



Reflections on the privatization of health care

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Quebec has for some time allowed private MRI clinics and in the wake of the Chaoulli decision is experimenting with other public-private configurations. Is this change apocalyptic, or is it unexpectedly benign? The following vignettes (admittedly anecdotal) are offered for consideration:

- An elderly relative, when confronted with the need for a hearing aid, chose to wait in a queue for the publicly available test and fitting when she could have leapt that queue and used a private service. No harm was done.
- Another relative, a vet, is confronted daily with the expectations of paying customers. If a test has to be sent to California to rule out a rare disorder, she had better be right!
- When my son fell on his shoulder and was still in pain a year later, I learned that an MRI was covered by my hospital administrator insurance and (staunch defender of public health care that I consider myself to be) arranged to have it done. The problem was identified within the week; however, to date (6 mo later) further management has not been required.
- A patient, with no such insurance, persistent leg pain and a conviction (not well founded) that an MRI would find her problem, waited 6 months. Nothing was found.
- Another patient, injured at work, found that workman's compensation would happily pay for his expedited

MRI, after which, physiotherapy, the treatment prescribed before the test, continued.

- A patient in our ER who developed a neurologic deficit with a level at T10 could not have a stat MRI because of local factors. A CT scan was done instead. The diagnosis was evident and no MRI was needed.

What does all this prove? Nothing definitive, of course, but to me it suggests that although the system is changing, the sky has not fallen.

The landscape is littered with the casualties of this debate — the rest are dug in in opposite trenches, not talking to each other. This non-random sample of 6 more or less sequential events may not prove much, but it does suggest that although a bunch of folks jumped the queue (and a bunch didn't), in the end it didn't matter very much.

This may be the key. Public health care is most hampered by its inability to triage resources effectively to those who need them the most. A variety of pressures, from litigation angst to uncritical use, has made everyone wait. By opening some doors to those who can pay, consumer pressure will be deflected to a system that is designed to respond to it. By absorbing this pressure, largely based on want, space may be freed up in the public system to respond in a more timely fashion to demand based on need. I suspect that the patient in need of a rapid diagnosis leading to an expensive treatment may well prefer, in the end, to have it paid for by the state. I know I would.