

How Pierre Trudeau duped Canadians into taking pride in their substandard health-care system

by Conrad Black

It is certainly time that Canada ceased to regard its health-care system as a gigantic sacred cow of national distinction and uniqueness, and instead undertook an examination of its strong and weak points, in order to make sensible reforms. Our existing system was established 40 years ago, in the last term of Prime Minister Pierre Trudeau and his health minister, Monique Bégin. Trudeau departed from the model of a universal health-care system set by Saskatchewan under Premier Tommy Douglas 20 years before and joined North Korea and Cuba as the only countries in the world that declared private health care to be illegal. It also differed from the Douglas model by not having any user fees. Trudeau never subsequently elaborated on the extent to which his approach to health care was an important part of his comprehensive campaign to defeat the separatists in Quebec by showering the province with munificences from Ottawa. Quebec had developed its own health-care system under Robert Bourassa and Claude Castonguay a decade before, but the federal plan provided supplementary benefits and raised the prestige and relevance of the federal government in the minds of Quebecers, as Trudeau tried to position himself as a cutting-edge reformer. Castonguay, a distinguished actuary and almost non-partisan politician, favoured user fees and the acceptability of private medicine, but was not able to move the political needle in Quebec away from the dogmatic attachment to the practically absurd concept

of equal treatment for all, regardless of their means.

Trudeau's health-care system must be seen in the context, as I touched upon in my remarks here last week, of Canada's long search for a *raison d'être* as a separate country from the United States. It was clear by the late 1950s that the British connection, while still cherished by many, would no longer do as an explanation for what Canada's national purpose was. As the nationalist crisis in Quebec developed through the '60s and the Liberal party, the only national political organization that had any strength in Quebec between the death of John A. Macdonald in 1891 and the election of Brian Mulroney as federal Progressive Conservative leader in 1982, moved to counteract the secessionist strength in academic, media and labour circles in Quebec by producing a national pension scheme, a distinctive Canadian flag and recruiting a number of strong and well-known Quebec political personalities, including Trudeau, Jean Marchand and Gérard Pelletier. A huge emphasis was placed on the world's fair in Montreal in 1967 and the celebration of the centenary of Confederation, in which the only fly in the ointment was French President Charles de Gaulle's famous invitation from the balcony of Montreal city hall to Quebec to secede from Canada.

The separatist Parti Québécois was elected in 1976, and Trudeau defeated them in the first independence referendum in 1980, on a trick question that asked Quebec voters to approve the government attempting to negotiate sovereignty with association with Canada – to, in other words, eat their cake and still have it in front of them. The federalists won by 20 points, but among French-speaking Quebecers the vote was neck and neck. At this point, the unspoken consensus emerged that the celebration and propagation of biculturalism was unlikely to suffuse the whole country with a sense of distinctive national identity. Leaping like the biblical gazelle from mountaintop to mountaintop, Trudeau and his entourage

immediately began touting Canada as a country with a superior social safety net to that of the United States. This fitted in well with Trudeau's outright acquisition of federalist support in Quebec through expanded transfer payments and a general monetization of the benefits of Confederation, which were largely paid for by the taxpayers of Ontario, Alberta and British Columbia. Because about 30 per cent of Americans did not have health insurance under public or private plans and their access to medical care was accordingly somewhat deficient for a wealthy country, Canada immediately clambered aboard the ready-made moral juggernaut that it was a more caring and sharing and altogether humane and generous place than the United States. Since at all times, and in all things, Canada had been accustomed to comparing itself to the U.S., we chinned ourselves on the self-composed catechism that we were a better place than the greatest country in the world. It is largely on the basis of this conviction, which is true in some respects and false in others, that we have proceeded through these 40 years with an ever-more-seriously imperfect health system.

Of course, even if it were entirely factual, our conception of our own health-care system would be completely insufficient as an explanation of our national purpose. And in fact, the claim was essentially nonsense from the beginning. By banning private medicine, Trudeau drove 10,000 doctors out of the country in the first couple of years. Our ratio of doctors to population is inferior not only to almost every other advanced country in the world, but even to such places as Argentina and Cuba. With an insufficiency of doctors and no user fees to discourage frivolous recourse to the health-care system, we are stretching an ever-tighter amount of available medical services over a steadily growing population. As a result, we end up rationing health care. The widespread belief among Canadians that everyone is receiving adequate health care at an affordable cost is essentially a fraud. If we incentivize the graduation of more doctors, and enable those who chose to,

to deal with legitimate problems outside the public health-care system and have the costs deducted from their taxable income, a great deal of pressure would be removed from the public health-care system and much more comprehensive treatment would be available to people of modest means. The idea of equal treatment for everybody, regardless of their means, was always just a socialist fairy tale.

A good deal more sinister is what amounts to a conspiracy between the judiciary, the governments and much of the medical profession, to encourage assisted suicide. The greatest single element in the skyrocketing cost of health care is our great progress in keeping infirm and elderly people alive. As the public sector steals away from any notion of the genuine sanctity of life and of the intellectual respectability of any spiritual or theological notions at all, palliative care is being subtly and gradually reformulated as assisted dying, and is implicitly professed to be the only way to die "with dignity." This is too important a subject to be approached on an entirely partisan basis; it is impossible for a universal public health-care system such as we now have to be funded adequately and Canadians should know that the official response to this great fact is to hide behind one of the most obtuse of all judgments of the McLachlin Supreme Court: to represent as an important pillar of health care the accelerated and self-applauded effort to ease as many elderly and otherwise chronically health-compromised people out of our grossly underfunded health-care system and into the great hereafter. If nothing else intervenes, I will elaborate on this next week.

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