The speech by Dr. Walley Temple

Friends of Medicare Rally, Edmonton, April 16, 2000

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Thank you for making me feel at home. It is an honour to be part of your rally in Edmonton and I thank the Friends of Medicare, and I thank you for coming today to share in our common concerns for our public health care system.

Up front I would like to declare that I represent only myself. Not a union and I do not belong to a political party.

As a cancer surgeon I treat the most needy, the most trusting, most vulnerable and in my opinion, the most appreciative group of patients. I’m compelled to speak today because of my grave concern for their health if this bill is passed. I have cancelled my attendance at a national research conference in Toronto. (He added here that he felt he could save more lives by being at the Rally than by attending the research conference in Toronto)

I’ve had extensive experience in different health care systems. I’ve worked for seven years in the United States in a county and a university hospital. I’ve lectured and operated with surgeons in Europe, Asia and South America. I have taught, written, done research and performed cancer surgery for 17 years in Calgary. I’ve been involved both as a member and as part of the executive of a world wide cancer organization.

My colleagues from around world represent countries that total over 3 billion people and they are in awe of our health care system. I assure you that our public health care system is a veritable, most equitable, most compassionate, most economic and has health outcomes that are truly awesome. It preserves the trusting relationship that a physician needs to have with a patient. This makes it, for me, a real privilege to work in a system where my worry is confined to patient care and not to financial incentives.

This is all at risk with Bill 11, even with the amendments.

Now most of the information that I share with you today is derived from highly respected medical journals that are the source of leading edge research on the best scientifically proven medical and surgical treatments, or from Statistics Canada as well as from my own personal experience.

First I would like to look at the economics of our system. It is a myth that health care costs are out of control. Per capita they have increased only $50 in the seven years before the present provincial Government’s cuts. In Canada the costs haven’t changed in 20 years and are only
8.9% of gross national product. (shame, shame) The costs of our health care is $2500 per person and it provides us with 100% coverage. In Alberta we spend less than 8 other provinces and our hospital costs per capita are still the 7th lowest and 15% less than 1992. Where are the runaway costs?

Contrast this to the wealthiest nation in the world, the United States, where 2/3 of the population is insured but still pays 20% of the bill and 1/3 is undercovered or has no coverage at all. The US government spends $4000 per person to support this system and each American pays an additional $5400 out of his or her own pocket. Is this the system we want to adopt?

All peer-reviewed studies show that non-profit care is less expensive than for-profit care. The belief that for-profit minimizes cost and maximizes care is just not true. American economists calculate that if the money spent in the US was used in the Canadian-style health care, there would be enough to cover all the health needs of their country.

However, this is unlikely to happen because the present profits are enormous. The most flagrant example of this involves the CEO of the largest health care corporation in the United States, HCA Columbia, who resigned in the face of federal fraud investigation and was given $10 million in severance pay and left with $269 million dollars in stock. (shame, shame) For-profit care has very little to do with care and very much to do with profit.

Cost is not the only issue. Let’s examine health outcomes. In Canada, our infant mortality rate is 5.6 per thousand and 7.6 per thousand in the United States. Our cancer mortality is 10% lower with 100 per 100,000 Canadians dying of cancer compared to 200 per 100,000 Americans. We also live, on average, about 2 years longer than Americans. All this for 1/3 the cost.

Now do for-profit systems contribute to these poor results? The answer is a resounding YES. The Journal of the American Medical Association has estimated if the 23 million American women between 50 and 70 were enrolled in for-profit care, there would be an additional 6000 more breast cancer deaths.

In another study, elderly patients admitted to hospital for hip fracture, stroke or coronary heart disease, had a 25% higher mortality in for-profit hospitals as compared to non-profit, university hospitals.

Another example of second-class care is with patients needing renal dialysis. In for-profit facilities in the United States, the mortality was 20% higher across the nation. This was related to shorter dialysis times, lower staffing, de-skilled staffing and decreased use of drugs. What is more sinister is that 25% fewer patients were on transplant lists. This is presumably to keep them on dialysis longer. Again, in for-profit systems we see more money and worse outcomes.

Of course there are some pinnacles of excellence in the United States. Such as the Memorial Sloan Kettering Cancer Hospital, the MD Anderson Cancer Hospital or the Mayo Clinic.

But we are no slackers in Alberta. In our own Alberta-grown cancer surgery division, consisting of dedicated general surgeons, orthopaedic surgeons, plastic surgeons, urologists, thoracic surgeons, head/neck surgeons, and endocrine surgeons, we endeavour to give Albertans the best.
For example, with patients with Osteocarcoma, the cancer that Terry Fox had, are no longer routinely treated with amputation. We have reduced the need for amputation from 100% to less than 5%.

We also have excellent results with the control of soft tissue tumours. The world average is 80% control while ours is 96%. The need for colostomies for rectal cancer averages 40 - 50% around the world, while the surgical and radiation oncology department has reduced this to less that 5%. We also have one of the highest breast-conservation rates for breast cancer—that being 70%—and for those who don’t have breast-conservation, we have one of the best plastic surgical teams who do immediate reconstruction.

Alberta has been a leader in research which has changed the treatment of melanoma. Previous treatments involved surgery with skin grafts entailing a one-week hospital stay. Now treatment is an outpatient procedure. This has saved the government and the health care system millions of dollars.

Now, these are just a few of the examples which I quote from my own experience, but first-rate work exists in Edmonton and in many other areas across Alberta and across Canada. We are proud of our system, our cancer centres, our universities, our hospitals, our doctors and our nurses and what they have done. Our health care system is equivalent to a fine machine limited only by the amount of gas we give it.

Why would we want to experiment with another model known to be expensive, unreliable and a bigger gas-guzzler? Why would we want to replicate a problematic system where there will be no turning back and where the results will be measured in people’s lives?

Our doctors, our nurses, our health care workers have truly broken their backs to help this province out of debt and keep the system working. And now the government will break our hearts with Bill 11.

The most significant problem with for-profit care is that it destroys the sacred trust between the patient and physician. A trust that not only provides comfort but also provides healing. It destroys the Samaritan role of the hospital. It makes the doctors and nurses into the instrument of the investor and it makes the patients a commodity.

A group of patients who will be greatly hurt will be the cancer patients who needs so many resources. Already facing a frightening diagnosis, they will waste their limited resources on any enhancement that we can sell them under the guise of necessary treatment.

Some aspects of our humanity are not for commerce. Not blood, not organs, not children and not medicine.

This disillusionment with private, for-profit is attested to by a public declaration in a national medical journal of 2000 doctors and nurses in Massachusetts who have declared that medicine should not be for-profit or personal fortune. Investor-owned health care does not serve us well and physician-owned health care facilities, as in Calgary for-profit proposals, are rife for conflict-of-interest.
A serious question you have to ask is, why would our government be pushing this system on us when we know the majority of Albertans do not support a for-profit system?

There are three possible conclusions. Firstly, our politicians are not well informed, in which case, we can help them by giving them information. The second conclusion is that the Conservative MLAs are afraid to go against the cabinet position and will not represent us in the legislature. The third conclusion is that there are huge financial incentives affecting our politician’s judgements.

I personally would like to believe the first. Any other would be a disgrace as it is not just greed that we are talking about but it is disregard for the life of fellow human beings. I urge each of you as a future patient to fight for your life and save our health care system. Your doctor, your nurses and your health care workers need your help.

Thank you very much.

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