Editorial: Do the rich get better health care?

Discrimination on basis of socioeconomic status is contrary to our belief in equality

VANCOUVER SUN EDITORIAL FEBRUARY 28, 2013 true

Fifteen per cent of Canadians report that they do not have a family doctor, and among those who have searched for a doctor unsuccessfully, the most common reason given is that local doctors aren't accepting new patients.

Photograph by: Joe Raedle, Getty Images

Although Canada's universal single payer health care system has its detractors, most people agree that it offers one significant advantage over the United States approach: Since there are no economic incentives to favour wealthy patients, all patients, including those who are homeless or on social assistance, are equally likely to receive treatment.

And indeed, we do hear horror stories about uninsured patients in the U.S. being denied treatment. But these aren't just stories: A long list of studies confirms American Medicaid recipients, and those lacking medical insurance, face significant barriers to care.

You do in BC because it is one of the few provinces to demand user premium payments.

Since Canadians don't have to worry about insurance, one would think such barriers wouldn't exist here. Yet 15 per cent of Canadians report that they do not have a family doctor, and among those who have searched for a doctor unsuccessfully, the most common reason given is that local doctors aren't accepting new patients.

This therefore raises the question of whether all Canadians are treated equally by doctors and support staff, or whether some groups of people might face barriers to care. And despite the lack of economic incentives for treating only wealthy patients, it's still possible that people of lower socioeconomic status

face more barriers when attempting to access health care.

To test that hypothesis, researchers at St. Michael's Hospital in Toronto contacted 375 Toronto doctors' offices to see how they responded to requests for treatment. Led by Stephen Hwang, the researchers had male and female volunteers call the offices at random and give them one of two scenarios.

In the first — the high socioeconomic status — scenario, the volunteer stated that he or she was a bank employee, just transferred to Toronto, who was seeking a family doctor. In the second — the low socioeconomic status — scenario, the volunteer stated that his or her welfare worker said he or she should find a family doctor.

A total of 18.4 per cent of requests resulted in an appointment, while 8.8 per cent were offered a screening visit and 3.2 per cent were placed on a waiting list. However, those in the high SES scenario were significantly more likely than those in the low SES scenario to receive an appointment (22.6 per cent compared to 14.3 per cent) or to receive an appointment, screening visit, or place on a waiting list (37.1 per cent compared to 23.8 per cent.)

This suggests, then, that doctor's offices might very well discriminate on the basis of socioeconomic status even when no economic incentives exist. Indeed, research has shown that many doctors do perceive patients with low SES more negatively in terms of their personalities, abilities and behaviour.

This is deeply troubling since it goes directly against our belief in equality, including equality of access to health care. And even more important, it could result in damage to both individuals and the health care system since people are likely to suffer much more serious — and more expensive to treat — health problems if they're unable to access primary care.

Consequently, the B.C. College of Physicians and Surgeons emphasizes that "Appropriate access to medical care ... should be equally available to all patients, including those in vulnerable and marginalized populations."

And the Canadian Medical Association Code of Ethics explicitly prohibits discriminating against patients on the grounds of socioeconomic status.

Ultimately, the college — and in some cases, the law — might have to deal with discriminatory treatment.

But since this discrimination is likely unintentional, it's imperative that doctors, and their staffs, first consider and reflect on their own attitudes and approaches toward patients and potential patients.

That alone might go a long way toward remedying the situation, and toward ensuring that the medical profession continues to heal people, rather than harm them.