What a 'broken' health-care system really looks like

BY JAMES RON, CITIZEN SPECIAL MAY 28, 2010 5:02 AM

Everyone knows the Canadian health-care system is broken, right? The waits are interminable, doctors and nurses are scarce, and the national policy debate is sterile.

Burdened by this sense of crisis, I feared the worst when my son was diagnosed last year with Type 1 diabetes, an auto-immune disease killing his insulin-producing cells. He will be chained to insulin injections and blood test kits for life, and our waking moments are now ruled by oscillating blood sugars and fears of insulin-induced seizures.

Given Canada's health-care system, this should have been a recipe for disaster. Surprisingly, the opposite was true.

As it so happens, the diabetes team at the Children's Hospital of Eastern Ontario (CHEO) is beyond fantastic. It has a 24-hour physician's hotline, excellent accessibility, and a formidable group of nurses, educators, dieticians, and administrators. Their patience is endless, their commitment unlimited, and their skill obvious.

Not all of CHEO is that efficient, of course. The hospital's night-time emergency intake is still a hard slog, since non-urgent cases are often forced to wait hours to see a physician.

Still, it is a great comfort to know that when the going gets tough, CHEO's diabetes team has its act together; the same is true, I wager, for other serious diseases treated at the hospital. Ottawa's parents can relax; CHEO has their back.

Can any broader lessons be extracted from this experience? Juvenile diabetes, after all, is quite rare, affecting only 800 families in the entire Ottawa area. What can the Canadian health-care system as a whole learn from this one team, excellent as it may be?

Most importantly, CHEO's diabetes excellence proves that Canadian health-care providers can and do deliver world-class services; desultory care is not bred in the national bone. Human-made variables explain their success, and those variables, logically, could be replicated across the national health-care system.

As a sociologist, my intuition is that scale matters. Isolated doctors working alone are often demoralized, but so are medical staffers in large, impersonal hospitals. CHEO's diabetes team seems to have gotten the size thing just right. It is large enough to deliver

multiple services round-the-clock and provide a sense of community, but small enough to ensure teamwork, individual accountability and attention are not lost.

A second general lesson is this: as a nation, we complain too much. Although many things may be wrong with our health-care system, we are, in fact, incredibly lucky to be living in this country.

Soon after my son's diagnosis, I wondered what life was like for Type 1 children and families in poorer countries. We benefit enormously from the easy availability of blood test strips, insulin, needles, and other medical necessities that keep our son alive. What, I wondered, were conditions like elsewhere?

With the help of Life for a Child, an Australian group distributing free insulin and supplies worldwide, I contacted a diabetes clinic in central India. For years, I'd heard stories about India's fantastic private health-care services, which were reportedly cutting edge. Patients from all over travel to Mumbai or Delhi to purchase high-quality care at comparatively low cost. What, I wondered, was life like for ordinary Indian families coping with Type 1-afflicted children?

Most Indians, I learned, never encountered the country's wonderful private clinics. Instead, they were forced, like most Canadians, to use their country's publicly funded services. Here, however, the parallels ended.

If you find Canada's system burdensome, imagine what life would be like if you were born on the South-Asian sub continent. For patients using the Indian public system, wait times are really long, medicines are truly in short supply, and the system really is broken. Not Canadian "broken," really broken.

For children living with Type 1 diabetes, this means that the insulin they need to survive is often in short supply, and if purchased privately, exceeds 25 per cent of an ordinary family's income.

Blood test strips are altogether too expensive, so ordinary parents rarely test their children's blood sugar levels. They inject standard doses of insulin and hope for the best, never knowing if their children's actual levels are too high or low. As a result, they do none of the daily insulin adjustments that are so crucial to proper care.

Gender discrimination, moreover, tempts some parents to make awful choices. In a society where boys are valued more highly than girls, some parents let female diabetic children languish untreated, but give expensive, life-giving insulin shots to their boys.

A few months ago, these and other stories prompted CHEO's diabetes team to prove how truly wonderful they are. After speaking with the Indian clinic's director, CHEO's team began exploring ways to build a small but sustainable partnership with their Indian counterpart. There is no financial or professional gain to be had; CHEO's medical staff is simply keen to help. They feel their colleague's pain, and want to do something, no matter how small, to help the children attending his clinic.

This summer, two volunteer CHEO doctors will take a gruelling journey to central India, flying (economy class) for some 40 hours in each direction, and working four days straight to figure out how best to help.

It's still unclear what they can do, since CHEO, like all Canadian hospitals, has little spare cash. The doctors will do their best to come up with workable ideas, however, and it is likely that the very act of visiting -- and of demonstrating solidarity with fellow practitioners working under trying circumstances -- will do some good.

My family has also benefited greatly from CHEO's generosity of spirit. Nothing can make up for my son's chronic disability, but by being who they are, CHEO's diabetes team has helped ease the pain.

One day, I hope, my son will appreciate all this, and perhaps even travel to India with his CHEO doctors to see what life might have been like had he been born elsewhere. Place of birth is randomly distributed, and being born in Canada, I argue, is akin to winning a massive lottery.

Let us count our blessings, for they are myriad.

James Ron is an associate professor at the Norman Paterson School of International Affairs at Carleton University (carleton.ca/~jron). For more information on CHEO's potential partnership in India, e-mail jron@connect.carleton.ca.