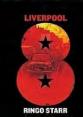
WHAT'S THAT PLACE OVER THERE?





THAT'S LIVERPOOL SIMBA NEVER GO THERE

Liverpool 8, 1950





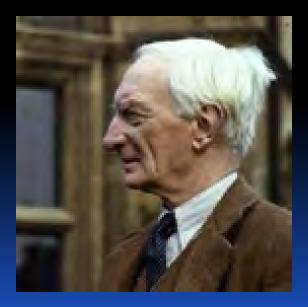
Saskatchewan Medical Care Insurance Act 1961 1st Public Canadian Health Insurance Comprehensive Basis niversal coverage by 1971 Accessible Portable or of Canada Health Act 1984 **Public Administration** Effective Efficient Responsible

Canada Health Act 1984 Not Included in Federal Act: Comprehensive Driekarsa Agressible Residensible **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

BCTV News

on/Global

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
 - 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 et des Sains de	longun durée		Ontari
		Provider Set	Place d'Armes		
February 12, 20	04				
PRIVATE AND	CONFID	ENTIAL			
Ms.	_/ Dr./		and	Patient Financial	Services
Columbus OH				Columbus OH ~	
USA				USA	
FAX: 614-	-			FAX: 614-	
			and		
			A	nesthesia Services.	
		Columb	us OH 4	USA	
Dear Dr.		FAX.			
This is to confir Number			- Print Parts	Number ry of Health and Long-	Prior Appro Term Care payme

Number (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 claums regarding Mr. 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 via fracsimile 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	(🗑 Onta	rio
	HEALTH SERVICES DIVISIO Provider Services Branch 2nd Floor, 49 Place d'Armes PO Box 44 Kingston ON K7L 533 Tel; (613) 544-6299 Fax: (613) 544-6309		DIVISION DES SERVICES DE SA Direction des services aux professie 2º (ago, 4º Place d'Armes CP 48 Kingsten ON K7L 5J3	
May 4, 2004				
Dr. Orthopaedic Surgeon				
Dear Dr.				
RE: H	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,

11,4 4

H. G. Langley, MD CCFP District Medical Consultant Coordinator

The United Arab Emirates (InterHealth)



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



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www.hciaal.com

Every Great Adventure Starts With Just



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 FRCPC 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 Tue

A new 'Day' for the CMA

DAVID GRATZER

Berts Asses - Billion Fillers And the second second

> Brian Day has gone from iverpool socialist to accomplished orthopedic aurgeon 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, docors pushed Canadian medicare one step closer to sanity. Of course, not everyone sees it this way. No sconer had the vote been announced

than Dr. Ruth Collins-Nakai, the outgoing president, suggested that "it's not necespresident, suggested that '15 not neces-tient biology.' De Hoeley, 'to Hoeley, 'to Hoeley, 'to help and the trenches for former Liberal cabinet minister, ex-plained that Dr. Day must now work to we are going to get abt down in finance: represent all physicians. And, in a small And so, for much of the last decade, the way, they have a point. Dr. Day's viewor. 'OMA sprond he 00-pound gorll is in the should be kept in perspective. He was elected by a fraction of the nation's physicians to a job heavy on travel and meetclans to a job heavy on traver and meet-ings, light on public prognostication. At this point, he actually isn't even the presi-dent of the CMA – rather, he's president-elect, with a full year before he ascends to the ten in the second se

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 ar-ticulate 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 simwait two to inree years. He has not sim-ply 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 meining of unwains of the local pa

the majority of surgeries of the local re-gional health board for 60% of its present cost. (The NDP government at the time 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 rote, the nation's physicians sent a simple

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 Dr. Brian Day the victor. He beat out, strong. to prease our practicing inscription, the flash is the strain Lay the victor for grant and the strain Lay the victor for grant and the strain Lay the victor for grant and the strain Lay the victor for Lay and Bernk had argued to be strained. Four strained have strained the stra

over the years to five hours a week," he told CBC Radio, "and you have 450 pa-tients waiting for health care, you realize that something has to give." Today, Dr. lumbia Dr. Bursk broke his word and ran Day operates the largest private clinic in the country, providing a host of surgical

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 In 1996, when members debated private care, supporters of the status quo won the day. The close vote was tipped by the pas-sionate speech of Dr. Jack Armstrong, then president, who argued that if the

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 suf-fered – and the CMA made motherhoodand-apple-pie statements about the importance of access. Even meetings were

Brian Day simply recognizes that there is

a role for a vibrant private sector in

health care refully organized to emphasize the CMA's non-controversial nature. After the publication of my first book (which was

critical of medicare), for instance, I received an invite to speak at the annual meeting. I found myself on a nanel discussion with eight other people - all opposed to my view. But the CMA has emerged from its self-

imposed exile. Last year, delegates at the annual meeting endorsed a motion calling for private options if patients can't get timely care in the public system. This year,

they were further. With a rotating presidency system, it was British Columbia's turn to put for-ward a candidate. The British Columbia Medical Association had an election, with

for CMA president anyway. His candidacy attracted the endorsements of former presidents and a host of medicare defenders. This week, Dr. Burak lost, again. How to understand the election? For four decades. Canadian health policy has been dominated by one dominant ideolo been dominated by one dominant ideolo-gy, its proponents were confident that no matter the problem, there is a govern-ment solution. Former Saskatchewan pre-mier Roy Romanow well articulated this

position in the final report of his royal commission stating that government-rul 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 zealour 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 signifi-

cant 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 en-

court in the Western world, naving en-dorsed the constitutionality of medical marijuana and gay marriage – ruled against Quebec's ban on private insur-ance. 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 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 dra matic legal upheavals (like, say, the On-

tarin Medical Association's challenge to he 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 significan that prominent Canadians no longer ac

cept 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 gam-bling and alcohol and tobacco, the state

has no business preventing you and me has no business preventing you and me from spending our own money on health care." Those are strong words. And re-member, they come from the president-elect of a physicians' association, 63,000

CMA head slams political parties

NATION

Politicians fail to address health issues. Day charges

445 THE VANCOUVER SUS, WEDNESDW, AUGUST 20, 2008

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 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 obey discussion on health. For example, in last October's throne speech I lis-



TYPES REALISED TONE JUNE Dr. Brian Day delivered his final speech as CMA president Tuesday.

role in the delivery of health care.

Star Wars villain.

Day, an orthopedic surgeon who runs a private surgical clinic in Vancouver.

Tuesday, he poked fun at himself in a video shown to delegates in which he

dressed up in the black costume of the He continued joking with reporters

during a news conference afterward. "For those of you who followed those movies like I did, [Darth Vader] was actually a good guy because when it

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.

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

BREASING NEWS AT VANCOUVERSUM COM

Preventing patients from petting 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

He called for natients to be the focus

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 Feb-ruary 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 Oucliet, a Quebec radiologist, will address the conference today.

Commut News Street

added. "Of 16 questions in their poll not one question related to health care."

has been labelled by critics as "Dr. Prof-

tened as the topic of health care was it" and "Darth Vader" for his advocacy almost completely ignored by our Con- of the private sector playing a greater servative 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

defended his decision to hop the border and go under the knife Premier Danny heart surgery Williams in Florida.

Heart surgery Washington State

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

Shouldice hernia

Medysys Private Clinic

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

Federal Minister **Prime Minister** Stronach Joe Clark

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

Bethesda, Maryland

Cancer treatment

в

spine surgery False Creek, Vancouver

Private

Senator Ed Lawson Prime Minister Prem Robert Att **Jean Chretien** Bou SF

General enner

Prime Minister Paul Martin

Shouldice

Hernia

Oppos on NDP Leader Jack Layton

Communist Countries Embrace Market Forces Canada in Denial

China



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 wellappointed 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 How Hillary has done The India loses its magic Economist 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

"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



\rm CANADA

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

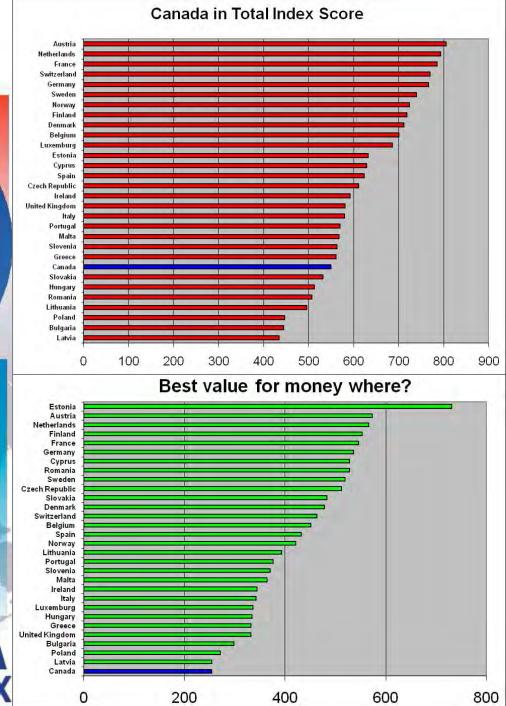
Note: Data for spending, physicians and MRI scanners are adjusted for age.

e GERMANY	
GDP SPENT ON HEALTH CARE	10.0%
AVAILABILITY OF PHYSICIANS	11 [™] of 29
AVAILABILITY OF MRI SCANNERS	3 RD of 29
WAIT TIME FOR SPECIALISTS	1 st 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

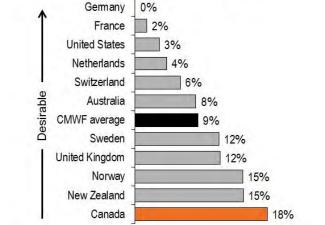




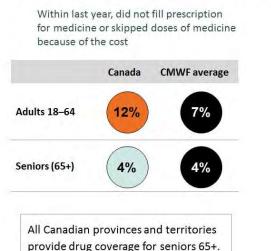
5 million Canadians cannot get a family doctor



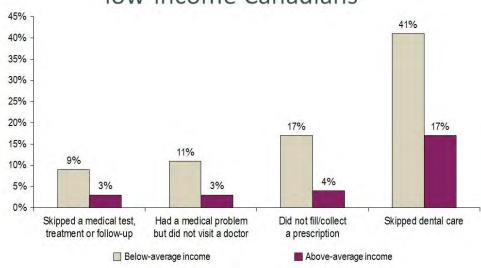
Wait times longer in Canada for all elective surgeries Patients who waited 4 months or longer for elective surgery in last 2 years (2016)



Younger adults financial barriers to drugs and dental care

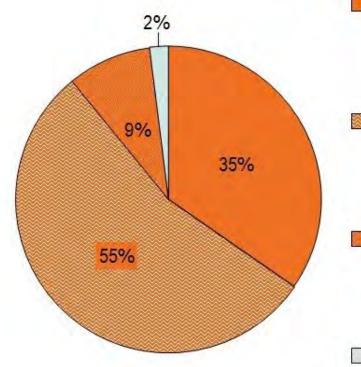


Cost barriers to all care are highest for low-income Canadians



CIHI and Commonwealth Fund

64% of Canadians want fundamental change or a complete rebuild

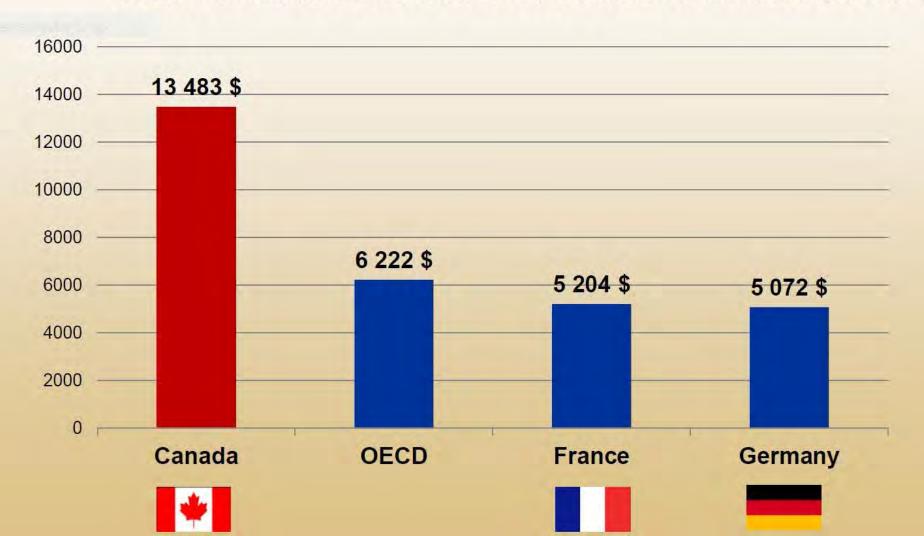


- On the whole, the system works pretty well and only minor changes are necessary to make it work better.
- There are some good things in our health care system, but fundamental changes are needed to make it work better.
- Our health care system has so much wrong with it that we need to completely rebuild 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

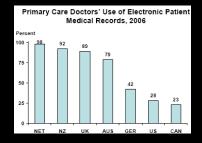
7-8%²

¹Turchen, 2008 ² Matthews, 2006

Number of Public Health Administrators



Germany 1 per 15,545



Last: IT

Inweight

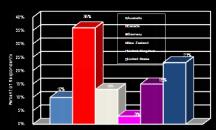
Sask. kids	wait 15 m	nonths for	non-urger	t surgery
Acting deam of medicine says progress is being made on the issue PATOR OF CONTROL ACT OF CONTROL ACT OF CONTROL ACT OF 	Hear Callynni PARinel Engenes, Sub, Thia approx. New Engry House in the restores and in Charge- the Sub and the Sub- lian that first for the call of the Borney Call out Theory of the Sub- metry of the Sub- stant call the Sub-Advisory of the sub-sub-sub-sub-sub-sub-sub- tion (A Moncash In Mg, Makingh Mg, Managara, Sub- stant (A Moncash In Mg, Makingh Mg, Managara, Sub- stant (A Moncash In Mg, Makingh Mg, Managara, Sub- stant) (A Moncash In Mg, Mg), Mg, Mg, Mg, Mg), Sub-sub-sub-sub-sub-sub-sub- stant (A Moncash In Mg), Mg, Mg, Mg, Mg), Mg,	"I om supposed to have one scheduled day (in the OR) per- week, That's what I mus told when I was recruited here four years ago. In June and July, I had two days for each of those months."	To call and sense them seems project would be to a total and a set of them in a total and a set of the set of	Index (in c.2) a state to many provide the constraints of program forms in plantations and the constraints and digitations, for "such rates" and digitations, for "such rates" and digitations of the constraints of the constraints of the such constraints of the constraints of the constraints of the constraints of the plantation of the constraints of the constraints of the constraints of the constraints of the constraints of the constraints of the constraints of the c

65% children: unacceptable wait

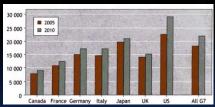
Access, Waiting Times, And Costs Among Sicker Adults In Six Countries, 2005								
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Less than 1 hour	47	39c.del	55'	50	531	66		
Time waited to be seen in ER								
treated by regular doctor if available	15c.e.f	21 ^{c,d,e,f}	9e	12 ^e	26'	6		
Went to ER for condition that could have been								
Went to ER in past 2 years	46b.e.f	60c.d.f	42*.f	459.1	551	28		

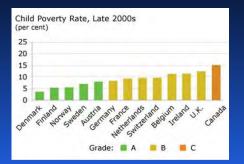
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ted N	702	761	704	1,770	1,527	1.503

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



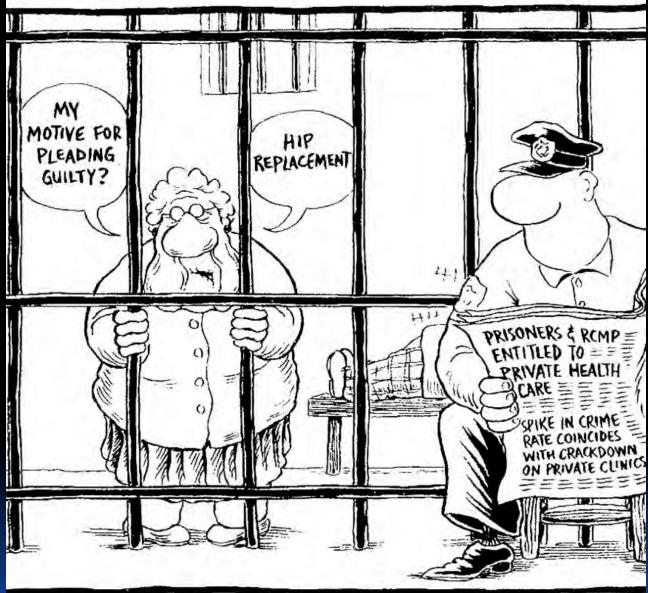
Nurses told the CBC they worry that they aren't giving patients the quality of care they deserve. (Claude Vickery/CBC)

100% of Cambie nurses would recommend their facility

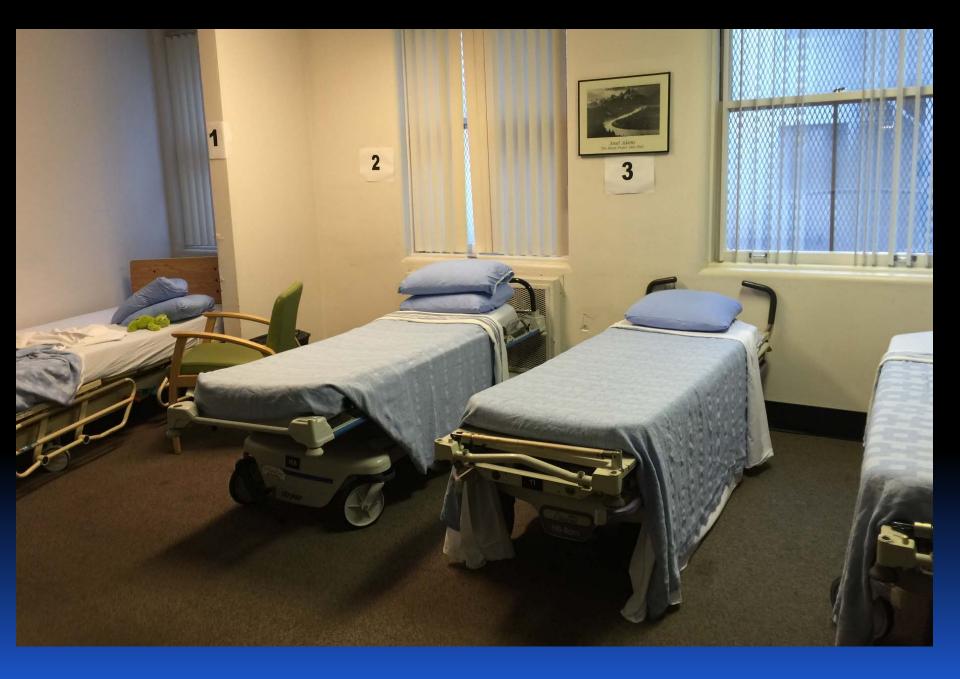


NOTE: This survey asks about your work experiences. Participation is voluntary. Your answers are confidential.

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	
Would you recommend this organization to friends and family who require care?	46	0	0.0%	5	10.9%	41	89.1%	to fri	



Prisoners WCB Federal workers Non residents Armed forces RCMP



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

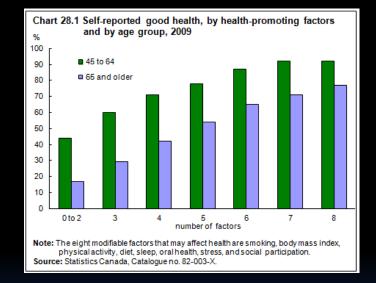


Ontario's government watchdog says kids and teenagers struggling with severe mental health problems are languishing on hospital wait lists and the consequences can be devastating



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

The Economic Cost of Wait Times in Canada

> Aspendika British Columbia Medical Association 1965 West Brackway, Suite 115 Venceuver, BC, VIJ, 544

Canadian Medical Association 1867 Alls Vida Diseo Otieva, ON, H10 276

Americal System For Equilial Excession The Castro for Equilial Excession 16 Institution Street, Suite 200 Million, OH 1287 2911

3 Years of Funded Canadian Wait Time Studies

Walting List Management (Taming of the Queue)

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Publications

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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 velled 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 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 oper- it's bad now, it will get worse." ations 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 nursbecause of staff shortages?" Mayo es who staff operating rooms are the country." approaching retirement.

nurses," she said. "So if people think

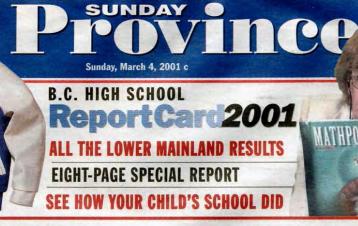
She said private clinics will take nurses away from the public system and create even more shortages.

"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

She said RCH medical director Dr. "We're going to be very short of OR Les Vertesi is reviewing Mayo's file. ibermingham@png.conwest.com



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

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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 :

Unit number/Numero de l'unité : Mososoci Account Number/N° de dossier : Mososoci Medicare Number/N° d'assurance-maladie : Mososoci

Dear Sir or Madam/Cher(e) Madame ou Monsieur,

As per orders received from of The Hospital Emergency Department, you are scheduled for the following appointment(s) on:

June 10

at 10:00am for HOLTER MONITOR HOOKUP (24 HR)

If the gene acce

Please bring the documentation contained in this envelope with you at the time of your visit.

NOTE: Reminder to please bring your Medicare card with you at time of appointment.

If you have any questions regarding your appointment, contact the Central Scheduling Department of The Hospital at 500.

If the person named on this computergenerated letter is deceased, please accept our sincere apologies. Veuillez emporter avec vous la documentation se trouvant dans cette enveloppe lors de votre visite.

NOTA : Priez de ne pas oublier votre carte d'assurance-maladie lors de votre visite.

Si vous avez des guestions au sujet de votre rendez-vous, communiquez avec le service de coordination des rendez-vous de l'Hôpital 'au 500.

Si la personne qui reçoit cette lettre générée par ordinateur est décédée, nous vous prions d'accepter nos sincères excuses

nputerlease



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

> Proportion des demandes d l'urgence réalisées à l'inté

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Laura Hillier – a tragic tale

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



HILLIER Cathle Coward The Hamilton Spectation 18-year-old Laura Hitler 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 SEGUIN, QUEBEC

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

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 worsneed.

eras the crisis winsened. The decision means that any Quebecker can potentially purchase health insurance for private health services inmediately. In other provinces that have prohibitions on private health insurance, residents music either wait for their government to give up the fight and pro-actively drop these harriers, or else go to ourt waving yesterday's ruling.

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

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

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 healthrare system.

To the cuid, it will not impose a choice upon the people of Queber, be said. "We are going to look at all the details of the raing, 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 ulfferent standards of health care in Canada for

the rich and the post. "We are not going to have a twotier health-care system in Ganada,"

he vowed. Mr. Martin and Health Minister Ujjal Dosanjh said that \$41-billion

in additional financing the government is pumping into the healthcare system over the next 10 years will solve the problem of waiting lists. But the Canadian Medical Asso-

ciation said the financial commitment isn't nearly enough to provide the kind of quality health care patients deserve.

See MEDICARE on page A7



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

Inside

 80MANOW: 'The evidence is overwhelming and clear. The two-tiering of health care represents going backward in time to when good health care depended on the size of one's stallet ...'
 Commont, A13

 BLATCHFORD: "The Superme Court got it right, if only in a squeaker of a vote, and clearly had, among the seven judges, the serior of rigorous and hall denote that has been sorely absent in many of the so-called reviews of the hydrift care system." News, 47

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

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

The Reasoning

A standing undiscontenting of the sense. The sacrod trust – or standing of the sense of the sen

more premier leadils can delivery, where and lion much. Why Because four julges of the Sapreme Court, enough for a 4.3 majority, arcepted private medical delivery and financing as constitutional. because long waiting fastimperil gatients' Charter right to Security of the person." And what the Sapreme Court says, not what presents of the second courts are remported and the Court says.

ectang privately accesses and a crite can use this decision to beat off any government. When Albera begins in the next year to expand private health-care delivery, is will use yested yield 's decision as defence. If more private uperators expand in Quebec, of insall diremed by edswidere, they, too, will use the decision.

In well take time for the decision's impact to spread, it won't happen overright, it will take time to oppnote backlines, here physicians and numes, remi space. (Ind patients, legal) open to more private defivery and hannesing. It is possible that with two mew packies illusation defines the Charmani, when the state of the one the court majority might flip flop flop of court majority might flip flop of court majority might flip flop of

faced with another medicare case But for now, the court has ruled that in Quebec — and almost certainly by extension everywhere else

The best treatment money can buy

the Consequence

day if dae hadn't gone to a privace U.S. clinic, for treatment of the breast cancer. She could'reget seen fast ennough in Canada and found out only after suggery in New Vork State jeab the spread of the found out only after spread and the spread of the spread on the following Tursday and dislow say to state the state on spread of the spread of the

uncify her cancer was spreading She said yesterday that private care saved her like, the money spreading to saved her like, the money spreading worth "revery permy." Ms. Hogan, who is semi-retained from the financial career in Winni-

It was on a Wednesday that her from her financial career in Winniincologist ran out of Canadian oppeg, said the Supreme Court ruling

on private health care is wonderfur and long overlue. "The certainly gliad to see that someone has a rational approach." due said by teletione

Vestenday the court struck down Quebec laws that guarantee a monopoly on medically necessary teatment in the public beath system, saying that government bans on private health ussarance have increased the risk to the life and health of Landains-

ourt ruling See PATTENTS 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

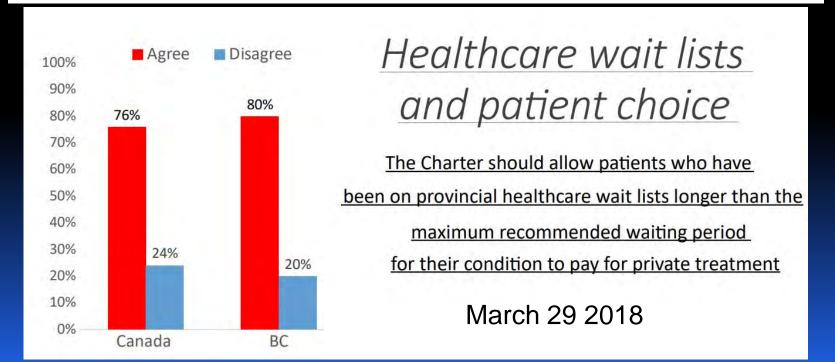




Ipsos Reid CMA Poll on Chaoulli:

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%).



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
- 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 100 YEARS STRONG

BREAKING NEWS | VANCOUVERSUN.COM

THURSDAY, NOVEMBER 15, 2012 | FINAL EDITION

Boy paralyzed after surgery delays

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

PAMELA FAYERMAN

A Kelowna boy who became A kelowna boy who became a paraplegic because of com-plications from a long-delayed spine operation is supporting four other patients in a law-suit against the E.C. govern-ment launched by private clinic owner Dr. Brian Day. An affidavit by Walid Khal-fallah's mother, Debbie Wait-kus, a nurse, was filed in B.C.

Supreme Court on behalf of the 16-year-old boy. He had the 10-hour surgery in

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

Hospital. It's unknown if paralysis would have occurred if he'd had the operation to help correct his severe scoliosis in Vancou-ver, but health minister Mar-garet MacDiarmid has recently and balanced cancing the next apologized, saying she was "sincerely sorry for not only this family but for any family

that waits this long." The case has triggered sev-eral 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 Khalfallah did not receive quality care and that treatment delays allowed his condition to unnecessarily deteriorate, increasing risk to his health.

CONTINUED ON AT

Debbie Waitkus, with her son Walid Khalfallah, 16, says she was angry and disgusted with how her son's care was handled. After long waits in B.C., Khalfallah 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.
- Comments from a government minister or premier cannot constitute admissions that can be relied on.