



Cavalier attitudes, long waiting lists and unavailability of treatments are prompting Canadian cancer patients to lose confidence in our highly acclaimed health-care system and seek help south of the border.

# EXODUS

## Is Canada “Going South” in More Ways than One?

Margaret and her husband recently had dinner at a friend’s home. After the meal, the conversation drifted to many topics: the weather, politics, good restaurants—and cancer care in the United States. “Canadians aren’t well-informed,” Margaret thought as one family friend after another agreed that American care isn’t as good as they say.

Margaret opted to hold her tongue, but she had an insight no one at the table had. Four years before, she had been diagnosed with breast cancer. From day one, Margaret was displeased with the attitude of Canadian doctors. “The surgeon who did the biopsy was going on vacation. He wanted me to wait three weeks to discuss the treatment.” After some bargaining, he squeezed her in. “He then told me to calm down and that he’d schedule the surgery after his return.”

It was then that Margaret suggested she was considering going to the Mayo Clinic for the surgery. The surgeon replied that if she did that, she would not be able to get timely radiation therapy in Canada.

Anxious about the cancer in her body, Margaret went to the Mayo Clinic in Rochester, Minnesota. There, she feels, she received excellent care. After an initial phone call, an oncologist and a surgeon saw her within a week. “The holdup was on my end,” she recalls. After the surgery, they offered her radiation therapy—starting right after the wounds healed.

Margaret called her Canadian doctor. He told her that there would be a three-month wait for radiation therapy. “He clearly told me that there wasn’t a study suggesting such a long wait would be dangerous. I asked if he could find a study that showed it wasn’t.”

Margaret, incidentally, isn’t wealthy. “I’ve been a taxpayer my whole life. I expected better from Canada.” Her total bill for the U.S. treatment was about \$10,000 CDN, which sounds high but included several specialist consultations, a chest X-ray, a mammogram review, a biopsy and a lumpectomy. Some items carried small prices. For example, a one-hour consultation with an oncologist cost just \$100 US and included a thorough physical, complete with Pap. Cancer-free for years, Margaret still does her basic follow-up south of the border.

Margaret’s frustration with medicare isn’t sur-

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prising. Poll after poll suggests that Canadians are worried about the state of their health-care system. And some, like Margaret, are looking to the United States.

How Many?

Going south for medical care has always been a taboo topic for Canadians. We're proud of our health-care system—and reluctant to admit its deficiencies. But if medicare has become delicately interwoven with political rhetoric about national identity, it doesn't mean that politicians aren't aware of a gap in care. Former Quebec Premier Robert Bourassa and former Ontario Premier Larry Grossman sought treatment at the end of their lives in the U.S. As was widely noted in the media, John Carstairs, the husband of Senator Sharon Carstairs, went to the United States for treatment. Neither provincial nor federal health ministries keep track of this growing type of cross-border shopping, but in the early 1990s, Jane Fulton, a former Hillary Clinton adviser and then Alberta deputy health minister, speculated that Canadians spend about a billion dollars in the United States on health care.

As wait times for basic cancer care grow, even provincial governments are looking south. In the

fall, New Brunswick announced that it would send patients to the U.S. for radiation therapy, the seventh province in the last three years to rely on American medicine.

Many Canadians are taking matters into their own hands. We have no way of knowing how many go south for a diagnostic test, a second opinion or treatment. We do know, however, that American businessmen have taken note. One Washington State hospital advertises "Health care without the wait" in several Vancouver newspapers. Canadians can also seek advice from Canadians. Doug Hitchlock was a stockbroker of 40 years who left Bay Street to start a health-information and diagnostic-referral company in Toronto, the Free Trade Medical Network. Hitchlock had personal motivation: his nine-year-old daughter died on a wait list for angioplasty. Says Hitchlock: "If you needed a ride, and your country had a shortage of buses, would you sit around for 10 years until the buses were built? Or would you go south of the border, where they build the best buses in the world, and jump on one?"

Edmonton-based Private Care Agency Inc. provides similar information to its clients. Private Care was founded by two retired physicians. Tired of telling patients that pain-alleviating procedures

may involve an 18-month wait time, they decided to offer an alternative. Private Care will hook patients up with clinics and hospitals in other countries, often at discounted prices.

#### Why South?

Consider the basic problems of the Canadian health-care system, particularly with cancer care. This spring, as reported in *The Globe and Mail*, the Canadian Association of Radiologists was so concerned by chronically obsolete X-ray and other medical imaging equipment, that it sought legal advice. The Association's lawyers instructed members to advise patients to "shop around" for facilities with newer equipment—even if this means looking outside Canada—since "It is imperative that the patient... understands the risks and uncertainties associated with the reliability of such... examination[s]."

Then there is the waiting. Cancer patients wait for diagnosis, then to see a specialist, and then again to start treatment. In a major new study of 28,000 breast cancer patients, McGill University researchers in Montreal found that the mean waiting time for surgical treatment had increased by 37 per cent to 1998 from 1992. The study's authors concluded that this represented a "dangerous trend."

Finally, there are questions about quality. Faced with tight budgets, provincial governments are reluctant to fund experimental treatments or clinical trials. New (often expensive) chemotherapies simply aren't available. A radiation oncologist who has published several papers on cancer care speculates that 15 per cent of cancer fatalities could be avoided in Canada if better care was given. Putting this altogether, Canadian cancer care just isn't up to the challenge. Not surprisingly, in a review of can-

cer mortality rates in all 50 states and 10 provinces, the Cancer Advocacy Coalition of Canada found Canadian patient outcomes significantly lagging behind their American counterparts.

#### Who Pays the Bill?

Ron Kramer thinks he would be dead today if he had stayed in Canada. His doctors gave him a 10 per cent chance of surviving esophageal cancer. Kramer decided to seek out other options. At Johns Hopkins Hospital in Baltimore, they offered a new treatment—and promised a 70 per cent survival rate at five years.

Kramer is now fighting the Ontario Health Insurance Plan for coverage of the \$342,000 procedure. Says Richard Shekter, Kramer's lawyer, who has handled a number of such medical-care denial cases: "This [system] compels people to either choose economy and die here or go to the States and live. Nobody is going to acknowledge publicly that they are providing second-class medicine," he told the *National Post*. "But this isn't a once-in-a-lifetime rare procedure, this is generalized treatment of esophageal cancer. It is a generic issue and it means they are not doing their job."

Kramer isn't alone. Across the country, frustrated patients attempt to get their provincial insurance to cover what they sought and couldn't get here: the proper care. Sandy Blad, for example, is fighting for reimbursement of the cost of life-saving neurosurgery. In a bizarre twist, the Ontario Ministry of Health has argued that such surgery is available in Canada. Blad maintains that she was never offered the treatment. Can people sue for treatment coverage? Argues Neil Seeman, a former editorial board member of the *National Post*, "I think it's just a matter of time. There is a completely legitimate case, if the right arguments are made. You can address the Canada Health Act as a contract and then argue that it's been broken." Seeman, who trained as a lawyer and has written more than 100 articles about health care, is blunt: "It is my opinion that a strong legal case can be made to show that medicare has broken its promise."

Supporters of medicare maintain that the actual number of Canadians seeking care in the United States is relatively limited. That may or may not be the case—with such a dearth of data, there is no way of telling. But if Canadians aren't seeking out an American alternative, maybe they should be. Our cancer care is falling behind. Recently, the Harvard School of Public Health released a multinational survey of waiting times. For breast biopsies of potential cancer, Canada ranked dead last.

Don't Canadians deserve better—without having to leave their country? ♦

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