



## Socialized Medicine Leaves a Bad Taste in Patients' Mouths

by Lawrence W. Reed

### Summary

The politicized nature of Canada's government-run health care system ensures that everything—including the food served in hospitals—becomes the stuff of major election-season battles. U. S. policy makers should resist calls to further socialize America's superior market-oriented health system and instead leave medical decisions in the hands of patients, where they belong.

*Main text word count: 750*

Hospital food is rarely mistaken for gourmet cuisine anywhere, but at least in Michigan it is not an issue over which major political campaigns are waged. In Canada, however, it is—and the lesson it provides for American health care is profound.

Last fall, a colleague of mine visited the Canadian province of Manitoba. With just a few days left before the elections, political campaigning there was at a fever pitch. My friend was astonished to observe that the dominant issue was indeed hospital food.

The patients of Manitoba's hospitals had complained for months about the introduction of "re-thermalized food"—cut-rate meals prepared 1,300 miles away in Toronto, then frozen and shipped to Manitoba where they are nuked in microwaves and served. Peter Holle, president of the Frontier Centre for Public Policy in Winnipeg, explained that re-heating meals was a cost-saving "innovation" of government bureaucrats employed by regional health authorities.

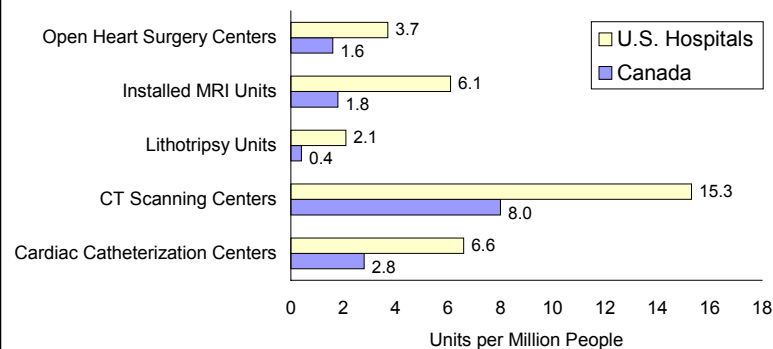
"Never mind that they taste like cardboard," says Holle. "Never mind that individual tastes and circumstances might dictate decentralized food services. Re-heated meals became a symbol of efficiency for the supposedly compassionate do-gooders in government. Why pay hundreds of workers in dozens of Manitoba kitchens when we can just zap up frozen dinners from Toronto?"

As it turned out, the incumbent government in Manitoba and many of its supporters went down to defeat. Vile victuals were a key reason.

How does hospital food become a political issue? The same way anything—from the important to the utterly inconsequential—becomes a political issue: *socialize it*. Take any matter that people normally resolve quickly, peacefully, and privately by their own choices, turn it over to government, and watch as factions arise, conflict ensues, and problems appear.

Minor problems become intractable because government decisions are financed by taxes and imposed with police power. Government

### U. S. Patients Have Greater Access to Advanced Medical Technology Than Do Canadians



Source: "Hospital Waiting Lists in Canada" (8th Ed.), The Fraser Institute

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coercion guarantees that somebody, if not everybody, will be unhappy. If people cannot escape the system because they are forced into it, then they will bicker and fight endless and often silly battles. Politics is simply no way to run a kitchen or a car factory or a whole lot of other things.

But hospital food is probably among the least of Manitoba patients' concerns. According to a national poll, four out of five Canadians are unhappy with their socialized health care system and believe it has worsened noticeably in just the past five years. Doctors in Manitoba apparently agree: Almost half of them—an astonishing 1,800—have left the province in the past decade alone.

David Gratzner, a Canadian health policy commentator, published a blockbuster book last year entitled *Code Blue*. Gratzner revealed that the quality of care Canada's system provides to ordinary citizens matters less to its apologists than the quality of care it denies to the so-called rich. The egalitarian impulse that drives Canada's "universal" health care system calls for treating everybody the same; all patients get "free" care in the public system and are generally denied the option of getting faster or better care for a fee in the private sector.

Gratzner asks, "With health care, is our true goal that Mr. Smith, who owns three cars, not be allowed to get a quick (private) cataract surgery? Or is it that Mr. Jones, who just makes rent every month, gets (publicly funded) heart surgery when he needs it? The way [the system's] advocates carry on, you'd think that it was fine that Mr. Jones suffered crushing chest pain after walking three steps just as long as Mr. Smith had to stumble around blindly for six months."

Thanks to this idiocy, an estimated 212,990 Canadians were on hospital waiting lists for surgical procedures in 1998. The average total waiting time of 13.3 weeks was up from 11.9 weeks in 1997 and up a shocking 43 percent since 1993. No wonder that when former Quebec Premier Bourassa was diagnosed with cancer, he avoided "free" care in his home country and instead sought treatment in Cleveland.

Advocates of socialized health care in America—including the Clinton administration and Michigan Congressman John Dingell—would like to move us toward the Canadian model one step at a time. Indeed, Dingell's bill, the National Health Insurance Act (H.R. 16), would take us more than just a few steps in that direction.

But if the sorry state of Canadian health care tells us anything, it is that politicians and their bureaucracies should not be trusted with the care hospitals provide any more than they should be trusted with the food hospitals serve.

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(Lawrence W. Reed is president of the Mackinac Center for Public Policy, a research and educational institute headquartered in Midland, Michigan. More information on economics and health care can be found at [www.mackinac.org](http://www.mackinac.org). Permission to reprint in whole or in part is hereby granted, provided the author and his affiliation are cited.)

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