

# Dr. Brian Day and Dr. Robert Woollard on the Future Role of Privatized For-Profit Medicine in the Canadian Healthcare System

Marko Yurkovich, BSc<sup>a</sup>

<sup>a</sup>MD Class of 2013, Faculty of Medicine, University of British Columbia

The Canadian healthcare system faces many challenges. Unequal access, bed shortages, long waitlists, and rising costs are all cited amongst the top issues facing the system.<sup>1,2</sup> One proposed solution is to allow privatized delivery of health care according to a for-profit model: allowing patients to pay out of pocket or with private insurance for their own health services with prices set according to the market forces of supply and demand. This suggestion is highly contentious because of legalities in the Canada Health Act and complex issues associated with equality and privatization of a government service.<sup>3</sup>

I met with two prominent leaders on this issue: Dr. Robert Woollard and Dr. Brian Day. Dr. Robert Woollard, is the former Head of the Department of Family Practice at the University of British Columbia, a founding member and vice-chair of Canadian Doctors for Medicare and a professional firmly against for-profit health care in Canada. Dr. Brian Day is a past president of the Canadian Medical Association, the current President of Cambie Surgeries Corporation, and Medical Director at Cambie Surgery Centre. He is an outspoken proponent of for-profit health care.

When asked to provide the top three reasons why Canada should not allow for-profit health care in Canada, Dr. Woollard responded:

- 1) It's not fair, in the sense that medical services get delivered on the basis of how much money you have, and not based on medical need; 2) there is an issue of equality—everywhere we look around the world, it's pretty clear that not only is private for profit care more expensive, but it's poorer care; and 3) it fractionates care—instead of a system with continuous care absent of any concern over what's in their wallets, you are inviting a very complex situation. (Dr. Robert Woollard, oral communication, March 27, 2012)

In contrast, when the question was posed to Dr. Day to provide the top three reasons why we should allow for private health care in Canada, he responded:

- 1) Things aren't working in the system and the Health Canada Act is now 28 years out of date; 2) the evidence shows that countries with a competitive element to their healthcare systems perform better. However, the United States is an exception to this as it is one of the worst systems in terms of efficiency; and 3) it is immoral and illegal to deny a citizen to look after their own body with their own resources. The egalitarian argument doesn't work at all,

access to care is not equal across the country and those that are rich will go to the United States if they need to. (Dr. Brian Day, oral communication, April 17, 2012)

Regarding the argument that private for-profit healthcare delivery results in poorer care, Dr. Woollard cites a systematic review and meta-analysis of studies comparing mortality rates of private for-profit and private not-for-profit hospitals.<sup>4</sup> The study by Devereaux et al. found that private for-profit ownership of hospitals results in higher risk of death for patients. When this study was discussed with Dr. Day, he responded to this study by stating that the data is flawed:

One of the biggest groups in the study was on hospitals looking after cancer patients. The death rate was in fact higher than the death rate in the private not-for-profit hospitals. But the reason was that as you got near the terminal stages of the disease, patients in the private not-for-profit hospitals were sent home, whereas the private for-profit hospitals kept the patients till the very end. (Dr. Brian Day, oral communication, April 17, 2012)

This one particular study highlights some of the difficulties in conducting research on an issue that is highly contentious.

With respect to the role of for-profit health care in the future job market for physicians, not surprisingly, both interviewees had contrasting views. Dr. Woollard doesn't see it playing any role in the future. When asked about the current lack of jobs for many residents graduating from surgical specialties, particularly in orthopedics, he offered some words of insight:

Medicine is a rapidly changing field, what may be seen to have a shortage now may be in high demand in a few years. [Likewise] If you're aiming to do a job 7 years from now that's paying very well now, that same job might not even be necessary in 7 years. Therefore my advice would be to go into something that you love, medicine is a wonderful career with so many options. (Dr. Robert Woollard, oral communication, March 27, 2012)


Dr. Day, on the other hand, offered a more specifically personal view of the situation:

I started the Cambie Surgery Centre because my OR time was cut to 5 hours per week. I was left with the choice to either take a job in the United States or fight it out here. We are training specialists to go down to the States, yet the market demand is here for their services. What has also happened now is that people aren't retiring anymore because of rationing of resources and OR time. So these people are blocking jobs. We have 100 doctors working at our clinic. We did a

Correspondence

Marko Yurkovich, marko.yurkovich@gmail.com

survey, and 23 said they could not sustain a viable practice if it were not for the extra OR time offered by the Cambie Surgery Centre. So we have actually retained 23 doctors. So this goes completely against the argument we are going to take away from the public system. The private sector will allow these people to stay and work. (Dr. Brian Day, oral communication, April 17, 2012)

As the debate over private for-profit health care continues, one thing is certain—this form of health service already exists in Canada—Dr. Day's Cambie Surgery Centre is a prime example. Its future effects on our unique Canadian system will not only be determined by a few select physicians and government policy makers, but also medical students, as the future physicians of this country. 

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## InspireHealth: Physicians Providing Integrative Cancer Care

Lawrence Kei, BSc<sup>a</sup>

<sup>a</sup>MD Class of 2014, Faculty of Medicine, University of British Columbia

The treatment for cancer can be debilitating. In addition to the physical tolls, the psychosocial and financial challenges can make the patient's experience even more daunting. This may contribute to why up to 85% of patients with advanced stages of cancer seek complimentary therapies.<sup>1</sup> Recognizing the need for more support during cancer care, InspireHealth, Canada's only government sponsored cancer care center, was initiated in 1997.<sup>2</sup> The physicians of InspireHealth are trained in family medicine and work alongside a multidisciplinary team to supplement traditional treatments with programs in nutrition, exercise, and psychosocial well-being.<sup>2</sup> Dr. Theresa Clarke, a UBC Medical School graduate, is a physician at InspireHealth. In this interview, Dr. Clarke explains her current role at InspireHealth and how she got there:

Medicine is incredibly flexible. I was practicing as a GP [General Practitioner] for ten years, but felt that I wanted to spend more time with my family. I decided to stop practicing as a GP and trained in acupuncture, which led to a private practice. After a few years I applied for a position on a rehabilitation team. I didn't need any special training at the time and my role was mainly to assess chronic pain. After four years of working in rehab, I joined the InspireHealth team. (Dr. Clarke, personal communication, March 27, 2012)

Dr. Clarke explains how her daily routine allows her to build long-standing partnerships with patients:

We start off each day with a group meditation. Afterwards, I consult with up to five patients. Each session lasts up to 90 minutes, and any follow-ups are 30 minutes. The focus is to learn everything about the patient so we can help supplement their medical treatment with self-care, nutrition, and mind-body coaching. It's great for the patients. I find that I know them better after that first session than


I did after seeing them for ten years as a GP. (Dr. Clarke, personal communication, March 27, 2012)

Developing and implementing a variety of programs is what she enjoys most:

I really love being able to facilitate workshops and programs relating to anything from nutrition to mind-body coaching. Also, I get to attend and talk at many community awareness campaigns. I get to do all this with an amazing team. (Dr. Clarke, personal communication, March 27, 2012)

Despite the increasing demand for supportive care and research showing that a holistic approach improves quality of life in cancer patients,<sup>1</sup> Dr. Clarke explains that the most challenging part of her career is the stigma towards complimentary medicine and the attitudes of other physicians:

Our biggest challenge is that we still struggle to get referrals from oncologists and GP's. There's a stigma that we might interfere with their treatments. Reality is, we would never alter any treatment but only serve to guide the patient through their journey. I hope this stigma changes in the future because right now we are still relying on word of mouth. The biggest complaint from patients is why they did not hear about us sooner. (Dr. Clarke, personal communication, March 27, 2012)

Dr. Clarke encourages future physicians interested in incorporating some of these values into their career to join their mentor group or take an elective with InspireHealth as a medical student or family practice resident. 

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Correspondence

Lawrence Kei, [lawrencekei@hotmail.com](mailto:lawrencekei@hotmail.com)