

**NL Premier Danny Williams Gets Business Panel Support;
Williams' Surgery in U.S. Seen as Less Hypocritical than
Prime Minister Martin's Use of Private Medicine in Canada;
Support for Private Medicine Now Outpolls Government
Healthcare Monopoly More than 3:1**

**BDO Dunwoody Weekly CEO/Business Leader Poll
By COMPAS in *Canadian Business*
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1.0 Overview

In the wake of controversy over Newfoundland Premier Danny Williams' surgery in the United States, CEOs and business leaders on the COMPAS business panel were asked the same questions that they had been asked when Prime Minister Paul Martin was reported to be using private medicine in Canada for checkups.

Williams earns a lot more support than did Paul Martin. In Williams' case, more panelists see no significance to the story while fewer believe that Williams' surgery abroad demonstrates his hypocrisy.

As in the past, a majority continues to favour the evolution of a private system in parallel to the public system—73% back the presence of a private system today compared to 60% in 2002.

These are the key findings from this past week's Internet survey of CEOs and business leaders on the COMPAS panel. The weekly business survey is undertaken for *Canadian Business* magazine under sponsorship of BDO Dunwoody LLP.

2.0 Danny Williams vs. Paul Martin

As shown in the data in table 2, members of the business panel are at least as sympathetic to the Newfoundland Premier as they were to Prime Minister Martin. In 2004, a plurality thought that Martin was hypocritical for resorting to private clinics for checkups. Today, a clear majority do not perceive Williams as hypocritical for resorting to surgery in the U.S.



Table 2: (Q1-5) The media reported that Newfoundland Premier Danny Williams received surgery in the United States. Please tell me whether you agree or disagree with the following opinions.¹
[RANDOMIZE]

	Year	Agree	Disagree	DNK
It demonstrates that Williams is a sensible person but it is difficult to speak honestly in public about the limitations of government healthcare ²	2010	62	30	8
	2004	62	30	9
There is no significance in the story	2010	50	48	2
	2004	34	60	6
It points to the failings of the government system	2010	39	56	6
	2004	69	27	4
It demonstrates the Premier's hypocrisy	2010	33	61	6
	2004	48	42	10
The story shows that our system works	2010	25	59	16
	2004	19	70	11

3.0. Changing Perceptions of Healthcare

Over the last eight years, panelists have changed in their perceptions of the evolving quality of our healthcare system. Eight years ago, a majority saw the system as in decline, as shown in table 3a. Today, the general view is that the system is neither improving nor deteriorating.

¹ Preamble from 2004: The media reported that Prime Minister Martin receives his medical treatment outside the government health system at a self-described “corporate healthcare” clinic that is apparently the “largest private, preventative health care company in Canada.” Please tell me whether you agree to disagree with the following opinions.

² In 2004 question was worded: It demonstrates that Martin is a sensible person but it is difficult to speak honestly in public about the limitations of government healthcare.



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Like eight years ago, panelists are ambivalent about more user fees and the innovation of medical savings accounts, as shown in table 3b. But they are not ambivalent about private medicine. Seventy-three percent support the existence of a parallel private system, scoring 5-7 on a 7 point agreement scale, while 21% oppose it, scoring 1-3 on the agreement scale.

Table 3a: (Q6) So far as you can tell, over the last couple of years have healthcare services, including hospitals, in your province...

	February 2010 (CEOs)	January 2002 (CEOs)
Improved a lot	5	1
Improved somewhat	29	13
Remained about the same	30	17
Gotten somewhat worse	28	44
Gotten much worse	6	24
Don't know or no opinion	2	1

Table 3b: On a 7 point scale where 7 means it's a very good idea and 1, the opposite, please rate each of the following approaches to healthcare policy [RANDOMIZE]

	Year	Mean	7	6	5	4	3	2	1	DNK
Allow Canadians medical freedom to purchase the services they need in order to control the demand on the government system and increase the amount of money available	2010	5.2	37	21	15	4	4	4	13	2
	2002	4.8	25	18	17	13	8	6	11	2
Introduce or raise user fees as a way of discouraging use of the system and as a way of bringing in more revenue	2010	4.2	15	18	21	6	9	12	17	3
	2002	4.0	12	16	14	15	15	13	14	1
Put money in the hands of	2010	3.9	12	15	13	10	12	12	19	9



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	Year	Mean	7	6	5	4	3	2	1	DNK
individual people through the creation of tax-free Medical Savings Accounts in order to make health service suppliers more responsive and efficient	2002	3.9	10	11	18	13	11	11	16	9

The following verbatims provide a nuanced sense of panel opinion:

A modest user (\$10.00) fee every time you accessed the medical system would help eliminate some demand on the system and people would be a little more inclined to deal with truly minor items at home. However, I believe the biggest gains in the medical system could be achieved through better management and systems. At times it seems like the medical system is more interested in creating paperwork than easing pain and suffering.

Asking a generic question such as whether or not our healthcare system has improved or not and to what extent is generally beyond the scope of any individual to answer since most people do not have adequate dealings in the healthcare system in order to make that assessment. I can speak from recent experience but I can't say whether that's an improvement or not from how things operated 6 months or 2 years ago.

What I see is people complaining about the waits in emergency. What do you see in emergency? A lot of people who should be going to a walk-in clinic or a GP.

There are a few things that do need to be fixed in our system. User fees would be a good idea for people who should not be going to emergency - the only issue is how do you draw the line?



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I otherwise feel that our healthcare system works as well or better than most since once people are in the system, they get the care they need.

Costs must be cut, but I'm guessing that savings are most likely to be found in administrative costs and making best use of assisted living, home care, and promoting healthy living than by cutting surgeries and causing longer wait lists

I wonder what difference it would make to health care policy if the accountants added up the real cost of health problems including lost productivity, instead of just looking at the provincial budget. Maybe it would cast a different light on where public health care efforts should be focused."

Danny has the bucks, but he kind of disrespected on our system by going stateside.

Some of the best cardio doctors are in Toronto. I know first hand with a quad bypass out of hospital in 4 days, and had the number 1 cardio guy in the city or country - period. Choices are always desirable, but it shouldn't degrade our present system. Sadly admin sucks up far too much of the health care budget, and as long as the tax payer sheep keep coughing the dough, not much will change. It worked for me with exceptional care.

Danny Williams is an idiot, but he ought to be allowed to freely choose where he gets his health care. This just underlines the need for a two-tiered system.

I had of two major treatments/operations in our system. Perfect? No. Good treatment and prompt? Yes. Nothing to complain about.

USA system? My mother-in-law almost died and almost bankrupt under it. No thanks!

I could afford it, but should we have elitist health care like the USA? My societal standards would have to drop to support that.



Medicare is the base care for all and allows people who can afford to buy up, but not at the expense of the bottom income/wealth half of our society.

The USA has some of the best health care providers in the world. If you have money, you get it.

Great system, costs 2 times as much per capita as other G8 countries yet the lowest overall life expectancy and, I believe, the highest infant mortality rate. Value for the money, how do you rate them?

We need improvement; we need educating, incenting and motivating the population to live healthier.

Obesity, etc. will lead any one of our systems (G10 thinking wise) to ruin.

I like our system.

I think it is deplorable that the rich can go to the USA and pay for health care and we have to be put on a waiting list and wait for months.

We already have a two tier system. Myself and many of my friends regularly go to the US and other countries for better care. That money could be retained in this country if we understood and made changes to a system which is coming apart.

It's easier to change one of the Ten Commandments than interfere with the Canada Health Act....Not my quote.

Medicare should strive to give the best possible service but a private system should also be allowed to operate.

My view is it is important to have national healthcare, but if someone wishes to operate outside the system, that is their responsibility. Our (somewhat myopic) media omitted to mention President Reagan travelled to Germany to have his cancer effectively erased, instead of relying on US surgeons & radiologists. He used Thermography.



One cannot expect that we would have all the best Doctors in all the various specialties in Canada. Nor can we expect expediency from any government funded system. The U.S., having 10 times our population, is more likely to have good Doctors in a given specialty area in facilities with little or no wait time as long as we have the money to pay for it. When ill, all of us have to look at options and, let's face it, if time is of the essence, we want the best Doctor in the field, in the quickest time.

Ontario health care is great----unless you get sick

Our Healthcare system has been overburdened in the past 20 years due to the increased population (immigration) with no corresponding revenue coming from that area. I personally have diligently paid into a system for over 40 years and must wait in line for months on end to obtain certain services that are supplied equally to someone who has just entered this country. A re-think is in order in all facets of the system. Why not let the Health Care System develop a Lottery on a weekly basis and earmark 50% or better to be pumped back into the development of new facilities and services?

Premier Danny Williams could have obtained easily the surgery he was looking for in another province, like in Ontario or in Quebec. The story made a big political splash because the Republican used it for their political ends in the US to try to show the Canadian system as a failure. The actual US system is a failure, as each American pays on average at least 50% more than Canadians for their healthcare. Americans are not better off with their healthcare system than Canadians are, but sure their healthcare insurance companies make fat profits, profits that have not until now improved the average citizen's health in the US.

The available responses to the last set of questions was very one sided. There were no responses suggesting that the



current publicly funded system is the right way to go. Lack of a balanced set of answers is bound to skew your results.

The money should follow the patient.

The premier did what anyone of means would do in the same situation. The basis of the Canadian system is that we queue up for services. I suppose he didn't want to stand in line. His actions certainly speak to different care for people who can afford it, but isn't that the point of Universal/Equal care? I've often wondered how we measure quality care in this country. Maybe our yardstick is incorrect. There's a group of providers in the U.S. that have employed Lean techniques to improve care and waits are down, service is up and cost is down. Maybe they are onto something.

The speed and quality of the services being delivered depends often on the programs created by individual hospitals. Some are better than others.

Many of the ailments for which the public goes to hospitals can be treated through effective clinical programs. However, the quality of what is offered through them is varies even more than hospitals. Attaching user fees to hospital visits would drive more people to doctors or clinics and create some space within the hospital structures for the more serious cases."

The system, particularly in Calgary, is broken and has gotten worse since Klein blew up the General hospital over a decade ago. With no new beds and an expanding population Calgary's healthcare system is stretched beyond the breaking point and survives only on the genuine humanitarian concern of overworked doctors and other health-care providers. Further consolidation of the Calgary Health Region into the new Alberta Super Board is not the answer. More money must be brought into the system and private hospital and surgical facilities are the answer. Why should Canadians have to travel abroad to spend their



money on foreign health care if they do not like the wait time here? Why can't we have the equivalent of "Mayo Canada" and keep Canadian doctors in this country?

Unfortunately any discussion regarding the improvement of our system has been hijacked by special interest groups using scare mongering language like 'American Style' and 'two tier'. Our system underperforms dramatically relative to the funding it receives. We need some very serious discussion about our health care that is not severely curtailed by scare mongering language as a preemptive attempt to control the debate. There has to be at least ten other systems worthy of consideration and review that we could learn from. We pay in the top three and perform at number 26 or 27 which illustrate the significant disconnect between spending and performance.

Unless CBC is wrong, there are at least four Canadian centres that could have done Williams' procedure. I don't buy the need to head south.

We keep throwing more money every year at the same old system expecting different results. This can't go on! Here in BC, we are approaching 50% of the provincial budget allocated to health care, with absolutely no improvements. This system is adequate as it, but that's the best can be said for it.

We need a medical safety net and service, we need to discourage people from using the emergency services and health care hospital resources for non-emergency cases because people are unable or unwilling to put forth the effort to find a family doctor or use local emergency clinics. We need to allow for the operation of private systems to allow those that can and want to pay to do so but we should ensure we do not create a problem for the less fortunate to obtain quality service quickly and efficiently.



We need a serious public debate on health care with an open minded approach to the options. Some aspects of the system work well and more specialized aspects of medicine like back surgery is way behind global standards. The cost of the system we have now are simply not affordable and we need to consider other options and recognize that medicine is now becoming a global service. Thus, I have absolutely no problem with Danny Williams' decision and it is amazing to me that we are so dumb as to question an individual who decides to get the best treatment possible.

We need to treat medical conditions at the source i.e. control food additives that cause medical conditions. Refuse genetically altered seeds that may cause unknown side effects.

Control additives to meat products. Nature provided the food needed to keep us healthier and we really need to go back to that and focus on local production etc. where we have more control of this.

We should not drop our healthcare system. However, we should allow second tier health care for people who can afford or prefer quality health care.

When I had open heart surgery 4 years ago to replace a valve, my surgery was canceled 3 times due to lack of beds. When I finally did receive it the doctor was amazed that I didn't die waiting. Health care in Canada should not be for the rich only. If the rich want leave Canada to get priority, it's fine with me. For the amount of taxes we pay to the system ours should be the best in the world.

Williams has it right: "It's my heart, my health and my choice." The federal government, through the National Health Act, is actively denying Canadians who can afford it access to health care that the public system is incapable of delivering. This cannot possibly occur under our Charter of Rights and Freedoms, yet it persists. On the one hand, I



support the concept of universal access to health care, but I vehemently object to achieving that goal by forcing everyone down to the same level of grossly inferior health care. Since the government has demonstrated its inability to deliver adequate health care, it's time to open up the market to private health care.

4.0 Methodology

The COMPAS web-survey of CEOs and leaders of small, medium, and large corporations was conducted February 24-26, 2010. Respondents constitute an essentially hand-picked panel with a higher numerical representation of small and medium-sized firms.

Because of the small population of CEOs and business leaders from which the sample was drawn, the study can be considered more accurate than comparably sized general public studies. In studies of the general public, surveys of n=115 are deemed accurate to within approximate 9.2 percentage points 19 times out of 20. The principal and investigator on this study is Conrad Winn, Ph.D.

