ments, which vary the ways in which they raise their 50 per cent. Some collect the whole amount from their citizens as premiums; some collect part and make up the rest out of general revenues. In most provinces citizens over 65 are exempt from any kind of payment. No premiums at all are charged in New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and the Northwest Territories, the whole bill in those areas being paid out of general revenues. Quebec finances the programme out of a special income tax surcharge and a levy on employers.

Coverage by the state health programme is almost universal excluding only those people who are already covered under workmen's compensation and other special schemes such as war pensioners. There is special provision for "needy citizens" to get supplementary benefits through the centrally-funded Canadian Assistance Plan.

Scheme works abroad

There are two more details in which the Canadian health scheme differs fundamentally from the British. Hospital insurance is portable, covering costs of hospitalization abroad as well as at home, and being a prepaid insurance scheme, with its details laid down by law, the Canadian system is not subject to variation by succeeding governments without approval by Parliament.

Among doctors it seems to be popular because it leaves them a lot of freedom while giving them a steadier income than before. Their satisfaction is reflected in increased numbers of young people entering the profession and rising immigration figures.

Canadian doctors are not technically employees of the state. They remain self-employed with the option of charging their patients at the standard rate (automatically recoverable out of government funds) or at a higher rate, provided the patient is warned in advance and willing to pay the difference. This leaves the situation open. The doctor can charge what he likes and the patient has the option of going elsewhere. In practice, most GPs settle for medicare rates and the safe knowledge that the bill will be paid, finding they are better off than under the old system, when a chunk of their fees had regularly to be written off as bad debt.

When it comes to consulting a specialist, a sick person on the dole can see the best specialist in Montreal by appointment at his consulting room and the fee is paid by medicare. There is no double system as in Britain, where only fee-paying patients go to the great man's consulting room and the rest see him at his hospital "clinic" (often waiting around hours after the alledged time of appointment).

Hospital insurance covers all basic needs from medical treatment, surgery and drugs to food, domestic comforts and in most provinces a wide range of out-patient services. If a patient wants "extras" such as a private or semi-private room, television set and the like, these can be obtained by paying out of your own pocket over and above the basic, insurance-covered rate. But you cannot buy special medical attention. Thus the two-class system which pervades in Britain and to varying degrees in other countries with state-financed health schemes has no equivalent in Canada. Furthermore, private health insurance has been absorbed or abolished as government insurance spread through the provinces.

Although the doctors backpedalled in the early days and fought for protection of their "rights" under the new legislation, they now seem well adjusted to the change. An article in *The Globe and Mail* of Toronto recently commented: "Today it would be hard to find a doctor who would deny government any role in health services or who would refuse all co-operation, although the extent of the role and the degree of the co-operation are still debated. As they should be."

This is not to say that Canada's health scheme is without problems: far from it. Indeed, as costs mount and the government bill for health grows like Jack's beanstalk. Canadians are quickly discovering problems similar to those which have racked the political scene in Britain since the National Health Service was introduced. They are learning, as Britain has, that while one can talk in the abstract of health as a "basic human right," the interpretation of that phrase in terms of practical health care and the accompanying bill is fraught with difficulties and question marks. As Enoch Powell put it in his book *A New Look at Medicine and Politics* (based on his experience of the subject as Britain's Minister of Health): "There is virtually no limit to the amount of medical care an individual is capable of absorbing."

Need for controls

It seems that in every country with a free health service the demand rises astronomically. A recent study (published in Britain by McKinsey and Company and reported in *The Financial Times*, July 12, 1974) surveyed the health services of 20 developed countries and found that "health expenditures have been rising faster than GNP (gross national product) no matter how fast GNP itself has risen." The report recognised the need to find controls and commented that Britain got good value out of her health services by making the best use of limited resources: "a harsh form of rationing."

Canada was not among the 20 nations covered by the survey, but Canadian doctors, politicians and civil servants are becoming increasingly aware of the same need to control the rising bill. The problem was outlined in a pamphlet published by the Office of Health Care Finance in Sydney, Australia, in 1972, under the title *The consequences of health care through government*. The pamphlet, which sets out specifically to consider the social and financial effects of Canada's health care programmes, contains the following cautionary tale.

"An individual has hurt his thumb while gardening. It does not appear serious but it is possible the bone could be fractured. Before prepayment, it would have cost him $20 for a doctor's call, X-rays, etc. However, because this is equivalent to the price of a new radio he wants, he decides not to demand these units of service from the system. If a system of prepayment were in force under which he would have to pay, say, a $3 fee, which is equal to the price of a new fishing lure, he might not demand the service, not only because of the fee but probably because of the inconvenience as well. However, if there were no charge at all, and because today the media, health professionals and others advise an early visit into the system for the slightest ailment or deviation from normal, the chances are the hospital visit and the X-ray would be demanded and probably the thumb turn out not to be fractured."

Assume 99 of this man's friends had the identical accident and thought process. "At $20, a few X-rays would be taken; at $3, a few more would be demanded but, if no cost was involved, all 100 could well be demanded. If only three fractured thumbs were found, then 97 X-rays were not required."

The question that arises, as the pamphlet points out, is "whether society can afford to provide the 97 negative X-rays." If expenditure on health is allowed to escalate at that rate, it can only do so at the expense of other benefits that might be provided under the national budget. The decision as to whether this should happen is out of the range of medicine. It is "a rational choice, perhaps a most reasonable one, but it must be recognised for what it is: a political choice."

The pamphlet demonstrates how government funding has removed the brakes that used to control the system — not only the financial brake that restrained patients from constant recourse to doctors, but also the doctor's consideration of the patient's pocket in deciding whether it was really necessary to refer him to hospital, and the hospital's careful husbanding of its own funds. The result, apart from escalating costs, is an overload on doctors, hospital services and beds.

That doctors themselves are concerned over this issue was shown by Dr. H. O. L. Murray, addressing the Canadian Royal College of Physicians and Surgeons in Vancouver in November, 1973. He said: "We will always have with us the difficulty of defining adequate health care, and the evolutionary development of the health service is important in arriving at some sort of definition."