



Former Newmarket-Aurora MP Belinda Stronach went to a California clinic in 2007 for reconstructive surgery not available in Canada.

a private system down in the States. And that further erodes the public system here."

Ms Stronach, an Aurora resident, crossed the border for reconstructive surgery not to jump a wait list, but because the procedure wasn't available in Canada.

Following her diagnosis of breast cancer in 2007, Ms Stronach had a mastectomy in Toronto and then was referred by her physician to a California clinic.

"... I wanted to preserve my nipple and that wasn't, at the time, an option that I was given here," she later told Canadian Press.

"When you're faced with those pretty difficult decisions, you make the choices that you feel are best for you at that time. I'm not apologizing for it ... I don't view it as a cosmetic surgery. I think it's part of the healing process."

Since then, she has raised more than \$1 million for the Belinda Stronach chair in breast cancer reconstructive surgery at the University of Toronto, so Canadian women will have access to nipple-saving surgery.

For others, it is long waits for MRIs and other diagnostics, poor access to doctors and unacceptable delays for some surgeries that drive them across the border.

All these realities are worrisome, according to the 2009 report of the Ontario Health Quality Council, set up by the province to monitor the state of health care.

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Ontario Health Quality Council, 2009 report

health care, states.

There has been some progress, the council said, but the Ontario health system is not meeting all needs.

"People should be able to get the right care at the right time in the right setting from the right provider," the report stated.

Mr. McCreith and Ms Holmes believe their rights to care were breached.

Last month, Mr. McCreith lost his appeal to have OHIP repay the \$27,600 US he spent in Buffalo in 2006 on brain cancer surgery.

He would have had to wait four months for an MRI and three months more to see a specialist if he had not gone south, he added.

Ms Holmes, who spent \$95,000 on brain surgery at the Mayo Clinic in Arizona, became a darling of the U.S. conservative movement when she agreed to be the face of American TV ads against President Barack Obama's health care plan last spring.

Ms Holmes' comments that Canadian-style health care failed her set off a firestorm north of the border.

That's partly because crossing the border for health care has, for decades, been taboo.

But as waiting lists swelled and

access began to lag, out-of-country travel for care became more common, Ontario figures show.

Natalie Mehra, a director of the Ontario Health Coalition, a public interest health care group, said she hopes the government's response will be to rebuild access to hospital services in the public system here.

If the growth in out-of-country care continues, "I fear it will simply serve as fodder for the American media and the privateers in Canada," Ms Mehra said.

She was referring to the ongoing debate in the U.S. over how to provide health care, in which Ms Holmes figured, and companies pushing for the right to offer Ontarians health care in a pay-for-service, private parallel system.

"That (private health care) would be not a solution at all but, in fact, the dismantling of our public health care system."

Nationwide opinion polls consistently show high levels of overall satisfaction with Canada's universal health care. Still, researchers are also finding disquiet over some of the system's vulnerable areas.

More than 50 per cent of respondents indicated concerns about wait times for treatment, a shortage of medical professionals or lack of government resources, according to a Nanos Research poll last month.

Critics say Ontario should fix the system here and use the out-of-country approvals system exclusively for the reason it was set up — to be a "safety net, allowing access to new, proven procedures, and help fill gaps in provincial medical services", a 2007 review of OHIP's out-of-country procedures stated.

WAIT TIME INSURANCE

► **What it is:** A privately obtained insurance allowing Canadians who have excessively long waits for procedures to obtain services at private U.S. clinics.

► **What it costs:** Monthly premiums for wait time insurance range from \$100 to \$200 a month.

► **How it works:** Typically, benefits kick in when a covered person is on a wait list for more than 45 days. Coverage includes costs for diagnostic tests and treatment for hundreds of medical conditions. Coverage is subject to terms and conditions of the particular policy.

OTHERS GO SOUTH

Ontario has two major agencies that sometimes send Ontarians south of the border for care.

► **Critical:** It's a 24-hour, publicly funded emergency referral service for hospital-based Ontario physicians. It finds spots across the province for patients in need of critical care, last year handling 15,319 cases. About 400 of those went to the U.S. for cardiac, neurosurgery and other kinds of critical care.

► **WSIB:** Workplace Safety and Insurance Board, Ontario's public worker compensation system, approved about 100 claims for out-of-country hospital and physician services in 2008 for just more than \$900,000.

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