WITH Mark Godley, Healthcare Choice Advocate and Founder, Winnipeg's Maples Clinic

Dr. Mark Godley is a well-known and outspoken champion of patients in the Canadian Healthcare system. Dr. Godley attained his credentials as an anaesthesiologist at the University of Alberta after which he and a select group of medical colleagues founded Vancouver's False Creek Surgical Centre in 1998. Frustration at funding cuts by Canadian politicians to curb health care costs led Dr. Godley to establish a thriving private surgical facility that provides services to public and private patients who would otherwise have had to endure excruciating wait times before surgery was available. The Centre works with the B.C. government to service BC residents. Dr. Godley came to Manitoba to establish the Maples Surgical Clinic after reaching an agreement in 2001 with the Manitoba Workers' Compensation Board to provide services to its clientele. The Centre obtained accreditation and performed its first private MRI in December 2005. He was interviewed January 17, 2006, following his speech to a Frontier luncheon.

Frontier Centre: In Manitoba and beyond, you have become a symbol for the idea that we should expand healthcare choices for consumers. Was that planned or an accident?

Dr. Mark Godley: Initially our plan for the opening the Maples Surgical Centre in Winnipeg was built on the backbone of a contract with the Worker's Compensation Board, back in 2001. Subsequently, we had no intention of leaving once we had set up our facility here. We have always felt that we had a role to play in the delivery of healthcare to all Manitobans.

FC: Why do you think we have such long waiting lists for healthcare procedures?

MG: Like the problems with any monopoly, like the Soviet Union and other Communist-bloc countries had, when you take away competition, you take away innovation and efficiency and creativity. When you combine all that together, you have a system that has a recipe for a lack of productivity. Only when we see the delivery of healthcare being provided through a competitive, free marketplace will we see the patient coming to the top of the pyramid.

FC: Did we make a crucial structural error in public policy when the parameters for the *Canada Health Act* were written?

MG: I think the *Canada Health Act* is very noble. But I believe there isn't a government in Canada today that follows it at every level of functioning. I believe we could strive towards the principles and the values of the *Canada Health Act* only by changing our current system.

FC: Have you followed what happened in Sweden when they split the purchaser of healthcare from the provider?

MG: I haven't followed the Swedish model very carefully. I do know that it was initially a success, and I do know that in other OECD countries such as Switzerland where there is a split between the purchaser and the provider that they don't have wait-list problems. According to the World Health Organization, they have healthcare systems that are less expensive to run and overall demonstrate better performance and better quality healthcare delivery than what we have in Canada.

FC: According to the Consumer Healthcare Powerhouse in Brussels, from the consumer perspective Switzerland is the number one success story in healthcare. Do you agree with that?

MG: I do. Switzerland is a country where all citizens have private health insurance—it is mandatory—and healthcare is provided sometimes through a public system but also through a private system, if need be.

FC: Medicare apologists don't like the statement, "Cuba and North Korea are the only other countries in the world besides Canada that forbid private clinics." Isn't that claim essentially true?

MG: Actually, it is only North Korea now. Cuba now has started allowing patients to receive care privately. It is a very unfortunate situation, but I think it is because the *Canada Health Act* is being held hostage. It is used and interpreted in such a way to maintain the *status quo* because there are very powerful, special interest groups that essentially run Medicare.

FC: Why did you and your colleagues establish the False Creek Surgical Clinic in British Columbia?

MG: It was initially established out of need, the need for a job for myself and my colleagues, and a need for obtaining access to a delivery system. From that moment on, the physicians who were associated with the clinic had a duty and a responsibility to offer those facilities as a place for their patients to receive care over and above or in complement to the public healthcare system.

FC: How much activity has that clinic seen? Is it busy? Is demand strong?

MG: The clinic is very strong and performs over 3,000 procedures a year. It has tremendous throughput considering the fact it has only three operating rooms and uses the labour force from the public system in their off times.

FC: When you decided to set up the Maples Surgical Clinic in Winnipeg, did you anticipate such a hostile reaction from the provincial government?

MG: No, I clearly did not. I was under the impression that the Workers Compensation Board was a Crown corporation at arm's length from the government and that it was

apolitical. But I have come to discover that is not the case at all. It seems like the WCB in this province puts politics before patient care.

FC: Don't you find it ironic that one arm of the province is fighting your clinic while the others want to use it?

MG: From the perspective of the Workers Compensation Board, it's quite hard for them not to send patients to us when you consider that it has been such a success story in provinces. In British Columbia, it is the norm for patients from the Workers Compensation Board to receive care in private facilities.

FC: It is said that one of the reasons the public healthcare establishment is resisting competition is that private clinics are typically not unionized, which means no union dues for public sector union bosses. Your view?

MG: I would say that is true. However, most of the people that do work in our facility are members of unions, except for the doctors, who you may say are also part of a union if you consider that they belong to very strong bodies like medical associations.

FC: How are your employees treated?

MG: We treat our employees based on merit. Whether they receive perks and raises and also enjoy job satisfaction is very much geared towards their productivity. They get paid really well, so it is a very pleasant working environment for all of us.

FC: How would you compare their performance with those incentives as to the performance of the employees that work exclusively in the public system?

MG: It is very demoralizing for a nurse or a healthcare worker who doesn't get the opportunity to advance in their profession because they are not senior. Seniority and the advancement of an individual because of seniority is simply never going to occur in our system. It is just not part of our makeup.

FC: How do you respond to the complaint that a parallel system will bleed off resources like doctors and specialists from the public system?

MG: I think the exact opposite will occur. That is just part of the fear-mongering that occurs in politics. That problem certainly may occur in some countries where there is a duplicate system, such as in the United Kingdom, Ireland and Australia. However, in other systems where the private system is actually integrated and complementary to the public system, the workforce works in both systems, hand-in-hand, and that problem has never been reported.

FC: The Maples Clinic has become synonymous in Manitoba with a single piece of equipment, your MRI machine. Why have MRI scans in public facilities become so difficult to obtain?

MG: It is partly to do with changing medical practice. It has become a new benchmark for obtaining a diagnosis prior to proceeding to surgery. The MRI is a piece of equipment that is part of modernized technology that can give a definitive answer as to whether a patient needs surgery or not. So physicians are using this equipment more and more for their overall treatment of patients. You will see that as this technology advances, it will become part of the mainstream of healthcare delivery.

FC: One of the government's arguments is that they can produce an MRI scan for $300, compared to your price near $700. Can the government in fact do it cheaper?

MG: I don't believe for one moment that the government is taking into consideration all the factors that are involved in the support of that price structure. I don't believe that in the overall delivery of that $300 MRI procedure they are taking into consideration the costs attached to maintaining a large, multi-million dollar corporation like the Winnipeg Regional Health Authority, its CEOs and its bureaucrats. I think the real cost is hundreds of dollars more than we are told. There is no fully loaded cost there at all.

FC: Patients on long wait lists for MRI scans are incurring heavy personal costs in terms of lost work time and pain and suffering. Do you think such costs should be reckoned when we add up the prices we pay for healthcare?

MG: Absolutely. And the waiting-time guarantees that two political parties are proposing during this federal election will hopefully give people the power to challenge a government that doesn't deliver healthcare within a timely fashion.

FC: Could you summarize your analysis of why the government saves money using private clinics?

MG: The Workers Compensation Board came up with a plan where they are willing to pay a premium in order to get patients back into the workforce faster. The prerequisite was that patients would be treated within a very short time frame—ten days from the time of consultation to surgery within 21 days—to get people back into the workforce faster. That has resulted in huge savings in lost wages, and that savings was actually expanded to businesses and corporations in the form of lower premiums, which were actually lowered once patients started receiving care within the private sector.

FC: The Board itself also doesn't have to pay out monthly replacement wages if the person is back to work sooner. How much did they actually save in B.C. by using the False Creek clinic?

MG: That is correct. There was a huge saving. By using the clinic to treat close to 3,000 patients, the total saving to the Board was over two million dollars.

FC: In most other developed countries with universal access, the purchaser of health services is a different entity than the providers. Is that the way we should go? If the purchaser and the provider are the same, isn't that a conflict of interest?

MG: It is absolutely a conflict of interest when the purchaser is also the provider. Under those circumstances you lose transparency, accountability and productivity. There simply is no stimulus or no impetus to provide quality service. It also puts the patients in the position of having no choice, and this is simply unacceptable.

FC: Many other countries also have multiple pools of insurers. Do you think we should open up Medicare services to private insurers?

MG: We can't just have one or two; we need to have multiple insurers in order to have a healthy, competitive framework of service delivery that gives people choices. However, I do believe that those insurers need to be under a regulatory body in order to make sure that people are not denied access—that a high-risk individual is not denied the opportunity to purchase insurance.

FC: You spent your first years in Canada working as the only doctor in a small Saskatchewan town. What did you learn from that experience?

MG: I've matured. To say the least, I learned that people who live in different geographical parts of Canada are subject to different levels of access to healthcare and different levels of quality in healthcare delivery.

FC: In your home country, South Africa, medical services are provided in a free market, and thousands of poor blacks have taken out medical savings accounts to cover themselves. Should we consider that dispersed model?

MG: Yes I think we should. I think it is a great model and I think that it is a way of stimulating preventative healthcare. If we focus just on the treatment side of healthcare, the return on that investment doesn't match the return we could have if we could stimulate prevention.

FC: What is your assessment of each party's health-policy platform in the current federal election? Which do you find the most consumer-friendly?

MG: You have Jack Layton from the New Democrats who has no interest in private healthcare for whatever reason, even though he recently received healthcare in the private sector. One wonders how that was possible without him knowing. Then you have the Liberal Party, which only looks at providing healthcare within the public system. Clearly that is not exactly what they have done. Under their rule, the private sector is flourishing, so I don't believe that is even a model of sustainability. Third, you have the Conservatives who clearly have an interest in getting the patient back to health and work, and off waiting lists. They seem willing to use the private sector, as well as out-of-country opportunities for patients, to do it. That is clearly the answer.

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