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POLITICS**OPINION**

Think more money will fix our health crisis? Think again

Throwing more money at the system is a proven way to prop up politicians and cheer up health-care workers, but it shouldn't leave patients quite so reassured, Martin Regg Cohn writes.

By **Martin Regg Cohn** Political Columnist

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You might think, thanks to fresh infusions of cash from Ottawa, that Canadian medicare has finally been restored to good health. You would be in denial.

Throwing more money at the system is a proven way to prop up politicians and cheer up health-care workers. But it shouldn't leave patients quite so reassured.

The biggest challenge facing health care is not necessarily better funding, but smarter spending. Lost in this month's big news about more federal money is the older question of how to stretch those dollars further in the future.

How do we reduce waste and improve waits? How to defend our medicare values but also value for money? How can we streamline archaic hospital procedures and deliver patient-centred care?

Those difficult questions don't lend themselves to dramatic political confrontations or public street protests. But they are far more vital and relevant than the traditional sideshows that attract media headlines, such as the perennial battle over federal-provincial transfer payments that culminated with a [first ministers' summit](#) in Ottawa this month.

Consider that Canada allocated a [bigger chunk of its economy](#) to health care — 12.9 per cent of GDP — than other Western industrialized countries in 2020. Our counterparts deliver universal health care with better outcomes and lower spending — notably New Zealand (9.7 per cent), Australia (10.6 per cent) and other comparable countries such as the Netherlands, Sweden, the U.K. and France.

Rather than compare ourselves to our American neighbours, who spend far more (18.8 per cent) to get far less, we should be asking ourselves why we Canadians keep paying lip service to medicare — and insisting we pay even more money — without demanding greater accountability.

It's a safe bet most people's eyes glaze over when they hear the premiers and the PM trade accusations about who owes what to whom. They understand, intuitively, that it's a false fight.

Doug Ford and his fellow premiers have been crying poor for years, claiming that Ottawa had shortchanged them on the cost-sharing that underlies a public system. But the premiers were feigning incurable amnesia while banking on the short memories of Canadians.

They kept claiming that Prime Minister Justin Trudeau and his predecessors had reduced cash transfers, conveniently forgetting that Ottawa long ago handed over more lucrative "tax room" to them. By reducing federal taxation levels, Ottawa made room for the provinces to siphon off those revenues directly into their own treasuries.

As Ford likes to say, there is only one taxpayer funding the federal and provincial governments. All that health-care money is coming from the same pocket.

All that said, Trudeau has now sweetened the pot with extra cash to take account of the strain from COVID-19 and surgical backlogs. The premiers have breathed a collective sigh of relief about getting an additional [\\$46.2 billion from Ottawa](#) over the next decade.

It's far less than they demanded, but they're not about to look a gift horse in the mouth. And so the predictable political confrontation has abated for the moment.

But the underlying and undying crisis in medicare — manifested as hallway health care — will not be so easily remedied. The short-term outlook may improve as we spend our way out of the crisis with more money, but over the long term we will run out again.

If only we spent more time thinking about spending rather than just funding, we'd have a healthier health-care system. Instead, we go down rabbit holes debating shared-funding formulas, or private versus public delivery vehicles.

The recent controversy over [private surgical clinics](#) is a case in point. Critics warn that Ford's Tories are unravelling medicare by expanding private cataract replacement clinics at the margins (and in the future, hip and knee surgeries) to reduce growing wait-lists.

A rarefied [ideological debate](#) has sucked up all the oxygen in the province, leaving precious little clear thinking. Our *publicly-accessible* medicare system was always based on *privately-delivered* care — starting with the doctors and surgeons who are independent contractors, responsible for their own overhead at their privately-owned facilities.

Interestingly, the accusations have largely overshadowed some of the straightforward solutions that might have reduced wait-lists sooner — and obviated the [need for private clinics](#) to provide relief. For example, Dr. David Urbach, head of surgery at Women's College Hospital, wrote in a recent [Toronto Star op-ed article](#) that wait-lists are out of control because most surgeons maintain sole control of their own workloads.

Which means you could wait many months if your own surgeon is backlogged, while someone with a different doctor could be operated on within weeks. If Ontario introduced a centralized wait-list for surgeries, we could make the most of what we have instead of clamouring for yet more resources.

Rather than relitigate the stale debates of the past, let's focus on the bigger opportunities to make our system better. Yes, we should safeguard the core values of medicare, but not at the expense of value for money — lest the public lose faith in our publicly *accessible* system.



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