

1
The title of this piece lets me know that the writer has a definite opinion about medical care.

Medical Care That's Not Even Fit for a Horse ¹

Margaret Wentz

Tino Martinez is a horse doctor in Victoria. He has a portable ultrasound unit that he uses on his patients. It shows him pictures of their innards so he can check their pregnancies and figure out what's causing their lameness. So when the local hospital offered him an old ultrasound unit for free, he was enthusiastic.

Then he tried to use it, and all he got was a fuzzy blur.

"I thought I was doing something wrong," he told me. "So I got one of the hospital technicians to help me out." But he wasn't doing anything wrong. The unit was simply an antique. "It was useless. My portable machine was of much better quality."

The hospital tried to donate it to the Third World, but the Third World turned it down too.

2
This writer believes that many hospitals use equipment that barely works because it is so old.

Fortunately for human patients, the hospital now has a nice new machine. but plenty of hospital backrooms are medical museums of obsolete technology, where highly trained radiologists do their best to diagnose your brain tumor, your breast cancer or your blocked artery with equipment that scarcely works. ² Once upon a time, it was state of the art. So was a Tandy computer from Radio Shack.

One leading Ottawa hospital made do with an angiography machine that was 25 years old. These machines show pictures of your blood vessels, so that doctors can decide whether you need a heart bypass. The machine was so decrepit that it would jam midway through a test, and the (fortunately) anesthetized patient would have to be moved while the technicians got it going again.

3
The reason given here for the poor equipment is a lack of money.

"In most hospitals, it's almost impossible to replace equipment until it dies," says Ian Hammond, the radiologist who told me this story. "It's crisis management. Most hospitals are running deficits, and one piece of expensive X-ray equipment might cost you a million dollars. ³ So do you buy that? Or do you buy incubators, instead?"

So much for our nation's capital.

4
These figures would mean that the hospital in Saskatoon will not get the equipment it needs.

In Saskatoon, one hospital's angiography machine has broken down 45 times in the past six months, and the ultrasound unit needs to be shut off because it's no good. The radiologists have identified \$14-million in new equipment they need right now. The Saskatoon health authority's total budget for new equipment is \$1-million. ⁴

Rapid technological advances have put expensive tools such as CT scanners and MRIs at the heart of good patient care.

"When I started in medicine, if nobody knew what was wrong with you, we cut you open and looked inside," says Dr. Hammond. Today, they use technology, not knives, to look inside. "This equipment has revolutionized medicine."

Unlike emergency-room crises, the equipment crisis doesn't yield sexy headlines or dead teenagers or pictures of sick people stacked in hallways. Most of us have no idea that the machine that scans our liver might be rejected by a horse vet. We like to think that, even if we have to wait, our technology is state of the art.

And so it is - for Greece, maybe.

5
Why does most of Europe have better medical equipment?

Never mind the United States. Most of Europe is better fixed than we are.⁵ Very little of our aging technology was replaced during the health-care funding famine of the '90s. Many major hospitals haven't had a capital-replacement budget⁶ for a decade.

6
How is a capital replacement budget different from a regular budget?

We're paying the price right now. More than half of Canada's X-ray, ultrasound, and other imaging equipment has outlived its useful life. Hospitals depend on their own fundraising to buy their MRIs, and breakthrough technology like that is in acute short supply. Demand is so heavy that even some private MRI clinics have waiting lists.

"In Europe," says one expert, "there would be a total revolt of the medical community."

7
Rock was Minister of Health for the then-governing Liberals.

Luckily, Allan Rock⁷ has promised to fix all this. The new health-care funding deal includes a billion dollars for new X-ray machines and CT scanners, and so we can all vote for the Liberals because they've saved health care just in the nick of time.⁸

8
In the nick of time - sound sarcastic?

Unluckily, we probably need \$2-billion or \$3-billion to catch up to, say, Austria.

Also, Mr Rock can't easily fix the dramatic shortage of radiologists, which, to be fair, he didn't create. That began in the early '90s, when provincial governments deliberately decided to reduce the number of doctors in Canada by cutting medical-school enrolment. The idea was that fewer doctors meant lower billings.

It worked like a charm, except now there's a terrible doctor shortage, and the supply of radiologists is plunging just as demand for them is exploding. Some towns are so desperate that, as Globe and Mail reporter Lisa Priest discovered, they're letting doctors practise as radiology specialists even though they're repeatedly flunked the specialty exams.⁹

9
This sounds like a dangerous practice.

So much for the health-policy experts.

I've learned that a lot of people get upset when you criticize the health-care system. It's as if you'd said something disloyal or attacked the flag. A lot of us would still like to believe that, for all its flaws, our health care, like Canada, is the best. I remember when we used to brag that it was a competitive advantage. But the truth is that it's turned into a competitive liability. A horse can get a better scan than a person can.

Anyone care to chip in for an MRI?