



# RESTORE CHOICE IN HEALTH CARE

## A FREEDOM PARTY OF ONTARIO 2011 ELECTION PLANK

Ontario once had a health care system that focused on making our sick and injured well. On October 1, 1969, Ontario's Progressive Conservative government *banned* that system.

The Progressive Conservatives set up a tax-funded government monopoly called Medicare. Medicare has been in *crisis* ever since.

Liberal and Progressive Conservative governments have told us, year after year, that the taxpayer has to pay more to keep the system afloat. Health care already consumes over 65% of all Ontario tax revenues, and it is taking over a growing percentage of the budget every year.

Yet, every day, we hear stories that Ontario's sick and injured are suffering, and even dying, as they wait in growing line-ups for dwindling health-care rations.

To find out why, consider the words of the Father of Canada's Medicare system, Reverend Tommy Douglas, which he gave at a 1979 conference in Ottawa titled "S.O.S. Medicare" (even as early as 1979, Medicare was in crisis):

"I am concerned, as many people are, about Medicare. Not with its fundamental principles, but with the problems which we *knew* would arise.

"And those of us who talked about Medicare back in the 1940s, and 50s, and 60s, kept reminding the public that there were *two phases* for Medicare. The first was to remove the financial barrier between those who provide health services and those who need them. And we pointed out, repeatedly, that that phase was the *easiest* of the problems we would confront. In governmental terms, of course, it means finding revenue, it means setting up organizations, it means exercising controls over costs. But, in the long term it was the *easiest* problem.

"Phase number two would be the much more difficult one. That was to alter our delivery system so as to reduce costs and so as to place the emphasis on *preventive* medicine. But I think what we have to apply ourselves to now is the fact that we have not yet grappled seriously with the second phase. We must now move *increasingly* toward *group* practice. Whether it's community clinics, co-operative clinics, clinics set up by the doctors themselves. But the need for group practice so as to make possible the practice of *preventive* medicine. *Only* in that way are we going to be able to keep the costs from becoming *so excessive* that the public will decide that Medicare is *not* in the best interests of the people of this country."

In other words: setting up a tax-funded government health care monopoly was expected to be easy. However, if the Medicare system was not ultimately to be rejected by the public, it would be necessary to control costs by switching the focus of health care. A tax-funded government monopoly could not focus on making the sick and injured well because that focus would result in unsustainable costs and in the rejection of Medicare. So, instead of focusing on making the sick and injured well, Medicare would focus on preventing the well from getting sick or injured.

Forty two years later, we still see Ontario's Medicare system focusing on preventive medicine. Most recently, the Liberal government of Dalton McGuinty has used taxpayer dollars to fund 220 or more group practices including not only physicians, but a range of professionals - including, for example, social workers - whose primary focus is not making the sick and injured well, but keeping the healthy from becoming sick and injured. In our schools, the government has banned junk foods, mandated exercise, and targeted trans-fats. The government has funded a growing range of vaccinations to reduce the probability the

Ontarians will become sick and become a drain on the healthcare system. The government has taken increasingly aggressive steps to ban cigarette smoking, in an effort to reduce the occurrence of serious illnesses that would even more economic pressure on the sustainability of Medicare. In short: in an effort to keep Medicare from bankrupting the province, the government has been focusing on the *healthy*, instead of on the *sick and injured*.

Not surprisingly Ontarians who are not seriously sick or injured are more likely to think that Medicare is working well. They trust that, when they become sick or injured, the Medicare system will be there to help them. However, Ontario's countless sick and injured have a different view: they believe, rightly, that Medicare is failing them.

Read the newspapers, and listen to talk radio and, almost every day, you'll hear about someone waiting months or years for a doctor, then months or years for a specialist, then months or years for diagnostic tests, then months or years for surgery or other treatments. You will read or hear of people sitting in Hospital emergency waiting rooms, with very serious sicknesses or injuries, suffering for hours or even days as they wait to be seen by a physician. In fact, you will read of people literally dying as they wait for service in our hospitals. There are reports of patients being placed in beds in make-shift spaces in ambulance parking lots. There are patients left in the halls of our hospitals, with little or nothing to separate them from the public walking past. In London, Ontario, emergency patients wait in ambulances outside the hospital, such that there is sometimes only one vacant ambulance available for the entire city. At a major hospital like St. Michael's, in Toronto, there are days of the week in which only one operating room is open, such that the hospital can perform only one surgery at a time.

A case in point: Freedom Party leader Paul McKeever's own brother waited for days, almost dead on an I.V. drip, as he waited for serious emergency surgery at St. Michael's hospital in Toronto. Suddenly, after a surgery for another person had been completed (a surgery that took over a day) assistants rushed into his room to transfer him to a gurney so as to rush him to the operating room. They were too slow, so nurses, knowing the life or death nature of the

situation, rushed into his room and rolled the entire bed down to the operating room. The nurses later explained that getting into the operating room was a case of "first come, first serve" so they *had* to rush him into the operating room before someone else was rushed into it. McKeever's brother lived. It is not known if someone else died waiting while he was being operated upon.

Ask yourself: is this an example of a system that is working well for the sick and injured?

A healthy lifestyle is a good personal choice. However, Freedom Party of Ontario believes that making the sick and injured well should be the *top* priority for Ontario's health care system. Accordingly, **a Freedom government will restore the health care choices that the Progressive Conservatives banned in 1969.**

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