ALLOCATION OF RESOURCES AND ACCESS IN CANADIAN HEALTHCARE: 
International Point of View

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If you’ve seen my previous article for this journal, “Commoditization in Healthcare” (Issue # 1, January 2016), then you would remember that I like to talk about my background, my family, and my experiences. If you have no clue as to who I am, then those that do, please bear with me for a couple of lines. I was born and raised in Turkey, in a family of doctors. Parents, aunts, uncles... anyone you can imagine was a doctor. I find that being raised in such environment gives me different opinions from the norm, different perspectives on what healthcare is, and what it should be, and who the scapegoats are. And this is why you should hear my voice (or read my article, you get the point).

I am writing this article as someone spending her second year at Queen’s University and in Canada, from an objective perspective for Canada. I have to say, though, that when I first arrived at this country, I was biased, I thought Canada was a wonderland, a land where everything is just perfect. Apparently, nothing or no one ever is perfect. It’s just a matter of preference of which flaw to overlook. Now that I got over the fact that people are too kind to bear, I get to focus on the issues that reside in Canada’s core. Don’t get me wrong, I still strongly believe Canada is one of the best countries to live in, but why not work to make it even better, together?

Overall in this article I am aiming to underscore the intersectionality of two major issues I think are faced by Canadian healthcare: allocation of resources and ac-
cess. I am hoping to discuss these issues by bringing in my international point of view; I bet you’re not surprised. Buckle up, here, we, go.

Allocation is the distribution of goods and services to alternative possibilities for their use. Within Canada’s liberal/socialist approach, the system has a blend of having social services paid for by the least taxation possible and accomplishing the good of everyone by having everyone’s basic needs in society. At least this is what being a liberalist/socialist country would mean, not that any country on Earth hundred percent go by these definitions (trust a Turk on this). With a size of 9.985 million km², Canada is a massive country. About its size, Canada hosts a small number of people: 35 million (compared to 783.562 km² size and 80 million population of Turkey). Apart from the fact that Turkey is dangerously overpopulated, while you would expect everyone would be close to healthcare resources due to small land and many people, that is not the case, at all. It all lies within the migration issue from rural to urban, from villages to cities; a problem Turkey shares with Canada.

In Canada, if you live in metropolitan cities like Toronto or Vancouver, then you probably (hopefully) won’t have many difficulties and getting access to basic healthcare, as it is in Istanbul and Ankara of Turkey. I am not touching on the subject of wait times just yet, for now, this is only about being able to get to a hospital. With such cities you have the richest and poorest, the most and least educated, the best and the worst, specialists in every aspect of medicine, and multiple means of transportation. In these cities, you get big fancy hospitals, doctors in shining coats and stethoscopes, long hallways filled with chairs. Let’s assume you are a Toronto local. You are at the hospital and have been waiting for hours. Your patience is about to end. The chair starts to hurt your back. You start to complain about how much these snobby doctors are making you wait, how this is not proper healthcare, how you feel like you’re getting even sicker while waiting to get healed. You go to the washroom to splash some water on your face. You swallow some of that water to refresh your mouth, and that’s okay, Canada’s water is clean to drink after all, right? You then go back to your seat and keep waiting. Now let’s assume you’re a business (wo)man in Istanbul (being a doctor’s kid also has its perks of course). You are at this private hospital. As long as you know, someone, you don’t have to wait around. No, you cannot drink the tap water unless you want to get something nasty from the water, but at least you have money, and you can afford the private care. As a doctor’s kid, I was always treated special, whether be a public or private institution. As long as they knew my family, it didn’t matter. I never waited in a line, I never got treated badly, and steps taken for my treatments were always double, triple.
checked. Snobby, you might say. I thought everyone was in the same boat as me. I was surprised when I later found out that apparently not. No one was even close to being on the same boat.

During my time in Turkey, the problems with healthcare I found to have their roots in inequality. Differences in access to healthcare were huge not only between rich and poor, but also between middle-class of the east and west of the country. My family would get a lot of patients from the east, where there are fewer chances for adequate healthcare, fewer specialists, less medication, less access. In Turkey although one can find incredibly modern and luxurious lifestyles, one can also find in eastern villages kids going to school with the one pair of slippers they have, walking on meters of snow with their ripped pants. One can hear about villages with no access to clean water, people that cannot go to a hospital because their village gets buried under snow or people that have to walk miles and miles to see a healthcare provider. All these physical handicaps also create emotional barriers in people’s minds, making them believe they don’t deserve healthcare, that they are forgotten. Things are much better now, you can find transportation to every city, the roads are better, and allocation is better. As Turkey was taking such big steps, I was beyond surprised to see how Canada was struggling with providing healthcare to northern Aboriginal populations. I was shocked to see that this wonderland couldn’t even provide clean water to every member of its population of 35 million, in a geography where there’s nothing more than water. Rural Canada is massive, and the north is freezing, I know. It can be hard to have doctors to work there, hard to send supplies, hard to understand and communicate with Aboriginal people, hard to understand their culture and rituals. None of these though, can be an excuse to take away their human right to basic healthcare while the country takes such pride in its socialist politics. Not only government has to invest more funds into access to the North, but it also has to work on medical education. I see arguments saying there aren’t enough doctors, and that is why North is so desperate. The government determines medical student seat numbers. If you don’t have enough doctors, then create more seats. If you are afraid graduates would not go to the north, while there are so many successful students wanting to become doctors and getting rejected, make deals with them. If they want to be doctors for the right reasons, as a healer and not a moneymaker, they will take the deal. Expand medical curriculum. Yes, it is already huge, but being a doctor is not all about memorizing the anatomy and symptoms, it is not about being a robot, it is about being a human. Ever since civilization, religion has been the major factor in the decisions people make, in how they live. Teach future doc-
tors about religion. Whether they don’t believe in a God, or a supreme being, it doesn’t matter. Let it be in a God or a stone or a rock band, everyone believes in holiness of something, make them understand how such beliefs rise and how they help people through tough times because toughest times in peoples’ lives are when they have to face sickness and death; everything has a solution except for death. When facing a loved one’s death, an atheist can start praying; a believer can lose faith. Teach the future doctors to respect those beliefs, as long as they don’t interfere with the patient’s right to live. Teach Canadian doctors Aboriginal culture; a culture was belonging to a good part of the population yet faces the most ignorance. Teach them how to help patients understand the necessary treatment, if their beliefs and traditions are seen to interfere with medical literature. Teach them never to underestimate anyone; those from different socioeconomic status, race, religion, etc...everyone deserves the same respects from physicians, who has sworn to help and try to heal all without prejudice. If our doctors, those that are supposed to heal us, end up emotionally breaking us by disrespecting our beliefs, or seeing us less than what they are, then the Aboriginal population, in particular, cannot be won back. Teach them to cope with differences in beliefs and how to debate over a decision respectfully.

My purpose is not to undermine physicians. On the contrary, I want them to rise high by achieving the one true treasure of medicine; “to heal” without any interference from ego or greed. I know I am an undergraduate, who am I to comment on all this while I’m not even a medical student? I may not have a doctor degree or acceptance to a medical school, but in my being, I know all about medicine there’s to know. I know about the look a patient gives to his/her doctor, thanking for saving his/her life, and how that look doesn’t change a glimpse over years. I know the look of gratefulness. I know how happy an uneducated farmer gets for being treated as an equal by the physician who he already sees as superior. I know how mutual respect can change so many things.

I will end this particle by saying that I realize I started off saying I will talk about access as a major problem in Canadian healthcare, and now I jumped off to the education of doctors. Maybe this is what they call collision of mind and heart. My logic said government has to improve allocation because that is why we are having healthcare problems. Then my heart got in the way, and said that emotional barriers have to be destroyed. So why not go with both? Don’t worry; this is not a love affair, such collision won’t end up harming you, in this case, it will only rise you above.