When compared to countries that have universal systems of health care, the United States is frequently criticized for its exceptionally high rate of health care spending as a percentage of gross domestic product.¹ A recent report published by The Fraser Institute, a conservative think-tank based in British Columbia, suggests that Canada’s universal system of health care may not be the answer.

The report, entitled *How Good Is Canadian Health Care?*, compares the performance of public health care systems in twenty-eight nations of the Organisation for Economic Co-operation and Development (OECD) that guarantee universal health care.² Using data from the OECD and the *British Medical Journal* that is adjusted for age to account for the increased health care needs of the elderly, the report concludes that, “The comparative evidence is that the Canadian health care model is inferior to others that are in place in the OECD.”³ Although the report does not suggest that Canada abandon its


³ *Id.* at 7, 53.
current health care system, the report does call for the incorporation of “user fees,”
private health insurance, and private hospitals.⁴

Canada has a universal system of health care pursuant to which residents pay for
medically necessary health services for the entire resident population through their taxes.⁵
Although Canada is one of twelve OECD countries to rely exclusively on public hospitals
to deliver publicly funded health care, Canada is the only OECD country that prohibits
private hospitals from delivering a parallel system of private health care.⁶ Unlike many
other OECD countries, Canada also bans “user fees,” defined as charges, such as co-
payments, that are imposed on patients at the point of service.⁷ Like the majority of
OECD countries studied, Canada’s doctors are generally paid on a fee-for-service basis.⁸

Although the study recognizes the difficulty in determining the effectiveness of
health care systems, it used seven outcome measures to rank the health care performance
of OECD countries.⁹ Despite the fact that Canada spent $121.4 billion on health care in
2003¹⁰ and ranks third in health care spending among OECD countries with universal
health care systems,¹¹ the report found that Canada only ranks fourteenth of twenty-six in
the percentage of total life expectancy that will be lived disability free,¹² sixteenth of
twenty-eight in infant mortality,¹³ twelfth of twenty-six in perinatal mortality,¹⁴ eighth of

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⁴ Id. at 53.
⁵ Id. at 10.
⁶ Id. at 26, 35.
⁷ Id. at 3, 22-23 & Table 7.
⁸ Id. at 30-31.
⁹ Id. at 6, 8 and ExSum Table 1.
¹¹ FRASER REPORT, supra note 2, at 12, 13 & Figure 1.
¹² Id. at 8 & ExSumTable 1.
¹³ Id. at 46 & Table 16.
¹⁴ Id. at 47 & Table 17.
eighteen in mortality amenable to health care,\textsuperscript{15} ninth of twenty-seven in potential years of life lost to disease,\textsuperscript{16} and sixth of twenty-eight in the incidence of breast cancer mortality.\textsuperscript{17} Canada did, however, earn a first-place ranking out of twenty-seven OECD countries studied in the incidence of mortality from colorectal cancer.\textsuperscript{18} The report emphasizes that all of the countries that have fewer years of life lost to disease and that have lower mortality amenable to health care have private alternatives to the public health care system.\textsuperscript{19}

Canada also ranks low among comparative OECD countries in terms of access to health care technology and machinery. Specifically, Canada ranks fifteenth of twenty-four countries in terms of access to MRI machines,\textsuperscript{20} seventeenth of twenty-three in access to CT scanners,\textsuperscript{21} and eighth of twenty-two in access to radiation therapy machines.\textsuperscript{22} In addition, Canada is tied for last place in access to lithotripters.\textsuperscript{23} According to the report, “Lack of access to machines has also meant longer waiting times for diagnostic assessment, and mirrors the longer waiting times for access to specialists and to treatment found in the comparative studies examined for this study.”\textsuperscript{24}

Moreover, Canada has a relatively low number of physicians compared to similar OECD countries. Canada ranks sixteen out of twenty-three OECD countries studied, with only 2.3 doctors per 1,000 people (for a total of 65,226 doctors).\textsuperscript{25} According to

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\begin{itemize}
\item \textsuperscript{15} Id. at 49 & Table 19.
\item \textsuperscript{16} Id. at 50 & Table 21.
\item \textsuperscript{17} Id. at 51 & Table 22.
\item \textsuperscript{18} Id. at 52 & Table 23.
\item \textsuperscript{19} Id. at 6.
\item \textsuperscript{20} Id. at 6 & ExSum Figure 3, and 42 & Table 13.
\item \textsuperscript{21} Id. at 7 & ExSum Figure 4, and 42 & Table 13.
\item \textsuperscript{22} Id. at 5, 42 & Table 13.
\item \textsuperscript{23} Id. at 5, 42 & Table 13.
\item \textsuperscript{24} Id. at 5.
\item \textsuperscript{25} Id. at 3, 33 & Table 10.
\end{itemize}
2003 data, the median waiting time between a general practitioner’s referral to a specialist and treatment by the specialist is 17.7 weeks.\textsuperscript{26} From the date of referral, Canadian patients also wait over one month for CT scans, three months for MRIs, and more than three weeks for ultrasounds.\textsuperscript{27} Canada is not alone in this respect: “A significant proportion of the countries that have strictly public provision of health services have experienced problems with long waiting times.”\textsuperscript{28}

The report concludes that the Canadian health care model:

. . . produces inferior access to physicians and technology, produces longer waiting times, is less successful in preventing death from preventable causes, and costs more than any of the other systems that have comparable objectives. The models that produce superior results and cost less than Canada’s monopolistic, single-insurer, single-provider system have user fees; alternative, comprehensive, private insurance; and private hospitals. Canada should follow the example of these superior health care models.\textsuperscript{29}

Critics of The Fraser Institute’s report, which was not peer-reviewed prior to publication, note that the study uses selective funding figures to make Canada’s health care spending appear larger than it actually is.\textsuperscript{30} Additional critics argue that the report’s adjustment of data for age\textsuperscript{31} skews the numbers against Canada, especially in spending: “there is no constant relationship between the age of a country’s population and how much it spends on health care.”\textsuperscript{32} Still other critics fault the report’s health care technology and machinery statistics, which are based on the total number of machines and do not consider the frequency with which the machines are used.\textsuperscript{33}

\textsuperscript{26} Id. at 11.
\textsuperscript{27} Id. at 11.
\textsuperscript{28} Id. at 26.
\textsuperscript{29} Id. at 53.
\textsuperscript{31} FRASER REPORT, supra note 2, at 3 (“In order to compare countries, we adjust the data for the age of the population . . . ”).
\textsuperscript{32} Brean, supra note 10, at A6.
\textsuperscript{33} Id.