EDITORIAL

Universal Health Care for All

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The *UBCMJ* has taken leaps in its development since its last issue. Our first issue looked at local issues facing British Columbians; this issue we focus on a global perspective. Global health is a major area of interest in health sciences, and the economics and administration of health delivery systems has been at the forefront of debate both nationally and internationally. It is widely agreed that universal coverage of health care is an important benchmark to measure the success of health systems worldwide. British Medical Association chairman Hamish Meldrum recently announced that "at a time of financial difficulty we should be encouraging all parts of the service to work together and not compete with each other. There is no evidence that competition has driven up quality of care."[1] Ensuring enrollment in a national insurance system or health service provides the necessary risk protection against catastrophic expenditures incurred by unforeseen and largely unpredictable health emergencies. In the United States, for example, medical bills are one of the leading reasons for descent into poverty.[2]

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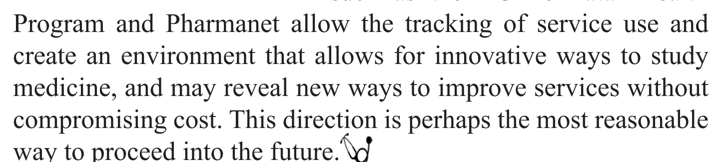
It is widely accepted that providing universal coverage contributes largely to favorable health statistics because of its focus on preventative health measures. A well-known example of this is the Cuban health paradox. Cuba ranks low in GDP per capita yet parallels Canada and the United Kingdom in infant mortality rate and life expectancy at birth.[3] From physician training to service delivery, Cuban medicine upholds the value in preventative medicine. Intersectorality, community participation and strong health policy all contribute to the successful combination of good health outcomes with low resources.[4] This is not a new phenomenon. China's communist-designed health system, offering a standardized basic package of primary care for all citizens in urban and rural areas, was deemed a "model country" for health at the historic 1978 world health conference in Alma Ata.[5]

Yet while strong primary care is the driving force behind better health outcomes, the introduction of ancillary private systems can often jeopardize these efforts. Private, self-governed medical systems can make it difficult to implement nation-wide prevention services. The two-tier system implemented in Australia has seen an increase in expenditure due to the large subsidization by the government but no reduction in wait times as initially predicted. This is partly due to the shift of health care professionals from the public to the private sector further increasing the inequities faced by the public sector.[6] This tends to foster a polarizing environment in which those with the ability to pay often experience care that is removed in quality and cost from those without similar financial means.

Our neighbors to the south currently find themselves in the center of a heated debate on health reform. In this issue, Grewal reviews one of the most recent versions of the "Obama Plan" (p. 30). Walker discusses the importance of an environmental perspective on health care and the UN Millenium Development Goals (p. 27). Cultural considerations are vital to successful health care delivery both when working abroad (McInnes, p. 17), and locally with new immigrants to our country (Chew, p. 40).

Health care is a right, not a privilege. Better management of resources and providing better medical infrastructure will produce much better results than deflecting all of our waitlists to private options. New services such as the BC Perinatal Health Program and Pharmanet allow the tracking of service use and create an environment that allows for innovative ways to study medicine, and may reveal new ways to improve services without compromising cost. This direction is perhaps the most reasonable way to proceed into the future.



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