

The Doctor Will See You Now, eh!

Written by dbg

Sunday, 12 December 2010 16:46 - Last Updated Sunday, 12 December 2010 16:49

The following is a guest commentary about one person's experience with the Canadian Health Care system, so often used as a model of efficiency and low costs, and what the US should seek to emulate - Shanghai Dan

Health care systems beware; Canada's system is not all it's made out to be. We don't have Canadian government health insurance so we have to pay for everything, but that's OK and we came on our mission expecting to do so. In fact, we haven't been to a doctor for years except for a medical every year or two and we didn't expect to need one on our mission. Wrong!

I developed a burning tingling sensation on my upper back that started to move to my left side and around to my chest and then it stopped. My good friend, Google, suggested shingles, but there are no blisters and other tale-tale signs except for a sensitive burning painful skin, with an occasional bolt of lightening that causes me to wince and gasp for breath, but quickly passes on. Tylenol extra, helps me get by, but only lasts for a couple of hours instead of six.

So I decide it's time to see a doctor, but over here it is a form of socialized medicine, plus

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doctors are in short supply because they are so poorly paid. So my Canadian friends told me to go to the emergency room of the closest hospital. I got there at 8 am and waited in a line of musical chairs. The triage office sees you first one at a time so when the person at the head of the line is called in, all the 20 or so people move up one chair. It took me an hour and a half to finally get my number from the triage nurse so that I could start waiting for my turn to see an actual doctor.

The problem is that every “ambulance patient” goes to the head of the line and rightly so, but it does suggest that the best way to arrive at the hospital is by ambulance even if you just have a hangnail. While I am waiting in this tiny room with 20 others, No. 18 has a heart attack right there in front of us. Well, all heaven breaks loose with lights flashing and bells ringing and horns tooting and in sweep doctors, nurses, technicians and whatever, who strip him and fibrillate him right there in front of us on the bare cold floor.

They rush him away and in comes the mop lady to clean up the floor and we all quickly lift up our feet to prevent our shoe shine from being ruined. At least half of the people that were waiting in line were so traumatized by it all that they just disappeared. Or maybe they were fibrillated. You know how it is in the TV show ER—“stand back” the doctor yells, but it was so crowded in there that there was no “back.” If we had all been holding hands in the circle we would have all been electrocuted on the spot.

So the rest of us return to our seats and start where we left off coughing on each other again or just sit quietly grimacing and holding with two hands the piece of anatomy that hurts most. I wondered a dozen times what I was doing there and wanted to give my place in line to those who were bleeding all over or throwing up. I was also amazed that not one person had brought a newspaper or book to read while waiting. They just sat there staring straight ahead and enduring. I kept trying to figure out what they were looking at, but when I traced their line of vision it ended at a fly speck on the wall. No one smiled and no one even talked about last

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night's hockey game. I couldn't even concentrate on my book trying to figure out how many different diseases were floating back and forth in that tiny reception room and whether my nose hairs were sufficient to stop a virus from contaminating me.

Mind you everything in the hospital was spotlessly clean; like most hospitals, it was only the bodies in there that were a source of contamination, contagion, and infection. Some of us were preoccupied looking at this 300 lb guy being analyzed by the triage nurse stripped down to his waist in front of us all to prove to the nurse he needed help and he needed it now. I wasn't very anxious to be stripped to my garmies and worse, right there in front of 39 eyes--one person's eye was bandaged up!

So it's finally my turn. The nurse doesn't speak one word of English and here I am dressed in suit and tie looking like a professor of languages. She gives me this weird look and rushes off to find help. A lady returns, obviously not a nurse, and says to me, do you realize you'll have to wait over there, she said pointing, with this number I'm about to give you for at least 8 hours until a doctor can see you, and if we get too busy with ambulance cases you'll have to come again tomorrow at 4 am. I looked at "over there" and there were about 50 people with that same glazed look waiting their turn.

I was amazed that both of my counselors in the temple presidency had waited all day in that same kind of line a few months previously (for different reasons). It is the ONLY way you get free medical help. I asked the lady if there were any doctors in the hospital that moonlighted and who were willing to see private patients. She said no, but I should go to a private clinic and there was one within walking distance from the hospital.

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The private clinic was more professional, but even here there were 40 plus people waiting for their number to appear on a big screen. At least there was no triage here, if you could afford it you just had to wait your turn. The receptionist asked for \$40 cash which went into an envelope without a receipt. I thought it was for her lunch, but apparently it was a deposit in case I fled before seeing the doctor, because later it was subtracted from my bill.

There were eight doctors and eight doors in the waiting room with a large number on each. When your number came up off you raced through that particular door not knowing or caring who the doctor was. Before my number came up I had to wait another 4 hours. My doctor was a cute young girl who appeared to be in her teens, maybe even a MIA Maid, but she wore a white jacket and a stethoscope around her neck so she must have made it through medical school. You can be sure I wasn't going to strip down in front of her without her dad being in the room.

And guess what? She only spoke French. Doesn't every doctor in the world have to learn English? Well, not in Russia and not in Quebec. And by the way, she too was puzzled why I had symptoms of shingles but no lesions. She went out and consulted with the rest of the MIA Maid class who were also doctors and they all agreed it was shingles with a difference!

To make my wait worth my time she arranged for a chest x-ray which only took 10 minutes and \$60 cash. I'm sure I didn't need this x-ray but her best friend obviously had to make her monthly payment on her medical school loan. Every service in this clinic could only be paid in cash—no credit cards, checks etc, just cash and in advance of the service rendered. The whole experience was not all that expensive as I got out of there with a cash payment of \$110.00 plus \$117.00 for medication, but it was very expensive if you count my time. I guess it'll be a real deal if I end up having shingles, otherwise I may be back in line next week to do it all over again.

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I can't even scold my two counselors for sending me to the hospital's emergency room. After all, this is the way you do it in Canada and in any case, they had warned me to take a book. Everyone knows and accepts that a trip to the doctor is a one or two day event. I'll never complain again when I get back home. I'll even feel a bit cheated if my very own personal doctor sees me too fast. Plus, I may even throw in an extra \$10 of co-pay; if it'll help my aging Provo doctor finish paying for medical school before he dies.