## Beyond the end of the stethoscope

**Editor:**

In his commentary on the European health services tour by Premier Campbell and his brother-in-law, Dr. Les Vertesi, Tom Fletcher ( arch 23) confuses funding of hospital emergencies, freestanding surgical centers and residential care support services.

The usefulness of the European tour was to assess how accessing medical and hospital services at time of need in the countries visited compared with the system imposed on B.C. by Ottawa under the Canada Health Act. The premier, or his brother-in-law, likely didn't learn anything from their European tour they didn't already know. My interpretation of the need for this junket was to re-orientate the debate away from fears that any changes will be viewed as American.

Having worked in hospital emergency departments is a great asset in understanding issues around accessing medical care at time of need. Mr. Fletcher notes Dr. Vertesi is professionally qualified to pass judgment on such issues. The tendency of Dr. Vertesi to temper his assessment of such issues with his ideological interpretation of world events suggests that he is able to see beyond the end of his stethoscope—an attribute many physicians lack.

Mr. Fletcher's mixing of the market forces being satisfied through the Vancouver Cambie Surgical Centre with those influencing access to assisted living for seniors is confusing. The Cambie clinic caters to selected, low risk, group of elective surgical procedures. Surgical services, being medically necessary, come under the jurisdiction of the Canada Health Act. The need for supportive residential care is a social service, not a medically necessary concern. The health act does not prevent the private sector entering the residential care market. Local health authority governors oversee such matters. The citizens they represent should hold them accountable for inadequacies in such local service delivery.

While there may be a market for low risk elective surgical procedures in private clinics, the market is not able to sustain a universally accessible system that ensures medical care at time of need. Should a patient being treated in a private clinic experience some complication, such as a cardiac arrest, they will need access to health facilities organized to accommodate urgent and emergent services as well as all routine elective procedures.

In a competitive market driven by excellence in service delivery private surgical clinics could be allowed to compete with the public sector to provide low risk procedures. The public system would likely benefit from such a competitive environment. Contracting out of set volumes of surgical procedures makes good business sense when the system is over stretched. However, within a competitive market the public sector should be allowed to compete for such service if they can be provided at less cost and satisfactory quality.

Private surgical centres should not be allowed just to satisfy anyone's ideological persuasion, or to allow egotistical physicians to further exploit their privileged entrepreneurial status in society. Furthermore, such competitive arrangements must not be subject to American enterprise takeovers because to do so under NAFTA could result in the U.S. treating our health system like they do our softwood lumber.

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