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Canadian health care is not universal

Canadian health care was front and centre in the minds of the American media this month. Unfortunately, it was not because the new Democratic Party government of Barack Obama was going to adopt some of the ideas and principles behind our so-called uniform and unified medical coverage. Rather, we were in the spotlight for the management of surgical trauma. The actress Natasha Richardson had sustained a supposedly minor head trauma while skiing and had died somewhere in transit between the resort, a community hospital in the Laurentians and a trauma centre in Montréal. The outrage of the American media over her death appeared far more vocal than that of Canadians. Many questions were raised about the circumstances of her death and who was at fault. The real question is why do Canadians not seem to care?

Variance in medical care is seen in many specialties across Canada. However, the fruitcake amalgamation of Canadian health care is no more obvious than in trauma care. Trauma is the number one killer of Canadians under age 50. It is the overwhelming economic burden that grinds billions of dollars from productivity and costs the Canadian economy years of lost income. And trauma is not uniformly important among provinces. Quebec is the only area in North America that does not have some type of emergency helicopter coverage; the argument of government officials has been and still is that cost–benefit ratios for helicopter service are unfavourable. The same officials are now considering reviewing that policy. The *CJS* has reported in a Canadian study that transport of trauma patients with an Injury Severity Score of 12 or greater by a provincially dedicated helicopter medical service was associated with significantly better outcomes than transport by standard ground ambulance.[1] Why does it take the death of a famous actress to raise the question of why we do not have regionally appropriate health care policies? Why is the death and suffering of our population at large not enough to change policies? The obvious answer in this and other cases of nonhomogeneous health care delivery is that these policies are not political flashpoints. Until an election is won or lost on health care inadequacies, there will continue to be nonentities in the political landscape. We as physicians should no longer sit idly by as governmental policies set by largely noninformed bureaucrats cause such deficiencies in health care.

In medical politics, it seems that the squeaky wheel gets the grease, independent of needs. Physician advocacy groups and provincial associations need to be a little squeakier when supplying more relevant guidance to the government bureaucrats. If we are ignored, then the rhetoric needs to be taken to the street and given directly to the population. We may not decide an election in the near future, but hopefully we can be loud enough to show that we still care about patient care in Canada.

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Reference

1. Mitchell AD, Tallon JM, Sealy B. Air versus ground transport of major trauma patients to a tertiary trauma centre: a provincewide comparison using TRISS analysis. *Can J Surg* 2007;50:129-33.