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Letters to the Editor

Private Health Care in Canada

I greatly enjoy reading *Public Health Reports*, and would like to comment on the article by DeCoster and Brownell in the July/August issue ("Private health care in Canada: savior or siren?" 112:4:298–305).

The authors state, "In Canada, health care is publicly insured and available to all at no charge." Nothing could be further from the truth. Citizens of countries with socialized health care systems pay dearly, both in high personal income tax rates to subsidize these inefficient systems and in physical and emotional suffering while waiting for rationed services.

The authors point out that Canadians wait six to nine months for "non-urgent" MRIs and private medical entrepreneurs such as ophthalmic surgeons have sprung up to meet the unmet demands. Why do you suppose citizens are willing to pay out-of-pocket for these expensive surgeries in addition to the "free" health care they're already purchasing? Apparently, these citizens have concluded that the system doesn't provide needed care.

Americans should continue to question and challenge socialism and focus on making whatever improvements are desired in our far more resource-rich system. Perhaps more time should be spent considering what the extent of public health programs should be and what types of health care services are best encouraged by removing inefficiencies created by excessive regulation.

The U.S. health insurance industry is identified by the authors as possessing extremely high overhead costs. Interestingly, the insurance industry ranks near the top of U.S. industries in terms of governmental intervention. There's no free lunch, but there is hope in a system that supports choice and personal responsibility of both providers and recipients of health care.

Kim Curry, RN PhD
Tampa, FL

DeCoster and Brownell Reply

We stand by our statement that health care is available to all at no charge: when patients present themselves for care at a hospital or physician's office in Canada, there is no direct fee to the patient.

It is true that Canadians pay higher income taxes than Americans to finance the health care system. However, as we pointed out, it is not Canada but the United States that has the most expensive health care system in the world. In the end, Americans pay more for their health care than do Canadians.

Dr. Curry describes socialized health care systems like Canada's as "inefficient." Surely the United States—which spends more per capita and a larger percentage of its GDP on health care while more than one-quarter of its population is un- or underinsured[1]—is less efficient than Canada. One can argue that both the United States and Canada ration health care services. In Canada, queuing is a form of rationing; in the United States rationing is based on income.[2] For wealthy Americans, access to health care is virtually unlimited; for the poor, access is severely rationed.

Dr. Curry asks why "citizens are willing to pay out-of-pocket" for cataract surgery procedures. Again, as we state in our paper, a patient's conclusion that the public system necessitates long waits for cataract surgery may well be influenced by the surgeon one consults. In the Alberta study cited, the long public sector waits (up to one year) were for surgeons who operated *both* publicly and privately. For ophthalmologists who operated only in the public sector, the mean wait for cataract surgery was six weeks. One wonders if ophthalmologists who operate both publicly and privately reduce the amount of time they are available to operate publicly, thus rationing their patients' access to public health care.

In the United Kingdom, there is evidence that long waiting lists in the National Health Service (NHS) are made worse by the existence of a two-