



Squandering Billions continues during the "B.C. Conversation on Health"

For Immediate Release

(RICHMOND, B.C., 6 November, 2006) - A respected American think tank, in a report released last week in Washington, D.C., was the latest to criticize inefficiencies within health management in Canada, diagnostic mistakes and a failure to effectively use electronic records. Other studies have condemned the alarming growth of pharmaceutical costs, and chronic adverse events, yet the only debate seems to be how many more billions can be found to spend, with little or no effort made to link spending to patient outcomes.

The most recent study, by the New York-based Commonwealth Fund, sharply criticized the health care systems of both Canada and the United States. A survey of more than 6,000 doctors in seven countries gave Canada poor marks on several aspects of patient care, including wait times for tests, use of electronic medical records, doctors available after hours, multi-discipline teams to treat chronic illness and financial incentives for improving quality of care. The survey suggested Canada has a long way to go on many fronts to catch up with the other countries, which included the United Kingdom, Netherlands, New Zealand, Australia and Germany.

Last year, \$25 billion was spent in Canada on drugs, \$7 billion more than what was paid to all the medical doctors in the country combined, without any system in place to determine if there is a measurable benefit in fundamental health statistics, or to compare patient experience with other non-drug treatment options. In fact, prescription mistakes and drug interactions are major factors in the alarming rise in medical misadventures and adverse events.

"Surely it is an insult to the intelligence of society to imply that more money is the cure-all for everything? Yet that seems to be the standard response directed at the public by health authorities any time serious concerns are expressed," said Dr. Jim Cooper of Penticton, president of the British Columbia Chiropractic Association (BCCA). "The mantra of too many people in health care seems to be: *'these people are sick – if you pay me more money, they will get better.'* In an era when financial boondoggles such as the gun registry and the Gomery investigations assault management credibility, one would assume greater effort would be made to link spending to the fatal flaws in policies and procedures."

Dr. Cooper made these remarks on the eve of the 2006 Canadian National Chiropractic Convention, to be held at the Westin Bayshore in Vancouver, November 16-18. About 500 chiropractors from across the country will be debating these and other issues.

He urged British Columbians to take advantage of Premier Gordon Campbell's recently announced "BC Conversation on Health " to emphasize the kind of systemic changes so urgently necessary. He said there is evidence everywhere that turf wars among monopolies - governments, professions, institutions and unions - are pursued with more passion than the simple consideration of what is best for each individual patient. He referred to the book *Squandering Billions* (Hancock House, www.hancockhouse.com) authored by Dr. Don Nixdorf, executive director of BCCA, and journalist Gary Bannerman.

The book quoted Dr. Pran Manga, a University of Ottawa health economist who was one of the key authors of the Canada Health Act:

"The management of our health care system is so inefficient that we not only fail to put patients in the hands of those professionals most qualified to give the best treatment, we actually ensure that the most expensive and least qualified person provides the care. . . . the structure of health management in Canada makes the squandering of billions unavoidable."

The book *Squandering Billions* recognizes the public's desire to participate in the conversation on health and identifies for them opportunities for better long term care, lower cost for necessary diagnostics and more effective delivery of health care. While hospitals are the nucleus of emergency health delivery, it is misleading to discuss Medicare by ignoring the fact that the majority of health care is delivered in private clinics. The system enshrines mediocrity at the expense of patients. Canadian Medicare was designed to insure the patient, not the practitioner. The book asks, "why, then, are medical doctors and hospitals exempted from competition? Evidence shows conclusively that expanded use of community health centres, nurse practitioners, doctors of chiropractic and others can be more effective and less expensive within their area of expertise."

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