RESOLUTION 8  Protecting Medicare

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) seek intervener status in *Cambie Surgeries Corp. v. British Columbia* to provide the voice of registered nurses (RNs) and nurse practitioners (NPs) in rejecting attempts to privatize Canada’s health-care system and threaten universally accessible, publicly-funded and not-for-profit health services.

Submitted by: Registered Nurses’ Association of Ontario (RNAO)

Rationale: In 2005, the Supreme Court of Canada issued a landmark 4-3 split decision in *Chaoulli v. Quebec (AG)* holding that prohibitions against private health insurance violated rights under the Quebec Charter of Human Rights and Freedoms. Three of the seven justices also held that the prohibition violated the Canadian Charter of Rights and Freedoms. This case paved the way for privatization of health care within Quebec and carries national implications in the face of future court challenges.

At present, Cambie Surgeries Corporation is a private hospital in British Columbia led by Dr. Brian Day and offers sport medicine surgical procedures as well as pediatric dental services, colonoscopies and needle aponeurotomy. Cambie Surgeries has launched a legal challenge against the government of British Columbia (*Cambie Surgeries Corp. v. British Columbia*) alleging that prohibitions against holding private insurance and private payment for health-care services, violates constitutional rights. The case will begin before Supreme Court of British Columbia and is anticipated to commence in late 2015. If successful, this would not only put medicare in British Columbia at risk, it would also be a very dangerous precedent for the rest of the country:

“I don’t see anything immoral, unethical or illegal for a person in a democratic society to be able to spend their own money on the health care of themself or a loved one.” – Dr. Brian Day

Canadians cherish their universally accessible and publicly-funded health-care system and consider it a source of national pride. Private payment restricts access to health-care services, based on income, meaning that access to health care for lower income people without private insurance gets delayed, reduced or erased. Private payment results in higher costs, due to limited buying power, higher administrative costs and skewed usage for insured versus uninsured services. The American health-care system is an example. As of 2013, 13.2 per cent of Americans had neither public nor private health insurance for the entire calendar year; this number has mercifully been dropping due to the introduction of Obamacare. In part due to its multi-payer nature, U.S. health expenditures exceed those of the rest of the OECD, but health outcomes are comparatively poor.

Profit incentives turn out to be perverse in health care because they harness human ingenuity in ways that inflate costs and deliver worse outcomes. Health care is particularly vulnerable because it is very difficult to assess and monitor quality of care; the incentive to cut corners is very powerful, and the penalty for not cheating may be loss of market share. A review of four
decades of experience of U.S. privatization, with a combination of public funding and private health-care management and delivery, found that “for-profit health institutions provide inferior care at inflated prices.” For-profit provision leads to cherry-picking of profitable services and clients, leaving the public sector to deal with high-cost clients. An abundance of literature points to poorer outcomes from for-profit health care at higher costs.

Given the growing privatization agenda in Canada, along with the federal government’s decision to distance itself from health care and not renew the Canada Health Accord, the stakes are very high. The fate of medicare may rest in the hands of the courts and it is imperative that RNs and NPs be at the forefront in speaking out against the disastrous impacts that a private and/or two-tier approach to health-care financing would have on this country.

Relevance to CNA’s mission and goals: This resolution aligns directly with CNA’s mission to improve health outcomes in a publicly-funded and not-for-profit health system by advocating for healthy public policy and a quality health system. Simply put, if medicare is dismantled, the quality of the health-care system will diminish.

Key stakeholders:
- CNA’s jurisdictional members and their interest groups
- Canadian Federation of Nurses Unions
- Federal and provincial governments
- Other relevant stakeholders

Estimated resources required or expected outcomes: The intent of this resolution is to protect medicare and reject for-profit attempts to privatize Canada’s cherished health-care system. CNA would be expected to maximize its current policy/political action resources and to expand where necessary. This resolution will involve seeking legal counsel; however, RNAO would encourage CNA to procure pro bono support.

References:
the OECD average was 9.3 percent. In spite of the elevated costs, American health outcomes lag behind the OECD: U.S. infant mortality is 6.1 per thousand vs. 4.1 average for the OECD and 0.9 for Iceland. Life expectancy is lower in the U.S. at 78.7 years vs. 80.1 years (average) for the OECD. Correspondingly, the U.S. performs poorly on potential years of life lost per 100,000: 5,814 vs. 4,633 OECD (average) for males and 3,447 vs. 2,415 OECD (average) for females.


6 Himmelstein & Woolhandler, 2008.

7 Himmelstein & Woolhandler, 2008.


