



Why Canadians Don't Have to Fight Health Insurers

"I have a friend in America who is an oncologist, a cancer doctor. He was seeing a patient who needed a bit of a rare medication for the cancer that he was treating, and so he had to talk to the insurance company about it. And the insurance company denied his claim because the patient, I guess, hadn't tried other medications yet. According to my friend, the evidence for those medications [was that they] weren't actually going to be effective for that patient, and so what the patient actually needed was that medication that my friend was suggesting in the first place, but he had to jump through hoops in order to get that covered for the patient, and that is never an issue in Canada." Dr. Bernard Ho

Welcome to **Code WACK!**, where we break down how our healthcare system really works, what it means for you, and how we can make it better for everyone. I'm your host, **Brenda Gazzar**.

For millions of Americans, health care doesn't just mean being healed, it means fighting insurance companies, delaying care because of costs, wondering whether the hospital you need is in-network, or fearing what happens financially if you get seriously sick. But what if healthcare worked differently? This is part two of our conversation with **Dr. Bernard Ho**, an emergency physician in Toronto and vice chair of **Canadian Doctors for Medicare**, a national evidence-based organization working to strengthen Canada's publicly funded healthcare system.

Today we'll see what happens when health care access is based on medical need instead of ability to pay.

Host: That story about your oncologist friend really stuck with me, because in America insurance denials have become so normalized. What went through your mind hearing that story as a Canadian physician?

Ho: It's awful for patient care. Yeah, terrible. In Canada, the physicians have the final decision on what the patient needs in terms of services, whereas in the US, the insurance companies have a lot of power in dictating what a patient can and cannot get in terms of medications, or in terms of procedures, or in terms of other services. So, there's a huge difference there.

Host: Dr. Ho says that difference changes medicine itself, not just financially, but emotionally, because in Canada, doctors typically aren't forced to weigh treatment decisions against what patients can afford.

How does that affect your day-to-day work as a physician?

Ho: I think the biggest difference is that I don't have to worry about the cost of whatever I'm suggesting that the patient gets done, so if they need a CT scan, if they need an ultrasound, if they need an MRI, if they need a procedure, I suggest that I offer that to the patient, and there's never any consideration of the cost, whereas in the US, that is always a consideration for both the patient and the physician.

Host: Canada wasn't always this way before the 1960s Healthcare in Canada looked much more like healthcare in America does today.

What did healthcare look like before Canada adopted its single payer system, known as Medicare?

Ho: Access to care was kind of like the US, it was dependent on how much you were able to pay for it, so people paid out of pocket or relied on a pretty limited

insurance schemes, and that meant some delays in care or avoiding hospital care altogether, and so when Medicare was implemented, it drastically changed that there was a huge paradigm shift by making physician and hospital services covered and universal, so access to care was then changed from ability to pay to need.

Host: But getting there wasn't easy. In fact, Canadian doctors even went on strike.

There was a lot of resistance at the time, right?

Ho: Yeah, it was a huge struggle. Canadian doctors went on strike because of that, and the Canadian Medical Association came out quite strongly against Medicare because the physicians at the time felt like their pay would decrease, and that it would lead to lower quality care, as we alluded to in the last episode, and so it took a lot of political negotiation and political will to actually get it done, but I think now Canadians pride themselves, we pride ourselves on our healthcare system, on the fact that it's universal, that the access is excellent, and that patient Canadians don't have to pay out of pocket for it.

Host: In America, opponents of single-payer health care often argue that private insurance gives patients more freedom and more choice. Dr. Ho says his experience suggests the opposite.

One thing Americans hear all the time is that our multipayer system gives us more choice. What's your response to that?

Ho: I think there is this conception or misconception among Americans that the American system, because it's multipayer, allows for more freedom and more choice, because you're getting to choose what insurer you want, and the sort of package of benefits that each insurer provides, but I think that that actually leads to less choice and less freedom, because in America, once you're with an insurer, from my understanding, you have to go to a physician that is with that insurer, or a hospital that's with that insurer, or that insurance company so you sometimes will have to bypass a hospital, or you won't be able to see a physician, because

they're not part of that insurance company. Whereas in Canada, I can pick any hospital I want, any physician I want, without ever having to worry if they're in the basket or out of the basket, and so I actually have much more choice around who I want to see, compared to a lot of Americans.

Ho: But Canada's health care system isn't perfect, and Dr. Ho is quick to acknowledge that.

So, where does the Canadian health care system fall short today?

Ho: So, not just wait times for nonurgent care, but also primary care. We do not have enough family doctors in Canada right now. About one in five Canadians don't have access to a family doctor, and they report having difficulty getting timely care. We also have pain points around overcrowding in the ER departments and long wait times in the ER departments, and one of the main reasons for that is just a lack of one, a lack of hospital beds, and two, a lack of elder care infrastructure, so nursing homes, retirement homes, long-term care homes, and in rural areas, there is generally less access to care, because there's oftentimes one or two major hospitals that serve a huge catchment area, and oftentimes patients have to travel quite far to get to that hospital, and those hospitals don't have all the different specialties that an urban hospital might.

Host: So universal health care helps reduce financial barriers and disparities, but it can't erase every inequity, because geography still matters.

For Dr. Ho, these issues aren't just theoretical, they're deeply personal.

So, how did you become such a strong advocate for Canada's healthcare system?

Ho: I saw the disparity in health care, the inequities in health care in my parents, who moved here or moved to Canada from Hong Kong a few years before I was born, and so they were building their business from the ground up. They didn't have time or the money to see their family doctor or to pay for the medications that they needed, and even in medical school I saw those inequities too, in

patients who could and couldn't afford their medications, or couldn't afford their dental care, and how big that gap in those health outcomes were, and I always found that very unfair, very inequitable, and I just, yeah, it really affected me personally, and so I really wanted to try and fix the system to help all Canadians, because at the end of the day, it's not really their fault that they can't afford the medications that they actually need, and health care, in my view, is a human right, so everyone should have the best quality of care that they actually need, and the access to that best quality of care.

Host: That was Dr. Bernard Ho, emergency physician in Toronto, and Vice Chair of Canadian Doctors for Medicare. If you missed part one of our conversation with Dr. Ho, where we explored Canadian health care wait times and what Americans often misunderstand about them, be sure to check it out, and if you'd like to support Code WACK!, please subscribe, leave us a review, and share this episode with a friend.

Thanks for listening, and until next time, stay healthy.