

EDITORIAL

**The Slaying of Facts by Dubious  
Hypotheses and Ugly Misrepresentations<sup>1</sup>:  
The Musings of a Canadian Editor  
on the 2009 Health-Care Debate  
in the United States**

It has been a cool summer in eastern Canada, but as we move into August it is warming up. This change in temperature can be attributed not just to climatic conditions but also to the heat that is being generated by the health-care debate south of the border. We Canadians find ourselves in the uncomfortable position of being pawns in this debate — bandied about by the different interest groups in the United States. Canada is portrayed as having either the world's best health-care system — warts and all — or the worst. Canadians are either the healthiest and luckiest people on earth or the poorest of saps just a heartbeat away from death because of an inadequate health-care system. The groups who condemn the Canadian system are the most vitriolic and are the ones most responsible for the hot air blowing our way. When these opponents of health-care reform use the word “Canadian,” it is with disdain, pity, and fear. It is as if we were a country infected with a deadly virus — ready to bring ruin to the United States.

While there are arguments to be made on both sides of the debate, the opponents of a partially government-funded system seem to be the more vocal. Their positions and the arguments they put forth are designed to incite fear within a climate where emotion trumps facts. Many people genuinely fear that they will lose their rights — their right to choose their doctor, health-care plan, and health-care facility (if these are available), their right to have access to the finest health-care system in the world, with the best doctors and the most sophisticated technologies (if they can afford to pay for it), their right to affordable and accessible health care (if it does not affect their taxes). Yet apparently these Americans who are so concerned about rights do not necessarily subscribe to the idea that health is a right — a right of everyone, not just those few who can afford to pay for it. In Canada, on the other hand,

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<sup>1</sup> A twist on the saying “the slaying of a beautiful hypothesis by an ugly fact.”

health is considered a basic human right — one that people at all socio-economic levels believe in and value and are willing to pay for.

As the debate rages in the United States, I have never felt prouder to be a Canadian and to be one of those poor saps who willingly pay taxes to finance our government-funded, universal health-care system — first, because I believe it to be the right way, and second, because a healthy society is the best way to protect and benefit individual citizens.

Two personal incidents this past summer illustrate just how fortunate we Canadians are to have the health-care system we do.

This past year I have been on sabbatical and have travelled extensively. My final destination was Hawaii, joined by my children and grandchildren. On the second day of our vacation, my adult son, unbeknownst to him, stepped on a sea urchin while snorkelling. At first he was unsure about the nature of his injury, but he did know he required medical care. I watched his anxiety mount, not over the injury but over how much a visit to a doctor would cost him: Should I see a doctor? How much will it cost? Can I afford it? Will the clinic accept my insurance plan? (My son is a Canadian living and working in the United States.) When the pain intensified and the swelling increased, I convinced him that he was in need of immediate attention. The first round of questions from the secretary at the medical clinic concerned payment. As it was Friday afternoon and the offices in the east had long since closed for the weekend, my son could not find out if his insurance plan would reimburse him. The answer would not be forthcoming until Monday, and by then his minor wound could potentially be major! The nearest facility that might possibly accept his insurance plan was more than 100 kilometres away. He hemmed and hawed, and after much coaxing agreed to see the doctor at the medical clinic. Five minutes later he was \$350 poorer, and the figure would have been \$750 had we not had the broad-spectrum antibiotic that my husband and I always carry with us when we travel. (The doctor told us that this particular antibiotic would have cost my son \$400.) The bill included a charge of \$85 for “medical supply,” which was an ordinary 20¢ Band-Aid! So much for choice. So much for affordability.

The second incident occurred two weeks later. My husband and I attended a medical seminar at the University of Hawaii. The first speaker, a physician, spoke on his idea on how to leverage resources differently to provide health-care services. In building his case he recited the usual litany of shortcomings in the Canadian system: long waiting lists, lack of choice, and so on. His talk was followed by a slide presentation based on a new book by Richard Wilkinson and Kate Pickett, *The Spirit Level: Why More Equal Societies Always Do Better* (Penguin, 2009). The authors make the case that people living in societies where there is more equal distribution of wealth (where the wealthy pay higher taxes) are healthier

and better off.<sup>2</sup> The United States, with its wide disparity between rich and poor, ranks low on almost all health indices compared to those countries, including Canada, where the wealth is more evenly distributed. These statistics were hardly new and came as no surprise. What did surprise us was the fact that no one in the audience of health professionals asked about the relationship between more equitable distribution of wealth and health outcomes, and the missing link — access to affordable care. That is, until we spoke up. Although we had been introduced as a professor in nursing and a researcher in genetics at McGill University, few at the seminar realized that McGill University was in Canada. We corrected some of the misconceptions about the Canadian health-care system and confirmed some of the truths, providing context and giving concrete examples from our own experience and from the research literature. I'm not sure we changed any minds, but at least we dared to question what has been widely accepted as fact.

Nurses, and all Canadians, should take heed of what is transpiring in the American health-care debate. We need to correct misperceptions and factual errors and produce research that addresses the link between health and the quality of health services. If we fail to do so we risk buying into the misrepresentation of the Canadian health-care system by the American media, politicians, and interest groups. Many Canadians may come to believe the propaganda and to doubt the premises and values upon which our health-care system is built. Fear knows no borders. It can infiltrate our national psyche. We cannot let this happen.

That is not to say we should be complacent about our health-care system. One lesson to be learned from the American debate is that our own system merits close monitoring. It is imperative that researchers describe, both qualitatively and quantitatively, the shortcomings of the system as well as its strengths, and to always ask *why*, *how*, and *what*: Why is this occurring? How can we make things better? What else needs to be done? The fruits of such research will help us to maintain, sustain, and improve a system that is built on sound values and principles as outlined in the *Canada Health Act*.<sup>3</sup> Only by taking notice of the winds that are blowing across our southern border will we be able to protect what we have and prevent erosion from within as well as from without. Nurses, other health professionals, and all citizens need to become the sentinels

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<sup>2</sup> The slides are available at [www.equalitytrust.org.uk/resources/slides](http://www.equalitytrust.org.uk/resources/slides).

<sup>3</sup> The *Canada Health Act* was passed in 1984 when Monique Bégin was minister of health. It is a great honour to have the former minister contribute to this issue of *CJNR*. Monique Bégin's vision, principled actions, and tenacity shaped our health-care system. We need to remind ourselves on a regular basis why these principles are important and why they are worth fighting for.

*Editorial*

of our health-care system. For, flawed as it may be, our system is among the best in the world. And it has the potential to be even better, because it is built on the bedrock of cherished Canadian values.

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