

COMMENTARY

System frustrates father of autistic boy



JOHN IVISON
in Ottawa

The federal and provincial politicians gathering in Ottawa this week — the collective noun for which should perhaps be “a disputation of...” — would be well served by taking some air to talk to one of the protesters staking out their televised reality show.

Andrew Kavchak, an Ottawa bureaucrat by profession, is also the father of an autistic three-year-old, Steven, and perhaps embodies what this health care

summit should really be about — efficiencies, structural reform and creative thinking.

On Friday, I attended two consecutive “technical briefings” — one by the provinces; the other by the feds — which were primarily concerned with escalator clauses, fiscal imbalances and equalization payments. The subtext of the provincial briefing, was, if Ottawa will just meet the “Romanow gap” of 25% of total health care funding, we will have created a new hale and hearty Jerusalem.

However, a chat with Kavchak — who was making his daily vigil on Parliament Hill while brandishing a sign that reads Kids with Autism need Health care not Waiting Lists — quickly disabuses one of that notion. His son is one of 1,100 children in Ontario on a waiting list for government-funded therapy. In the meantime, Kavchak is having to fund the \$50,000 annual treatment for 40 hours a week of applied behaviour analysis therapy from his own pocket — a financial burden

he says is bankrupting him.

Around 500 children in the province are lucky enough to be receiving financial assistance from the province, at an average cost of \$78,000 per child for 20 hours of therapy. Kavchak's frustration is that he says parents like him can provide twice the number of hours of treatment for around two-thirds of the cost — if only the province would hand over a cheque and let him seek out the therapy.

“If you give the money to the parents, that will go a long way to getting the job done,” he said. “If the government can't provide the medically necessary treatment promptly upon a child's diagnosis, they should at least provide us with the funds to seek the treatment in the private sector.

“Until such time as the public sector can eliminate the waiting lists and ensure that autistic children get the treatment they need without undue delay, the government should allow and encourage the private sector to flourish.”

Satan will, of course, be skating to work before that happens. An Ontario government spokesman gamely tried to defend the indefensible by saying the private therapy market is highly variable in terms of quality and that even simply handing over cheques to parents would require some level of bureaucracy to administer. The province is, he said, spending more money on autism and is in the process of hiring new therapists and psychologists.

Unfortunately, none of this is likely to be of much use to Steven Kavchak, who is 3½ and will likely be brushing up against his sixth birthday by the time the system comes to his aid. At this point, despite another undelivered Dalton McGuinty election pledge to change the rules, he will automatically be cut off from the pre-school autism program (for reasons too Byzantine to go into, autism is handled by the Children and Youth Services, not the Department of Health).

The case study offers up the hu-

man face of this health care summit and the importance of getting it right. Perhaps the premiers should be less concerned about unfeasible pharmacare plans and more attentive to the question of how many other Steven Kavchaks are there in their jurisdictions being failed by a system wearing philosophical blinkers?

Undoubtedly there is a major fiscal component to the health care debate — senior federal officials admitted on Friday that there is a need to inject the bulk of its new cash into base (or continuing) funding, rather than into one-off payments earmarked for specific purposes.

But there is scant discussion about making sure that any new funds poured into the system are not wasted. Vested interests, which appreciate that every dollar saved by using more cost-effective procedures is probably a dollar of their income, have successfully transduced provincial and federal governments into a Wahibbist-like attachment to state-run health care.

In such an atmosphere, who really believes that medicare will be fixed for a generation by week's end?

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