be her last.

Plea from dying teen: Please help

How a public health-care system we consider among the world’s best came to fail hundreds of people waiting for stem cell transplants.

THE GLOBE AND MAIL

CANADA'S NATIONAL NEWSPAPER ■ FOUNDED 1844 ■ GLOBEANDMAIL.COM ■ FRIDAY, JUNE 10, 2005

Supreme Court narrowly opens door to private health insurance The new face of medicare

The Decision

BY KIRK MAKIN, TORONTO,
JEFF SALLOT, OTTAWA
AND RHEAL SÉGUIN, QUEBEC

Government bans on private health-care options have jeopardized the life, health and psychological well-being of Canadians, the Supreme Court of Canada said in a landmark ruling yesterday.

In a narrow and hotly contested 4-3 decision, the court struck down a Quebec prohibition on private health insurance, saying the public system has failed to deliver medical care in a timely, reliable way.

It said there is ample evidence that Canadians have suffered grave health consequences as one government after another promised to eliminate waiting lists, only to dither as the crisis worsened.

The decision means that any Quebecer can potentially purchase health insurance for private health services immediately. In other provinces that have prohibitions on private health insurance, residents must either wait for their government to give up the fight and pro-actively drop these barriers, or else go to court waving yesterday's ruling.

The ruling set off an immediate political chain reaction yesterday, with some political leaders insisting that the court has effectively paved the way for two-tier medicine.

Resigned by calls from labour groups, public health-care activists and the provincial opposition to invoke the Constitution's notwithstanding clause to override the ruling, the Quebec government said it will ask the Supreme Court to delay the effect of its ruling.

However, Quebec Premier Jean Charest also said the government will ultimately comply with the ruling, and that it can do so without undermining the public health-care system.

"In the end, it will not impose a choice upon the people of Quebec," he said. "We are going to look at all the details of the ruling, but we are certainly going to do what we have to do to preserve the health-care system in which we believe."

In Ottawa, Prime Minister Paul Martin attempted to play down the ruling, saying it will not become the thin edge of the wedge toward the establishment of different standards of health care in Canada for the rich and the poor.

"We are not going to have a two-tier health-care system in Canada," he vowed.

Mr. Martin and Health Minister Ujjal Dosanjh said that \$41-billion extra additional financing the government is pumping into the health-care system over the next 10 years will solve the problem of waiting lists.

But the Canadian Medical Association said the financial commitment isn't nearly enough to provide the kind of quality health care patients deserve.



Dr. Brian Day performed two knee surgeries and one shoulder operation at his private Vancouver clinic yesterday for patients willing to pay.

The Reasoning

JEFFREY SIMPSON

Canadian medicare will never be the same.

The sacred trust — or sacred cow — of public-only medicine is finished. Longer what gun-flapping politicians said yesterday in Ottawa.

Former Prime Minister Paul Martin's declaration that "we're not going to have a two-tier health system in this country. Nobody wants that."

He's wrong. Canada will have more private health-care delivery. The only questions are when, where and how much.

Why? Because four judges of the Supreme Court, enough for a 4-3 majority, accepted private medical delivery and financing as constitutional, because long-waiting lines imperil patients' Charter right to "security of the person." And what the Supreme Court says, not what prime ministers want, is the law of the land. Such is the nature of contemporary Canada, like it or not.

True, the 4-3 decision technically applied only to Quebec. But its premises extend across the country. Any clinic, doctor or patient seeking privately delivered medicine can use this decision to beat off any government.

When Alberta begins in the next year to expand private health-care delivery, it will use yesterday's decision as defence. If more private operators expand in Quebec, or install themselves elsewhere, they, too, will use the decision.

It will take time for the decision's impact to spread. It won't happen overnight. It will take time to organize facilities, hire physicians and nurses, rent space, find patients. But the door is open to more private delivery and financing.

It is possible that with two new justices (Rosalie Abella and Louise Charron), who did not hear the case judged yesterday, that the court majority might flip-flop if faced with another medicare case. But for now, the court has ruled that in Quebec — and almost certainly by extension everywhere else

See SIMPSON 3

Inside

■ **ROMANOW:** "The evidence is overwhelming and clear. The two-tiering of health care represents going backwards in time to when good health care depended on the size of one's wallet..."
Comment, A13

■ **BLANCHFORD:** "The Supreme Court got it right, if only by a speaker of a wise, and clearly had, among the seven judges, the sort of vigorous and full debate that has been sorely absent in many of the so-called reviews of the health-care system."
News, A7

■ **IBBITSON:** "Canadians are still wedded to nationalized health care, despite its expense and inefficiency, because at least everyone suffers equally."
Comment, A13

■ **ONLINE:** "If private health services were available today, would you use them?"
Vote at globeandmail.com

The best treatment money can buy

BY OLIVER MOORE, TORONTO

Barbara Hogan would be dead today if she hadn't gone to a private U.S. clinic for treatment of her breast cancer.

She couldn't get seen fast enough in Canada and found out only after surgery in New York State just how quickly her cancer was spreading. She said yesterday that private care saved her life, the money spent worth "every penny."

It was on a Wednesday that her oncologist ran out of Canadian op-

The Consequence

tions and ploosed the Mayo Clinic in Rochester, N.Y. She was operated on the following Tuesday and discharged less than a week later. A follow-up visit a year later confirmed that she was cancer-free.

Eleven years on she remains cancer-free.
Ms. Hogan, who is semi-retired from her financial career in Winnipeg, said the Supreme Court ruling

on private health care is wonderful and long overdue. "I'm certainly glad to see that someone has a rational approach," she said by telephone.

Yesterday the court struck down Quebec laws that guarantee a monopoly on medically necessary treatment in the public health system, saying that government bans on private health insurance have increased the risk to the life and health of Canadians.

See PATIENTS on page A6

“The evidence shows that delays are widespread and patients die as a result of waiting lists for public health care”

“The courts have a duty to rise above political debate”

7 Judge Supreme Court of Canada Chaoulli Ruling

Violates rights: life, liberty, security of person

De facto monopoly

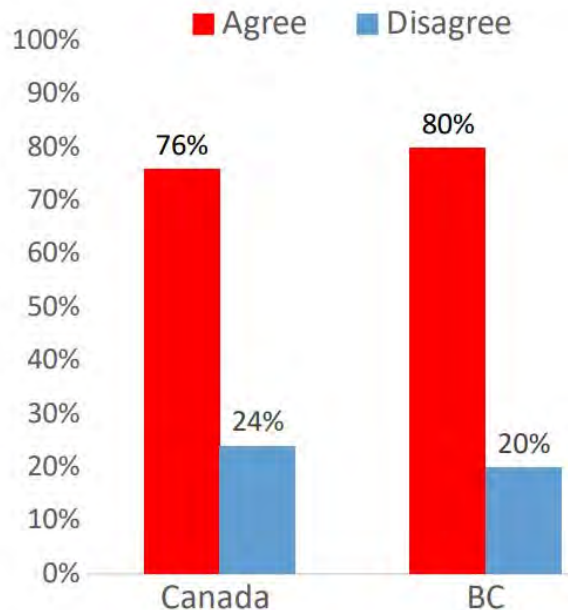
Causes physical and psychological suffering

Imposes risk of death and irreparable harm

Ipsos Reid CMA Poll on Chaoulli:

When Canadian physicians are asked whether or not they personally perceive the ruling by the Supreme Court in a favourable or unfavourable light and **over eight in ten physicians (83%) express favourable views.**

Most physicians see benefits to the decision, agreeing that the **Supreme Court ruling will have the effect of reducing waiting lists by increasing the supply of services (81%).**



Healthcare wait lists and patient choice

The Charter should allow patients who have
been on provincial healthcare wait lists longer than the
maximum recommended waiting period
for their condition to pay for private treatment

March 29 2018

The plaintiffs

1. **Cambie Surgery Centre:** private surgical facility
founded in 1996
2. **Chris Chiavatti:** 18, knee injury
permanent damage due to the wait
3. **Mandy Martens:** 37, colon cancer sufferer
cancer spread while waiting
4. **Walid Waitkus:** 16, progressive spine deformity
paralyzed after 27 month wait
5. **Krystiana Corrado:** 16, prospective college athlete
held back by knee ligament injury
6. **Erma Krahn:** 80, terminal lung cancer
died while waiting for the case to go to trial
7. **Sadly, a 7th plaintiff is no longer with us:** brain tumour patient
died while waiting for the case to go to trial



A Simple Question for the Courts

“Should Canadians suffering on wait lists in BC have the same rights under the Charter that the Supreme Court of Canada granted those in Quebec?”

THE VANCOUVER SUN

BREAKING NEWS | VANCOUVERSUN.COM

100 YEARS STRONG

A DIVISION OF MULTIMEDIA NETWORK INC.

THURSDAY, NOVEMBER 15, 2012 | FINAL EDITION

Boy paralyzed after surgery delays

Supports lawsuit launched against B.C. government by private clinic

PAMELA FAYERMAN
VANCOUVER SUN

A Kelowna boy who became a paraplegic because of complications from a long-delayed spine operation is supporting four other patients in a lawsuit against the B.C. government launched by private clinic owner Dr. Brian Day.

An affidavit by Walid Khalifallah's mother, Debbie Waitkus, a nurse, was filed in B.C. Supreme Court on behalf of the 16-year-old boy.

He had the 10-hour surgery in January at a Shriners Hospital in Spokane, Wash. after waiting two-and-a-half years from his first appointment to his surgery date at B.C. Children's Hospital.

It's unknown if paralysis would have occurred if he'd had the operation to help correct his severe scoliosis in Vancouver, but health minister Margaret MacDiarmid has recently apologized, saying she was "sincerely sorry for not only this family but for any family that waits this long."

The case has triggered several changes at the hospital — including the planned hiring of another orthopedic surgeon and better communication — after an unusually hard-hitting report from the Patient Care Quality Review Board found that Khalifallah did not receive quality care and that treatment delays allowed his condition to unnecessarily deteriorate, increasing risk to his health.

CONTINUED ON A7



Debbie Waitkus, with her son Walid Khalifallah, 16, says she was angry and disgusted with how her son's care was handled. After long waits in B.C., Khalifallah finally had a spine operation in Spokane.

The agonizing wait for scoliosis surgery

More than 200 kids need treatment, but it can take up to two years to see a surgeon at B.C. Children's Hospital



BY TAMMY GROSSMAN, VANCOUVER SUN FEBRUARY 10, 2011

Latest Government's arguments that the court should limit evidence in the Constitutional Trial

- 1. Harms caused by current legislation not relevant.**
- 2. Not all relevant evidence is admissible.**
- 3. Now, while it may be possible to argue that an individual physician's testimony as to his or her motivation has a logical connection to those pleadings, in my submission the cost to the trial process of permitting such evidence vastly exceeds the benefit of doing so.**
- 4. They (plaintiffs) appear to argue that (evidence) is admissible so long as the evidence can be traced to a reliable source, such as a Royal Commission report. They offer no authorities in support of that argument.**
- 5. Comments from a government minister or premier cannot constitute admissions that can be relied on.**