This is one of those “fools rush in” moments. I am the 900lb Canadian gorilla in the room and the extent of my credentials in attempting a comparison of the vast differences between the healthcare systems in the US and my former Canadian home are that; a) I lived there for 49 years and here for 15 so far; b) my parents, who left this world in 2003 at 91 an 87 were treated in that Canadian system and c) I have experienced medical care and the lack of it, in each system.

THE BASIC DIFFERENCES

You do not need the private American system explained to you. You are part of it. In the US, “Medicare” is a word used to describe what starts at age 65 and, as good as it is, still seems to require supplemental private, additional coverage. In Canada, “Medicare” means cradle to grave full medical coverage, with no exemptions for “pre-existing” conditions; no premium penalties for being older; just a payroll tax paid by every single taxpayer to try to cover the costs of the program. That tax, when last my wife and I were paying it in 1993 was about $400 per month; not that different from what a US citizen was paying for full coverage back then. By the way, in Canada, you and you alone choose your personal physician.

A BRIEF OVERVIEW

The Canadian system is a government system but not a Federal one. Each of the 10 provinces administers and manages its own program. In my native Quebec it’s just like using a credit card. You go to the Doctor or for surgery or tests or whatever and your card is run and you never see a bill; never have to make a claim; never have to fight a charge. It’s all taken care of. In neighboring Ontario and other provinces, it’s a reimbursement system. You pay your bills or a part thereof; you fill in the paperwork and get your money back (always quickly). No two provincial systems are the same but the end result is Canadians get the care they need and all taxpayers pay for it. Here’s the rub: One of the key reasons that happens is that the value for doctors’ services is controlled. In a few provinces, when a doctor’s Medicare income reaches $250,000, he or she actually can be forced to work for nothing. It’s unlikely too many US doctors would ever accept such ceilings. Then again, getting your medical degree from McGill or University of Toronto (both ranked as high as the finest US medical schools) will cost you a couple of thousand dollars a year. See, education is also tax-subsidized for Canadians; so a doctor doesn’t begin his/her professional life in debt.

MYTHS AND REALITIES

The Joint Canada/U.S. Survey of Health collected data between the fall of 2002 and spring of 2003. This data set includes 3,505 Canadian and 5,183 American individuals. The facts below can’t be more obvious and, on top of that, a new 2007 Life Expectancy survey says it’s now 79.8 years in Canada and 77.3 years (males) in the US. .

BASIC STATISTICS

	US	Canada
Life Expectancy (Male)	74.8	77.4
Life Expectancy (Female)	80.1	82.4
Infant Mortality (1000 live births	6.8	5.3
Obesity Rate (Male)	31.2	17.0
Obesity Rate Female	31.3	19.0
HC spending as % of GDP (2005)	16 %	10.4 %

Yes, there is tons of anecdotal evidence of Canadians waiting too long for care; that elective surgeries where life is not threatened can be put off for years and there's truth to it. But these stats don't lie. Canadians' health seems to actually be a little better across the Board.

PRIVATE VS. PUBLIC

This is where the emotional gears grind. Canadians have come to believe that healthcare is an inherent right of life and liberty. For many in America, health care is not accepted as an entitlement. Rather, it is viewed in the context of that great and wondrous strength of American society, the free market economy. It is assumed that those of us who can afford it will take care of ourselves and that the less fortunate will somehow be taken care of. It also assumes that the management and practice of healthcare is best left to private, for profit insurance companies. Americans need to be the ultimate judges of that value. Recent years have seen private health care premiums go up as much as 30% per year and few would suggest that service and care have increased in parallel.

There is incredible ineptitude and carelessness in the private management of healthcare in the US, but it is not in our nature, in the US, to control private companies' methods or behaviors.

The rules in Canada are strict and there's little wiggle room. The provincial governments set the guidelines for their systems and the doctors and medical professionals and citizens generally comply. Canadians buy supplementary Blue Cross only to get private rooms in hospitals and private nursing services.

FUTURE CONSIDERATIONS

As we tangle, in the US, with the skyrocketing costs of healthcare and the rising numbers of people who have none, there are many aspects to consider:

Why, for example, should employers (American business) be expected to provide full healthcare coverage to workers and their families? Isn't that, in its way, just as "bad" as Canadians thinking that all taxpayers bear the responsibility? In fact, the former actually seems more unfair.

Why do we allow for the kinds of financial settlements in medical lawsuits that force doctors to abandon certain services; force insurers into charging ridiculously high premiums for malpractice insurance and thus create a greater and greater inability to provide needed care. Canada does not tolerate multimillion and billion dollar tort settlements.

Why are so many hospitals "for profit" enterprises (don't shoot the messenger)? If healthcare is an "industry", shouldn't we then regulate it the way we do the mining or direct marketing or automobile industries?

COULD IT WORK HERE?

Anyone looking at electoral history in the US could surmise that by the 2012 or 2016 Presidential election we will be facing an either/or choice on private vs. public healthcare. The question until that happens is could it ever work here?

Aside from the emotional and political biases in the discussion, one thing is certain: A largely successful country of 350 million is much more likely to be able to afford and execute a single payer system (a la Canadienne). Numbers and volume do matter. The Canadian system frequently finds itself in debt, and that debt just rolls into the deficit budgets of the provinces. Some do better than others because they manage their programs better.

In 2007, total healthcare spending in the US was $2.5 trillion and that's close to $10,000 per American. The status quo is not going to keep working. Minds need to open a little. Other systems need to be looked at; not just blindly ridiculed in the defense of one that may just not be able to cut it much longer.