

### Three health care stories

Written by Joseph C. Phillips  
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In May of 2004 the New York Times published an article entitled "Health Care Leads Other Issues in Canadian Vote." The substance of the article was that in the elections that were upcoming, the future of the Canadian health care system was the predominate issue. On the one side were liberals seeking to reverse the trend of privatizing diagnostic services and increase federal aid to provincial governments. On the other conservatives were trying to increase private sector involvement as a way to lower costs and increase service.

In spite of the Canadians patriotic zeal for their system, the article makes it clear that there was a growing recognition among citizens and politicians that the system was in the words of the Times, "ailing."

The waiting times for care were growing longer not shorter, the availability of doctors and nurses was becoming sparse especially in rural areas, opinion polls during the previous decade indicated a rising dissatisfaction with medical services and most significantly the cost of delivering medical care had grown so expensive that many provinces were being forced to "trim their budgets for education and other vital services." Mind you this information came not from the Heritage Foundation but the New Liberal paper of record: The New York Times.

I must remember to share this article with my friend Bryan. Bryan is a cancer survivor. I have had friends that have lost their battles with cancer so his continued presence on this earth is a great joy to me and a fact of which I am sure he is also no doubt ecstatic. Bryan is particularly interested in the current state of health care costs because his insurance paid for what he terms a "measly portion" of his treatment- he is currently burdened with the cost of what his insurance did not cover. He simply can't afford the astronomical cost. His complaint is echoed by many clamoring for nationalized healthcare. What remains unclear is under what moral principle one man can demand that others pay for his healthcare and whether any policy not firmly grounded in a moral truth can be just.

Bryan's story perfectly illustrates the truth that the rising cost of healthcare has coincided with the rising quality of healthcare. It is true that not too long ago he would have paid considerably less for his cancer treatment. The bad news is that he would not have been around long enough to spend his savings. New drugs and new technologies lengthened his life as it they have for hundreds of thousands of others. Progress comes with a price tag.

Bryan was not denied care. In fact no one in America is denied healthcare. He had insurance and he has an income with which to pay what the insurance didn't cover. The fact is-- he would much rather spend his money on something else other than hospital bills reaching into the thousands of dollars. What better solution than a system where cancer treatment is paid for by someone else? He may be interested to learn that the U.S. ranks first in the world in cancer survivor rates and that breast cancer survivors in Canada have filed a class action suit against several hospitals that forced them to wait 12 weeks for radiation therapy. Obviously neither Bryan nor other national healthcare advocates want to wait in lines or have others decide if they are to live or die. What they want is someone else to foot the bill even if children receiving a public education must suffer.

This brings me to a conversation I had about healthcare a few years ago on the corner of 8th

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avenue and 47th street in Manhattan. I was standing on the corner debating politics with my friend Nancy...or I should say my ex-friend Nancy. This conversation was one of the last I had with her and remains positive proof that good friends ought to avoid discussing politics. But I digress.

At one point Nancy decried the fact that poor people did not have access to the same care as those of better means. I responded rather incredulously that the wealthy would always have access to better care because they would always be able to pay for it. Nancy's eyes grew narrow and she asked me, "Do you think that is fair?"

It was at that moment that I truly understood that for all the handwringing about rising costs and access for the 47 million uninsured what is really at issue is equality. Will America be a place where some have more and others have less? Because we can't all be equal in our benefits will we struggle to "level the playing field" in order to ensure that we are all equal in our misery?

But even in Canada some folks are more equal than others. What we learn in the Times account is that the use of influence in order to jump waiting times is common and that those preaching the virtue of a nationalized system are frequently at pains to explain why they and their loved ones attend private clinics.

The times article ends with the conservative Member of Parliament giving an emotional speech wherein he promises to expand federal drug benefits. Of course he neglects to explain where he will get the money to "pay for a program that will cost hundreds of millions of dollars a year." Politics in any language.

Joseph C. Phillips is the author of "He Talk Like A White Boy" available wherever books are sold.