

Subject: [Fwd: Debate on Health motion of April 2-2002;]

Date: Wed, 03 Apr 2002 16:42:32 -0800

From: Brian Platts <brian_platts@telus.net>

To: Corrie Kost <kost@triumf.ca>

Subject: Re: Debate on Health motion of April 2-2002;

Date: Wed, 3 Apr 2002 23:59:24 +0100 (BST)

From: Elizabeth James <cagebc@yahoo.com>

To: Ernie Crist <CristE@dnv.org>, Mayor and Council - DNV <Council@district.north-van.bc.ca>, Directors Team <managecomm@district.north-van.bc.ca>

CC: "FONVCA \ (E-mail)" <fonvca@fonvca.org>

Dear Councillor Crist:

To 'deplore' the cuts to health care funding, though it may be politically expedient, is both a waste of time and a misrepresentation of the facts.

1. It is a waste of time because in a society which, willingly or otherwise, has been profligate for decades, *there is no more money to be had*. The combined health care budget, in fact, is well on its way to absorbing 50% of the total provincial budget. Well over 90% of that health care budget is eaten up by salaries and fees of one kind or another. The government has virtually no room to manoeuvre if it does not do something about *which* services are to be delivered, and *how* they are to be delivered. Moreover, this is not, repeat not, a BC phenomenon, the problems we experience here at home are being replicated across the country and internationally.
2. BC Healthcare funding has not been decreased, it has been increased - and significantly so. Our job now is for us to decide how best to tackle the problem. Government cannot, nor should it, undertake the task alone. It is the people who must decide how much of Tommy Douglas' original Medicare dream they wish to preserve, and at what cost.

Some many years ago now, Portland, Oregon initiated a public dialogue on health care. It was to involve government, the people, unions, and health care providers. The questions to be answered were, roughly speaking: Given that medicare cannot be all things to all people, what are the people's priorities? What forms of care and treatment protocols are non-negotiable, and should be underwritten by government? Next, given available funding, what items should be added to the first list? Lastly, what items should be underwritten by individuals themselves - either from their own family budget, ! or through third-party insurers.

The same process and more should be undertaken here - in fact such a forum is decades overdue! The 'more' relates to the concerns you have raised in your email, Clr. Crist, viz. the value of prioritizing preventative health measures vs the huge cost of ignoring prevention in favour of putting all available healthcare dollars into acute and chronic care protocols and institutions.

To cite some examples:

- Visits to the family doctor for stress-related condition are free while, on the waiting room wall, s/he displays a notice that a visit to a nutrition and fitness consultant can be had for \$125. Which option is a budget-strapped family member likely to choose?
- A visit to a physiotherapist who can provide intramuscular stimulation therapy - which I and many,

many others can attest keeps one away from a traumatic and tremendously expensive neurosurgery operation, hospital and rehabilitation - must be privately paid for at the rate of \$50/visit and up, but the government appears ready, willing and able to underwrite the direct and indirect costs of the neurosurgeon.

- Glaucoma is another condition where prevention dollars are vastly more important than treatment dollars. Not all glaucomas are found in the elderly. Some, such as narrow angle glaucoma, can occur suddenly as a result of genetic background - especially in those of Asian descent. It causes irreversible blindness. Government funding for an eye examination once every two years used to be the norm. These exams caught many eye problems early, or even averted them before they happened - conditions brought on by the effects of diabetes being but one common example. Has anyone done the math here? Leaving aside the personal trauma, has anyone calculated the societal cost of supporting a blind person whose sight could have been preserved by timely diagnosis and preventive action?

- And let's talk about diabetes. It is conservatively estimated that one in four persons will suffer the consequences of adult onset, or Type II, diabetes in their lifetime. The real figure is likely closer to 2 in 4. So what would a sensible person recommend, (a) that government, by its policies and funding, should encourage prevention of the condition through support of opportunities for physical exercise, nutrition counselling, and stress-reduction or, (b) should government wait until a person gets sick and then treat the resulting patient, because that's how we've always done it?

- Smoking: Don't get me going on this one, because hypocrisy runs rampant throughout this whole debate. The one thing that the NDP government did right was to ban smoking in public places. Over 70% of the population supports anti-smoking legislation. So why would BC Liberals have rescinded an important progression in that legislation? There is one answer, and only one answer: Money and a few votes! How could the government raise the most money from the greatest number of British Columbians *without getting a rise out of the population as a whole*? Why, raising tobacco taxes, of course! The tax does absolutely nothing to deter smoking. And smoking does more to create cancer, heart and early-death patients than almost anything else we know about. It is an established fact that the revenues obtained from tobacco taxes are more than offset by treatment costs. So the Liberals better hope that the few votes they gained, are not more than negated by loss of votes from non-smoking citizens such as myself, who are royally ticked off by their decision to allow smoking in bars and pubs.

THERE ARE DOZENS AND DOZENS OF OTHER SUCH SUCH EXAMPLES THAT COULD BE CITED.

Councillor Crist, I know I'm 'preaching to the converted', but my point here is that, in the event Mayor Bell is sincere in his intentions [and not merely casting about for some 'defining issue' with which he can march into the next local election] then he should be urging the provincial government to listen to the advice of those knowledgeable people in many professions who have been trying for years to bring the issue of Prevention to the forefront of discussion.

But don't hold your breath because prevention, you see, has so much less charisma than a heart specialist, and internist, or a neurosurgeon riding a white charger to the rescue after the trauma has happened.

Sincerely,

Liz James

Ernie Crist <CristE@dnv.org> wrote:

A MESSAGE FROM ERNIE CRIST

For many years I have attempted to make public recreation

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