

SACRIFICING A SACRED COW

BY

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Sacred cows ought to be eaten every now and then. Delicious to some, bitter to others; it leaves a refreshing aftertaste of righteousness when only the carcass remains. Too often, though, these cows are not merely sacred; they are sacrificed. In election 2000, the political parties are unwilling to take even a little nibble of the most notorious sacred cow and say anything substantial about the health care issue for fear that it might disrupt our fragile sensibilities. Disrupted fragile sensibilities lead to banishment from office. So instead they heap blame for the system's failings (which is a real load of sacred cow excrement) at each other's feet. Thus is the Canadian pride, our universal health care system, sacrificed to the electoral gods in the hope of a win.

Medicare is a strange, almost religious issue in that it evokes great emotion from practically everyone, regardless of how little any single person may know about it. What's more, with the help of practically all the candidates, media, and others like me weighing in, the Canadian health care system has been positioned so as to define the Canadian character. In an odd twist of logic, we have become a function of our health care system. Very peculiar.

The ongoing, public non-debate about health care has been painful to watch. Of greater consequence, the banal badgering has all but extinguished the possibility of a productive

conversation about what to do with this obviously failing institution. Whoever it was that coined the pejorative description, "two-tier health care" single-handedly managed to polarize the issue and inhibit any kind of valuable exchange of ideas. It became even more overtly political so that any suggestion even smelling of something other than one-size fits all health care gets squelched swiftly and surely. Beneath all the politicking, the festering fundamental problem remains. The administrative program called Medicare has been fused to the ideal of high-level universal health care. That is a critical misconception.

The ideal stands the test of time. Sadly, the institution does not. Some discussions and proposals assume that the goal of universal health care is wrong. Too many try to repair the institution in ways and by means that do not recognize it is outdated and looking a little rough around the edges. While the program is hardly the terrible mess that so many think it is, it is definitely not prepared for the 21st century. The next fifty years will load the system with patient volumes unlike any seen. A system created more than fifty years earlier, and not updated to reflect new needs, will not be ready.

Old fashioned fixes will not work. Money is not going to fix the problem. The trouble is systemic. Neither patches nor upgrades will suffice; it demands complete redesign and

overhaul. Under that presumption, the thing to do is return to the fundamentals.

The fundamental goal of the program is and has been to ensure that every Canadian is raised to and receives health-care that meets or exceeds a standard befitting the citizens of an advanced nation. Basic health is a right that must never be determined by financial ability: not in Canada. The objective is not to force everyone down to the minimum level of service and quality. For clarity, consider a different example. If everyone in Canada were to have a car, and we selected the 1999 Ford Taurus as the minimum standard, our desire would be to ensure that everyone who should have a car has a Ford Taurus. But, if somebody wants and can afford a Lincoln Navigator, why would we stop him from buying it? We shouldn't.

The car analogy draws opposition which says that it breaks down at a crucial point. Having a luxury car does not infringe on the others' immediate ability to have the basic model, whereas in the health care system those who queue-hop by paying displace and delay those who need but can't afford the service. Valid point, but one that can be addressed and remedied to everyone's satisfaction. This space is inadequate to outline a specific solution, but I'm sure that if we get back to the goals and constraints, lay aside history and preconception, unbind the institution from the ideal, and have an open conversation, we can create a new system ready for the demands of the day. We can not accept no resolution or one that does not address all concerns, constituents, and stakeholders.

That, however, takes imagination. It also takes a willingness to boldly deconstruct the existing system to build anew. We can not possibly be that

bereft of ideas and imagination in this country. I am taken back to a conversation with a friend who once had access to and understands the nature of Canada's governments. He feels that there is no shortage of ideas in Canada; only a disconnect between policy ideas and the implementation of them by government. Take that how you will.

I choose to demand better from both the politicians and the mandarins. The politicians both at the federal and provincial levels are too scared to discuss the real problems. Besides, for them to address a fix starts with a lot of political finger-pointing and blame-laying. *Then* it degenerates into a turf war between Ottawa and the provinces. Ultimately nobody wants to get into the morass. The civil service doesn't want to see any sort of substantial change because the organizational and administrative structure would then undoubtedly change. Budgets would be reallocated. Powers might be reassigned. (Their) control of the system would be in jeopardy.

What's more, there is a very real psychological obstacle to overcome before there is critical force to fix the health care system. Medicare is basically workable and so, despite all its failings, too many average Canadians still find it comfortable. It is almost always more likely a person will complain about a problem than fix and change it. That appears to be where the health care system rests now with Canada. Everybody talks, but nobody does anything about it. The key issue of Election 2000 might as well be the weather.

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