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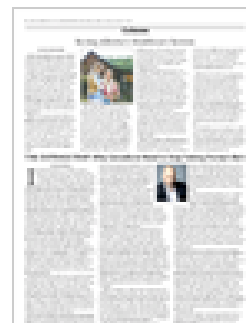
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Saving Alberta's Healthcare System

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Alberta's healthcare system is heading down the slippery slope from universal access for all to priority access for those who can pay. Recent changes to the provincial healthcare system accelerated this process. On September 1st, Alberta's new dual practice model came into effect allowing approved physicians to split their working time between seeing patients in the publicly funded system while also caring for patients who pay privately. And Bill 29 came into force earlier in the summer allowing Albertans to self-refer for MRI, CT, ultrasound and X-ray examinations if they pay for the tests themselves.

There is no question that Alberta's healthcare system needs resuscitation. There is hardly a person in this province who has not experienced some symptom of our ailing system: waiting weeks to see a family doctor—or not having one at all—sitting for hours in an overcrowded emergency department, waiting months for diagnostic imaging or years for a joint replacement.

This is why the UCP government's recent changes are so disappointing. Rather than substantially expanding access for everyone, they are focusing on

creating faster access for those who can pay. Introducing a parallel private-pay system has not reliably reduced wait times in the public system before. Despite years of private clinics providing cataract surgery in Alberta, wait times remain unacceptably long.

Bill 29 allows self-referral for what the government calls "preventative health testing". But testing is not necessarily prevention. Evidence-based cancer screening does not consist of periodically scanning healthy people's bodies looking for something that might be wrong.

Rather than making primary care reliably available to all Albertans, our government is creating a system in which consumers are invited to shop for medical tests and then navigate the healthcare landscape without professional guidance. Self-referral cannot replace conversations with family physicians who can help patients choose the right test, understand the benefits and harms of diagnostic tests, and arrange follow-up treatment.

Our government needs to address the underlying shortage of infrastructure, equipment and healthcare professionals. This means large investments in primary

care access, acute care beds, supportive living, long-term care and public health.

Alberta struggles to fill thousands of nursing positions and several hundred thousand Albertans do not have a family doctor, especially in rural areas.

Creating a parallel private system does not create another pool of healthcare professionals—it just spreads them thinner. Our government needs to ramp up training programs in the most needed skilled healthcare jobs.

Albertans do not have to accept the steady erosion of universal healthcare as inevitable. We should be asking our provincial representatives for improved outcomes: more Albertans with family doctors, shorter surgical and diagnostic waits, adequate hospital and continuing-care beds, and enough trained health professionals to provide us with care. We should also ask our federal Members of Parliament to ensure that the Canada Health Act continues to protect access based on medical need rather than ability to pay.

Our healthcare system belongs to all of us, and we need to insist that governments strengthen rather than divide it.

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