U.S. Newspaper Coverage of the Canadian Health System – A Case of Seriously Mistaken Identity?

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Abstract

This study assesses the fairness, accuracy, and comprehensiveness of U.S. newspaper coverage of the Canadian health system in two influential U.S. newspapers. Quantitative methods, interpretative assessments, and thematic analyses are employed to evaluate coverage of the Canadian health system between 2000 and 2005. Fifty articles from The New York Times and the Wall Street Journal met strict criteria for inclusion. Information from these articles is reviewed for accuracy and compared to published, peer-reviewed research. U.S. newspaper reporting on the topic of the Canadian health system is found to be poor. Points of misinformation are indicated, misrepresentations are specified, and inadequate explanations are denoted. The non-obvious, latent content of newspaper coverage is examined and omissions are identified. Explanations for these surprising results are considered.

Overall, ongoing themes and controversial issues regarding the Canadian health system receive almost as much notice in U.S. newspapers as actual news events. Anecdotal information plays nearly as great a role in coverage as facts and evidence. U.S. newspaper reports about the Canadian health system are found to be oversimplified. For example, U.S. journalists presume that the Canadian health system is unitary and federally determined. In fact, the Canadian health system remains a work-in-progress between the federal and provincial governments. Information, all too often, is presented out of context and sources are not always sufficiently identified. Coverage is incomplete: all provinces are underrepresented in the U.S. newspapers studied, except Ontario. The full story about why Canadians go to the U.S. for health services is rarely explained. Some articles are confused and a few were found to contain errors. The Canadian health system is often said to be socialist or left wing in U.S. newspaper articles. This leads to confusion because the Canadian health system is not socialist by any generally accepted dictionary definition of this term. Canadian hospitals are largely private, not-for-profit and doctors are paid a fee-for-service (piece-rate) rather than according to a socialist form of compensation. These inadequacies in newspaper coverage mean that the U.S. public is sadly misinformed with regard to the Canadian health system.
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Canada’s health system is an important reflection of its values, principles, and its overall national character. It is said to be a “key distinguishing characteristic” of the country according to a Canadian Senate report in September 2001 (Crossette 2001). By most expert and unbiased assessments, Canada’s health system is among the most cost-effective and high quality in the world today (Anderson and Hussey 2001; Anderson et al. 2003; Hussey et al. 2004; United Nations Development Programme 2001; Mathers et al. 2000). Canada pays less and delivers more services per capita than does the U.S. (Romanow 2002 see for a summary). By almost any criterion employed it is a striking success. Its citizens live longer and are healthier than those of the U.S. where health care costs much more (Anderson et al. 2005; Central Intelligence Agency 2005). Experts suggest that Canada could well serve as an example for the ongoing U.S. health system reform (Deber 2003). Of course, Canada faces challenges in the organization and financing of its health system as is the case with all industrialized countries. Many Canadians are involved in the debates surrounding these issues. While critical of some aspects of their health system, in general, Canadians remain highly supportive of it. In 2001, 84% of Canadians preferred their own system to that of the U.S. (Mendelsohn 2002).

The part that newspapers play in public opinion formation is complex and difficult to determine, but it is likely that they influence a country’s national image

¹ I would like to thank Tara R. Sklar, MPH candidate, Research Assistant on this project, for her help. Her competence was impressive and her skills much appreciated.
(Strouse 1975). There is good reason to believe that, to some extent, the media influences how individual citizens of other countries, world political elites, decision-makers, and corporate investing institutions come to view Canada. Those in the general population are even more likely to be influenced by the press and opinion leaders because they do not hold strong and stable opinions about the Canadian health system and they have no personal experience with it (Zaller 1992; Iyengar 1991). There is evidence that newspapers shape citizens' perceptions and opinions by cueing the coverage and by their “choices of language and perspective through which a story is presented to the public” (Shah et al. 2002; Soderlund et al. 1980). The details journalists select for their articles subtly construct reality and thereby influence readers.

While it is true that U.S. newspaper readership has declined slightly over the last several decades, it still remains the case that the better educated are more likely to read a newspaper than are the less educated (Hagan 2005; Bonfadelli 2005; Tichenor, Donohue, and Olien 1970). Those with more education are likely to play a disproportionate role in formulating policy; they are likely to influence others, for example in the “two-step flow” of public opinion leadership (Strouse 1975).

Historically, U.S. citizens have had a very high and positive opinion of Canada and its health system, but this may be changing. In 1985 close to 80% of Americans rated Canada as “highly favorable” (Gallup 1985). There is substantial variation over time: 83% of Americans had favorable views of Canada in 2002. This fell to 65% in 2003 but moved back up to 76% in 2005 (Pew Global Attitudes Project 2005). In the early 1990s a substantial majority of Americans preferred the Canadian health system to their own, but this has declined since that time (Wirthlin Group 1995; Blendon 1988).
The goal here is to examine how U.S. newspapers portray the Canadian health system. Research suggests that the Canadian health system constitutes about 10% of the Canada-related stories in four U.S. newspapers sampled in mid-2004 (Belch 2004). But is this news coverage fair, accurate, and complete? Are U.S. citizens fully and fairly informed about the strengths and weaknesses of the Canadian health system? These are important questions, particularly if Canada’s national image in the U.S. is related – even in some small part – to the U.S. newspaper coverage of the Canadian health system.

Methods

To assess U.S. newspaper coverage of the Canadian health system a computerized bibliographic search of The New York Times (NYT) and the Wall Street Journal (WSJ) was undertaken for the period of January 1, 2000 through mid-June 2005. These two major national newspapers were chosen because they are among the top three in the U.S. in terms of circulation, and because both have a reputation for reliable, accurate journalism. Together these two newspapers offer political balance: The New York Times is viewed as more supportive of liberal views and of the Democratic Party; while the Wall Street Journal is more conservative. LexisNexis Academic Universe’s online archives of the Wall Street Journal and the New York Times was used to obtain full-text articles employing the below-mentioned indexed terms in combination with the word “Canada:” health care, health system, health policy, medicare, hospital, doctor, and physician. The time period was chosen to assure a fair and unbiased assessment of recent news coverage of the Canadian health system in these two newspapers.

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2 USA Today has the largest circulation but many of its copies are given away rather than purchased.
3 In fact this is largely true of only the editorial pages (Groseclose and Milyo 2005).
Only articles with a minimum of 500 words were retained for a complete reading and assessment. The rationale for the 500 word minimum was that an article would have to be of substantial depth and length to be significant in forming public opinion. Furthermore, if the Canadian health system did not play an important role in an article, then it was not retained for analysis. For example, an article entitled “Spending Doesn’t Give U.S. Edge on Health Care” had only a few lines about Canada because Australia, England, and New Zealand were also considered (5/5/2004 WSJ). In another case an article entitled “Private Doctors in Frantic Quest for Flu Vaccine” (10/21/2004 NYT), was excluded because it was largely about the U.S. health system. Articles about U.S. re-importation of pharmaceuticals from Canada were excluded if they did not, at least indirectly, make reference to the Canadian health system. A few articles about Canadian elections were also excluded as they referred to the Canadian health system as an election issue only in passing, without any substantive discussion of these issues. However an article entitled “Health Care Leads Other Issues on Canada Vote” (5/17/2004 NYT) was included because it gave considerable details of the candidates’ views of the health system. Because the goal of this research was to determine if U.S. news reporting was fair, letters to the editor, opinion essays, commentaries, and obituaries were excluded.

Much of the research for this article is quantitative, based on a simple count of characteristics of the articles. Qualitative methodologies were also utilized, such as those proposed by Peter Goldschmidt’s “Information Synthesis,” to guide the analysis of these

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newspaper articles. Goldschmidt includes specific research steps to define the topic, to gather relevant information for studying the topic, to assess the validity of the information, and to present the results (Goldschmidt 1986). This research project follows these guidelines: a thorough database search of the two newspapers, comparison of the newspaper coverage with the information about the Canadian health system in peer reviewed journals, and the presentation of findings. In addition, efforts were made to uncover what was left out of newspaper coverage as well as to characterize what was actually published (Dixon-Woods et al. 2005).

The qualitative methodology used here is also interpretive (Noblit and Hare 1988). The articles in the database were obtained, chronicled, and appraised to produce narrative summaries and thematic analyses. Prominent or recurrent themes were identified. Accuracy and adequacy of U.S. newspaper coverage is based on how closely a newspaper article about the Canadian health systems aligns with established knowledge as evidenced in published, peer-reviewed journals.

Automatic, computerized content analysis was considered as a methodology but it was set aside. The diversity of topics covered in the newspaper articles would make the “systematic application of rules,” required by this technique, almost impossible. In addition, the coding strategies that computerized systems of automatic content analysis employ often miss topics or themes (Shah et al. 2002). They cannot be programmed to reveal the “nonevents” or “news selectivity” aspects of coverage that constitute a dimension of this study (Fishman 1980, pp. 76-77).

5 Hamlet, Intext/TexQuest, TextSmart and NUS*IST are examples.
Characterizing U.S. Coverage of the Canadian Health System

Examining five and one-half years of newspaper coverage yielded 38 *New York Times* articles and 12 *Wall Street Journal* articles that met the above outlined criteria for inclusion – i.e. substantive consideration of information about the Canadian health system. U.S. newspaper coverage of the Canadian health system can be described on several dimensions including: i) the proportion of news events versus ongoing theme stories, ii) the role of evidence versus anecdote, iii) the incidence of oversimplification/omission, iv) the appearance of material taken out-of-context, v) the presence of incomplete information due to the exclusion of essential details, vi) the degree to which reporting leads to confusion or factual errors.

*News Events or Ongoing Themes in U.S. Newspaper Coverage*

Newspaper articles published during any time period depend, to a certain degree, on the editor and individual journalist’s judgment as to what is important and newsworthy (Brindle 1999, p. 40). The stages involved in the news production process have been described as follows: detect occurrences, interpret the event, investigate the factual circumstances, and assemble the story (Fishman 1980). Whether a news story is covered or not also depends on whether an event is judged to be of interest to the newspapers’ readers. But in addition, editors and journalists have considerable discretion and may choose to cover non-event-related topics that are controversial in nature.

A descriptive timeline of newspaper coverage of the Canadian health system points to real world events that *The New York Times* and the *Wall Street Journal* covered: demonstrations protesting the privatization in Alberta (May 9, 2000), the E. coli contamination of the public water supply in Walkerton, Ontario (May 30), patent
problems about antibiotics to treat Anthrax in case of a terrorist attack (Oct, 19, 2001), the Romanow Commission’s report (November 29, 2002), the SARS outbreak (April - June 2003), increased federal funding of health services (September 17, 2004), health care as an issue in a specific election (May 2004), suspension of the sale of a medication that was linked to serious side effects (February 12, 2005), lab mistakes (April 14, 2005), and the Supreme Court of Canada’s decision to permit the sale of private health insurance policies to cover services provided by the public system (June 13, 2005).

There are articles published about the Canadian health system in U.S. newspapers that are not actually news. News is usually defined as event-relevant or episodic (about an episode that has recently occurred or an event that is currently taking place). News “events” are assumed to be self-evident and to “exist independently of their knower” (Fishman 1980, p. 31). These “political or disaster news” beats are considered harder work by most journalists (Gans 2003, p. 23). Fifty-four percent of the articles in this database were event-related. But forty-six percent of these articles, all of substantial length published about the Canadian health system between 2000 and 2005, were “soft news” -- discretionary, about ongoing themes or controversial issues (Williams 1999; Gans 2003). This type of newspaper coverage plays an unexpectedly important role in what is published in U.S. newspapers about the Canadian health system.

(Table 1 about here).

For unspecified reasons, editors or journalists sometimes choose theme-related and controversial issues for their articles. Perhaps they believe the themes will interest the public and are likely to sell newspapers (Rossides 2003; Hamilton 2004). Such topics also conveniently provide stories that can be used to fill newspaper column space during
periods when there are no news events (Tuchman 1978). Often these types of stories come “through established ‘news nets’ or ‘beat rounds’ that connect journalists to sources who are affiliated with business, government, bureaucracies, or other social groups that subsidize the preparation of news” (Sumpter and Braddock 2002, p. 541; Fishman 1980; Berkowitz and Beach 1993). These relationships seem to be a mix of trust and distrust, cooperation and manipulation (Schudson 2003, Chapter 7). If affiliated sources prove to be dependable dispensers of information, reporters pick them more frequently while winnowing out those who are less dependable. “Sources that survive this elimination process thus accumulate more power to determine what will be news” (Sumpter and Braddock 2002 p. 541; see also: Soloski 1989; Berkowitz and Beach 1993; Grabe, Zhou, and Barnett 1999; Gans 1979; Sacco 1995; Hansen et al. 1994; Ramsey 1999; Ericson 1998; Brown et al. 1987). Institutional sources, “trade press, the specialist weeklies or monthlies, and tip-offs from readers” are also sources used by journalists to gather information (Brindle 1999, p. 42).

How and why a journalist chooses a specific controversial topic for reporting has received little attention. A topic may be chosen because the journalist’s editor is known to be very interested in it (Johnson 1998, p. 89). Economic incentives are important too (Hamilton 2004). The need for a newspaper to make a profit means that a news operation is vulnerable to influence by advertisers (Schudson 2003) (McManus 1994). Certainly the general commercialization of medical research has an impact on why some topics are chosen for coverage (Winsten 1985). This type of topic provides an opportunity to leak negative information about one’s competitors or overly positive information about one’s own product, research, or procedure.
Choice of a specific topic for a news story is sometimes the result of what journalists identify as a bias toward passive news rather than active news. Passive news is defined as “news that is brought to the journalists,” by public relations departments of private companies, government departments, universities, etc. It depends entirely on what the sources want to make public. The risk with passive news is that the newspapers end up as a mere publicist for their sources (Gans 2003).

Research in Britain found that some journalists see themselves as watchdogs for the public and this is another incentive for choosing discretionary topics for newspaper articles. The same may be true in the U.S. where motivation for writing about a thematic topic include the journalist’s desire to “scrutinize the activities of health-care providers and to report on the availability and effects of treatments.” Some journalists develop a sense of “ownership” about a specific theme and end up campaigning for it. Examples include more services in a geographical area or more funds for a local hospital. A journalist’s values shape the choices he or she makes regarding which theme topics to cover and which to avoid. It is these values that influence whom they consult as a source and what they write in their article. “Their perceptions of the motives, credibility, and public authority of information sources are likely to favour some over others” (Entwistle and Sheldon 1999, p. 124).

In the case of the Canadian health care system, such thematic topics covered in U.S. newspapers included: waiting lines for treatment, jumping cues for care, privatization of health care, doctor shortages, Canadian doctors moving to the U.S., Canada encouraging doctors from developing countries to move to Canada, patients traveling from Canada to the U.S. for health services, easing medical marijuana use,
ongoing problems with paying for universal health care coverage, importing prescription drugs from Canada to the U.S., etc. (see Table 1).

Sources of inspiration for such stories could well be in line with those indicated in the literature and reviewed above. Almost all the discretionary themes covered in this study reflect what one journalist describes as “the constant stream of people dissatisfied, and very often angry, with the treatment they have received from public services” (Brindle 1999, p. 43). This fact may leave newspaper readers with the mistaken impression that the majority of Canadians are fundamentally dissatisfied with their health system; however this is not the case (McMurray 2004).

*The Role of Anecdotal Information*

Anecdotal information plays a large role in U.S. coverage of the Canadian health system. U.S. newspaper reports of public debates and policy decisions concerning the health system in Canada are heavily dependent on anecdotal information rather than studies with verified findings. Approximately 42% of the articles in *The New York Times* and 50% of those in the *Wall Street Journal* included anecdotal information about the Canadian health system.

Anecdotal stories about individuals and their real world experiences attract the public’s interest and are included in many newspaper articles. Readers enjoy these articles because human interest stories present a person with whom we can identify and something concrete to which we can relate (Tuchman 1978 p. 47-48). Newspapers are said to be “better at telling an individual story rather than providing meaningful social analysis” and this accounts, in part, for the prevalence of anecdotal material in the newspaper coverage. Journalists believe that anecdotes improve the publics
understanding and the readability of news articles. When presenting these stories, as Platt suggests, there seems to be a “compelling need to keep things simple, to keep the story line straight, if for no other reasons than that this is what the reader wants. For those who deal in straightforward heroes and villains – the deserving and undeserving – there is no dilemma here. For those who would try to represent nuance and complexity, it is much more of a problem” (1999, p. 116).

In coverage of any health system there is always a danger that exceptions -- those who fall through the cracks or those who are miraculously cured -- will receive disproportionate attention in the press. Where anecdotal information is merely illustrative and where its purpose is to increase reader interest, then scientific accuracy and ethical standards are not compromised. However, when proof-of-point rests solely on anecdotal information, there is a risk of bias and serious error. The methodological flaw results from the possibility that the case presented is not typical.

Anecdotal interviews with Canadian citizens who are unhappy with the Canadian health system play an important role in *The New York Times* and the *Wall Street Journal’s* coverage. Sometimes isolated cases of medical error are presented as routine in U.S. newspaper stories, and the reader is left with the impression that such errors are widely tolerated in Canada. Of the non-SARS related newspaper articles that used anecdotal information in our study (17 articles), about half employed this type of coverage. The plight of those who fall through the cracks is clearly a tragedy. While such cases should not be excused, it seems odd that such injustices should be presented as frequent, typical, and widely tolerated.

It may be the nature of news media to conclude that if Canada’s health system is
working well and routinely delivers care to the vast majority of that country’s population, it is not a “news story.” Ted Marmor’s study of how U.S. newspapers covered emergency room congestion in U.S. and Canadian hospitals during the flu epidemic in 1999 illustrates this point. He suggests that standards were not fairly applied to both the U.S. and Canada. He points out that while emergency room overcrowding was mentioned in reports about both the U.S. and Canada, only in the case of Canada did newspapers indicate that the health system was collapsing. He concludes that U.S. journalists tend to look for a shocking anecdote and then assume that it is a general principle (Marmor 2000a).

In the end, while anecdotal information plays an exaggerated role relative to evidence, facts, and scholarly knowledge in many U.S. newspaper articles about the Canadian health system, this does not mean that evidence is entirely ignored. Of the 22 articles that mentioned an anecdote, only eight made no reference at all to sound evidence. Many articles, then, are a mix of the two.

Historically the function of news media has been to educate and inform. Where this function is based on anecdote rather than evidence, as is often the case with thematic articles about the Canadian health system, U.S. newspapers are doing a poor job of educating their readers. Their coverage is not of the typical or representative case or about routine problems; rather it functions to make the exception appear to be the rule.

*Oversimplification and Omission*

There is broad oversimplification involved in U.S. news coverage to the effect that the Canadian health system is portrayed as a national single payer system, dominated by the Canadian Federal government. It is generally presented by U.S. newspapers as a
unified system without much province-to-province variation. The importance of local and provincial input is scarcely mentioned. The differences between various provinces, especially as regards their relationship with the federal government, are almost never discussed (Krauss 2004a). Or, the provinces are viewed as simply administering the federally organized health system (see for an example, Krauss 2004b), much like the relationship between the U.S. federal government and the states.

Scholars generally acknowledge that the Canadian provincial governments are much more powerful than the U.S. states vis-à-vis the U.S. federal government (Cameron and Simeon 2002; Bakvis and Skogstad 2003; Rocher and Smith 2003), but only a few journalists covering the Canadian health system appear to know that this is the case (Wessel 2004; Crossette 2001 are examples). Those U.S. journalists who are aware of the enormous power of Canadian provinces are in the minority. Scholars, however, agree: “By constitutional dictate, Canadian provinces are dominant in the administration of social policies, including health insurance” (Marmor 2004, p. 53). At present, Canadian federalism in the health sector is an amalgam of 10 health systems with substantial variations between the provinces and territories. As testimony to this point, Canadian provinces can be observed to regularly defy the authority of the Canadian federal government in the health insurance sector (Derfel 2005). In the end Canada’s health system is complex; federal and provincial government relationships are constantly changing.

The medicare agreement signed in Ottawa at the September 15th, 2004 First Ministers’ Conference between the provinces and the federal government in Canada illustrates the power of the provinces. It included special separate arrangements for
Quebec. The possibility of individual provincial-federal arrangements is thus, formally recognized, and may be extended in the future to other provinces (*Globe and Mail* 9-17-2004). While *The New York Times* covered this conference, no mention was made in its coverage of the precedent-creating nature of the agreement, “Asymetrical Federalism that Respects Quebec’s Jurisdiction,” or the importance of this aspect (First Ministers of Canada 2005). U.S. newspaper readers should have been informed of this agreement because federal-provincial flexibility makes the Canadian example more relevant to successful U.S. health system reform. Canada’s achievements in federal-provincial health sector relations are not fully recognized and communicated in U.S. newspapers.

The Canadian health system is complex and a legal maze even for Canadians; therefore it is no surprise if U.S. news reports are sometimes oversimplified. Recent polls suggest that many Canadians (70%) believe that they should be able to buy services outside the public health system. The fact is that they can already do so in many provinces. Canadian federal law does not prohibit purchase of services from doctors who opt-out of the public system. The same poll, however, indicated that 57% of Canadians would be happy to see a ban on private health insurance (Ipsos-Reid 2005; Kennedy 2005). The contradiction is indicative of the confusion and complexity of the health system itself.

One of the problems with U.S. newspaper coverage is that the health system in Canada is not only complicated, it is also very different from that of the U.S. Too often U.S. journalists appear to interpret what they observe in the Canadian health system based on what they know best and are familiar with—their own U.S. health system. This leads to oversimplification and to misunderstanding.
It is certainly unrealistic to expect that journalists can be experts in all the fields they have to cover, however, such expertise is exactly what is commonly assumed (Hargreaves 2003). In reality, “journalists have a very difficult time evaluating complex, major programs (such as Canada’s medicare) through particular stories” (Marmor 2000b, p.85). Marmor proposes that newspaper journalists covering Canada are stretched too far. They try to cover too broad a spectrum of topics because they must cover everything that happens in Canada from immigrants to gun control to beer production. As a result, they do not have the requisite knowledge or background experience necessary to probe beneath the surface of events and provide fair coverage of the health system in all its complexity (Marmor 2000a).

*Out of Context*

U.S. newspaper coverage is often incomplete because information about the Canadian health system is not presented in the context of other Western industrialized countries. Coverage is isolated from context and, because of this, reports are often misinterpreted. For example, while, wait times in Canada may be an enormous problem, the fact that they are much the same throughout Europe is not mentioned (Hurst and Siciliani 2003). The U.S. press also fails to indicate that patients with life-threatening conditions receive treatment immediately and are not put on wait lists ([www.health.gov.on.ca](http://www.health.gov.on.ca)). This is not to say that medical errors do not occur and that patients do not die while waiting for care. Such tragedies occur in Canada as they do in the U.S. and other countries.6

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6 Between 5,000 and 18,000 deaths of U.S. residents between the ages of 25 and 64 are attributable to a lack of health insurance annually (Institute of Medicine 2004; Hadley 2003).
Another example of providing information about the Canadian health system out of context involves privatization as a solution to waiting lists. There is an implied assumption in several newspaper articles (Beltrame 2000; Brooke 2000) that if Canada permitted more private sector participation in its health system, then waiting for care would be reduced. In the U.S., wait times for service for insured patients or those who pay privately are lower than in Canada. However, U.S. newspapers fail to discuss how the introduction of a private sector negatively affects hospital wait times, even though such effects are well-documented. Experiments in Canada, New Zealand, Belgium, Australia, and the Netherlands indicate that introducing a private sector increases the waiting time for those who remain in the public sector (Sanmartin et al. 2000). If Canadian policy makers hesitate to introduce a private sector, it may be because they are aware of the results of this research (Fishman 1980; Besley and al 1998; Duckett 2005; Hughes and al 2004).

U.S. newspaper coverage is taken out of context, as well, when Canadian-based information sources -- Think Tanks for example -- are not adequately identified and their intellectual orientation is not provided. U.S. readers have a difficult time assessing the fairness and objectivity of the data reported and the analysis provided without some description of Canadian-based information sources. For example, several articles quote representatives and studies undertaken by the Vancouver-based “Fraser Institute” which favors market solutions to health system problems, privatization, and the establishment of a U.S. type health system in Canada. The Fraser Institute is a source for the conclusion in many U.S. newspaper articles that the Canadian health system is in “decay” (Beltrame 2000), and that the crisis is deepening (Krauss 2004b). The Fraser Institute’s board of directors includes individuals who are strong advocates for privatization.
directors is largely private sector and includes representation from the Canadian branches of large U.S. companies including the U.S. pharmaceutical industry studies. Its research reports argue that the Canadian health system is “breaking down badly” and that its performance is inferior to that of most other OECD countries (O'Grady 2004). However, a wide range of independent health policy researchers and peer reviewed journal articles disagree with these conclusions, but this research is seldom consulted or quoted by the Fraser Institute. Therefore when newspapers consult a source, it is important for readers to understand the context of that source. Otherwise the information provided will be taken-out of context and likely misinterpreted.

Incomplete: Essential Information Is Left Out

In the newspaper articles examined here, it was apparent that U.S. coverage favored certain geographical areas of Canada and neglected others. U.S. press coverage is incomplete because French-speaking Quebec and several other provinces are often left out. Ontario received much more coverage in U.S. newspapers than all the other provinces put together. In the five-year period studied, 38% percent of all of the newspaper articles published focused on the Ontario health system (19 articles). Alberta, British Columbia, and Quebec were each the focus of one article. But the remaining provinces and territories were not the central topic of any article. The majority of the articles (28) had a national focus.

8 In 1999, the Fraser Institute was attacked by health professionals and scientists for sponsoring two conferences on the tobacco industry entitled "Junk Science, Junk Policy? Managing Risk and Regulation" and "Should government butt out? The pros and cons of tobacco regulation." Critics argued that the Institute was associating itself with the tobacco industry's many attempts to discredit authentic scientific work.

9 Up-to-date information about health outcomes is widely available to journalists and Think Tanks by the Treasury Board of Canada in its Annual report to Parliament (Treasury Board of Canada: Secretariat 2005).
The reason for the incomplete coverage of so many provinces was not entirely the responsibility of the U.S. newspapers. In fact, the majority of the event-related articles focused on Ontario simply because it was the geographical location of the breaking news that had to be reported: the Walkerton, Ontario water supply contamination and the SARS outbreak that hit Toronto harder than any other city in Canada. However, this said, Ontario was also the focus selected for many discretionary articles about thematic topics and responsibility for this lies with newspaper editors and journalists who cover the Canadian health system.

The incomplete coverage of Quebec in U.S. newspapers is an especially serious problem. Only one article was primarily about Quebec in the five and one-half years of newspaper coverage analyzed here. It did receive passing mention in 18% of the 50 articles that qualified for inclusion in this study. However, it is surprising that this percentage was not greater because Quebec’s health system is quite different from that of the other provinces. It has its own public drug plan and a comprehensive childcare program while other provinces are less generous in these areas. Quebec’s success in controlling costs contributes to the overall high performance of the Canadian health system compared to other countries as regards cost (Barer, Lomas, and Sanmartin 1996; Armstrong and Armstrong 1999). An article in the Wall Street Journal suggested that Alberta was the leader in Canada regarding privatization and the integration of a private sector into the provincial health system, despite federal government opposition (Beltrame 2000). In fact, privatization in Quebec has gone much further than in Alberta or any of the other provinces. Quebec’s provincial government publicly supports privatization. Ninety-one doctors in Quebec have opted out of medicare and practice exclusively in the
private sector. Only two more provinces have done this in all the rest of Canada (Derfel 2005). Quebec had the first private emergency clinic in Canada (Krauss 2004a; Yaffe 2005). There are 15 private radiation clinics in Quebec (Derfel 2005). But most of this information about Quebec escaped notice in *The New York Times* and the *Wall Street Journal*.

Adding content about Quebec back in to newspaper coverage contributes to making the picture of the Canadian health system more complex, but it also makes the picture more complete. So why is coverage of Quebec neglected by U.S. newspapers? First, little is available in English about Quebec which is Canada’s only French province. U.S. journalists may have a hard time building up a network of long term contacts and trusted sources in English Canada but the task is even greater for them when it comes to Quebec, where both language and cultural differences come into play. Second, many U.S. newspaper reporters covering Canada may not be fluent enough to undertake interviews or read what is published about the Quebec health system in French.10

Newspaper coverage of waiting times in Canada is another topic that is often misunderstood because it is presented in an incomplete manner and essential information is simply left out. Almost all newspaper articles included in this study failed to mention important facts required for an adequate understanding of Canada’s waiting lists. For example, “one way hospitals restrain costs is by trying to always run at capacity. It’s more efficient to run a hospital that way just as its more efficient to fly an airplane with every seat filled” (Cherney 2003). Only one article described the efforts in any of the Canadian provinces to co-ordinate or centralize waiting times and treat patients in nearby

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10 Even in English speaking Canada, geographical coverage presents a challenge, especially for smaller U.S. newspapers. Few of even the larger newspapers have bureaus outside of Toronto and Ottawa.
geographical areas where there are no waiting list for services (Cherney 2003). No article discussed the Western Canada Waiting List Project that produces quantifiable criteria for establishing the optimal time for treatment for cataract surgery, general surgery, hip/knee joint replacement, and MRI scanning (www.wcw1.ca/tools/). Nor have these newspapers reported on the efforts by the Health Council of Canada to establish benchmarks for waiting times, to require clear case prioritization, to encourage inter-provincial management of waiting lists, or to implement ongoing audits of waiting lists (Health Council of Canada 2005, 2005). Additionally, the efforts of the Canadian Medical Association’s “Wait Time Alliance” (www.cma.ca) have never been the subject of a report in these two major newspapers (Eggerton 2005).

One *New York Times* article (Krauss 2004a, in this case) presents waiting lists as a *national* problem when in fact, they are a *provincial* responsibility. Waiting times vary widely by province with some provinces pursuing successful strategies for managing waiting times and others not (Treasury Board of Canada, 2005). Statistics are kept by individual treatment facilities and by providers in most cases “so no one can say how many people in the country—or even in one province – are waiting for a given procedure” (Canadian Health Services Research Foundation 2005a, p. 1). Each provincial government has public information about wait times and policies on its web page. In Ontario, detailed data is published and policies explained: “cardiac procedures and cancer surgeries take place within days or weeks, while it usually takes months for elective surgeries such as for cataracts or hip and knee” (Ontario Ministry of Health 2005).
Another case where coverage of the Canadian health system in U.S. newspapers is incomplete involves Canadians going to the U.S. for health services. Without full information this behavior is commonly misinterpreted. U.S. journalists observe that Canadians are obtaining treatment for cancer in the U.S.\textsuperscript{11} This is almost always reported to be because these services are not available in Canada or waiting lists are too long in Canada (Brooke 2000). Such is presented as testimony to the fact that Canada cannot provide health care for its citizens (Beltrame 2000; Krauss 2003).

It is almost always left out of these newspaper articles that health services in the U.S. are sometimes purchased by Canadian provinces for Canadians under direct contractual arrangements because it is cost effective. In these cases, Canadian provinces purchase surplus U.S. health services at hospitals located just across the border for their citizens. These services come at a lower price than what it would cost the province to set up and outfit a clinic to provide such services in Canada for such excess, often temporary, demand. Two articles in the database misunderstood the Canadian provinces’ “make versus buy” assessments, concluding that healthcare services in the U.S. cost these provinces more than it would have cost to provide the services in Canada. The journalists offered a patient-for-patient price comparison as evidence for their point. However, if the number of patients sent to the U.S. is small, then building a new facility to treat them in Canada would have been very expensive. Sending the surplus patients to the U.S., after already-existing Canadian capacity was reached, made good economic sense. The existence of surplus capacity in U.S. hospitals along the Canada-U.S. border meant the provinces were in a strong negotiating position vis-à-vis the U.S. providers. The “buy”

\textsuperscript{11} There is no doubt some Canadians do seek services in the US rather than wait but empirical studies of the phenomenon report that the number is small compared to the number of Americans who seek free health care in the U.S. (Katz et al. 2002).
decision was a shrewd choice on the part of Canadian policy makers, yet very few U.S.
journalists understood and explained this to their U.S. readers.

*Confusion and Error*

U.S. newspaper coverage of the Canadian health system is confused for several reasons. Most of the time, the articles in the *Wall Street Journal* and *The New York Times* did not make any reference to the political orientation of the Canadian health system. However, at least one quarter of the U.S. newspaper articles about the Canadian health system indicated that it is “leftist” or socialist. A socialist system could be expected to finance the health care of its citizens largely from public funds. Using this criterion, Canada is quite centrist when viewed in the context of the industrialized countries. Seventy percent of health spending comes from the public sector in Canada (Economist 2004). This is a lower percentage than Australia, Denmark, France, Germany, and Britain (Anderson et al. 2003). The U.S. is the outlier because only 45% of each health care dollar in the U.S. comes from public money.

If the Canadian health system were to qualify as authentically socialist under the common definition of the term, health system personnel (including doctors) would have to be government employees and hospitals would have to be owned by the government. The Oxford English Online Dictionary defines socialism as “a theory or policy of social organization which aims at or advocates the ownership and control of the means of production, capital, land, property, etc., by the community as a whole, and their administration or distribution in the interests of all.” In the case of the Canadian health system very few Canadian doctors work for the government. Most doctors in all of the provinces in 2003 in Canada were paid largely on a fee-for-service basis, as individual
entrepreneurs to some extent. This is a form of “piece work” payment. Doctors are paid according to how much work they do, how many patients they see, and how many procedures they perform (Naylor 1986). Less than 10% of Canadian doctors are paid a salary by the government (Martin 2003).

Canadian hospitals are largely private-nonprofit rather than private-for-profit, but this form of ownership does not qualify as a socialist form of ownership. Ninety-five percent of acute care hospitals in Canada are in the not-for-profit, private sector. This means that they are owned by community groups, religious organizations, or lay organizations (Canadian Health Services Research Foundation 2005b). Historically, many mental health care hospitals and military hospitals were owned by local and provincial governments (Tully and Saint-Pierre 1997), but most are being transformed into independently-governed institutions (Armstrong 2005).

The private sector’s role in the Canadian health system is asserted as unimportant in many U.S. newspaper articles. In fact, the role of the private sector in the Canadian health system is substantial and the delivery of medical care is predominantly private (Bodenheimer and Grumbach 2005, p. 143). The problem is that many U.S. journalists fail to take into account that the private sector can be non-profit. U.S. journalists often mistakenly view the private, non-profit hospital sector in Canada as “government” owned or public because it is nonprofit. Private, non-profit hospitals do not pay dividends to stockholders or list shares for purchase on the stock exchanges, but they are still a private form of ownership.

Another inaccuracy in the U.S. press coverage has to do with the assumption that Canadians would like to trade their health system for the U.S. health system or that they
would never recommend the Canadian health system to those in the U.S. (Brooke 2000 and Beltrame 2000, are examples). While Canadians are critical of their own health system, it would be a mistake to interpret this criticism as an approval of their country adopting a U.S. style health system (Brooke 2000); there is simply no evidence to support that claim. In 2000/2001, Statistics Canada found that only 13% of Canadians reported unmet health care needs (Romanow 2002, p. 20). Sixty-one percent of Canadians are “‘very’ or ‘somewhat’ satisfied with the availability of affordable healthcare” in their country while only 27% of U.S. residents answer the same with regard to their health system (McMurray 2004). If anything, the situation is likely to be the reverse of what U.S. journalists assume: “substantially more Americans feel very positively about the Canadian healthcare (49%) system than about the U.S. healthcare system” (34%) (Taylor 2004).

Discussion and Conclusions

This research finds that U.S. newspaper reporting on the topic of the Canadian health system in *The New York Times* and the *Wall Street Journal* is poor. The complex reality of the Canadian health system would be better understood in the U.S. if coverage were fairer, more accurate, more complete, and not so often a source of confusion, oversimplification, omission, and error. Reporting is subjective and issue-oriented as much as it is event-related, “hard news.” The problem with the observed discretionary news coverage is that it reinforces preconceived, often mistaken ideas about the Canadian health system and does little to correct commonly held misconceptions. Heavy reliance on anecdotal information means that sophisticated social analysis, fine distinctions, and subtle differences are overlooked. Substantial gaps in knowledge were observed in this
sampling of U.S. newspaper coverage adding to the confusion and misrepresentation surrounding the Canadian health system.

These findings are surprising because the newspapers studied are among the more highly respected in the U.S. today. The period of time analyzed extended over five years and the fifty articles assessed were substantial in length and importance. Each article was signed by the journalist who wrote it, indicating that these journalists were satisfied with their work and wished to receive credit for it. Opinion pieces and editorials were not included in the database therefore the articles considered were purportedly objective in nature.

This study is not the first to find U.S. newspaper coverage inadequate; several general-level explanations are offered as to why this is the case. Some of these accounts may apply to this study of coverage of the Canadian health system, though almost all of them are too general to test directly. Some explanations claim that newspapers, as with the media in general, are structured to protect the status quo (Tuchman 1978). Others emphasize that journalists manage public symbols and actually construct events in light of American values (Gans 1979). Journalists’ values are thought to “influence their decisions about whether or not to report particular events, who to approach or use as sources, and how to package different viewpoints.” Their “perceptions of the motives, credibility and public authority of information sources are likely to favour some over others” (Entwistle and Sheldon 1999 p. 124). More recently, scholars have pointed out that the need for newspapers to make a profit and to assure that the stock price increases may influence coverage and jeopardize objectivity.
While no argument is made here that U.S. newspapers consciously distort their reports of the Canadian health system, it is important to seek more specific explanations as to why U.S. coverage is inadequate. Journalists depend on expert sources and they must work with these informants if they are covering a specific topic on an ongoing basis. They become indebted, to some degree, to those sources they consult (Rossides, 2003 p.170). In the case of Canada’s health system, U.S. journalists may not have the network they need within Canada to get both sides of each story. For this reason alone they may be overly dependent on a U.S. based network for information about the Canadian topics they cover. This means that coverage unconsciously incorporates the previously preconceived expectations of U.S. sources regarding the Canadian health system.

Marmor argues, “American interest groups provide a spur to critical stories, and the richest of such groups overwhelmingly want to attack the Canadian model…. To the extent these North American interest groups bring stories and documentation to the press, the media’s commitment to evenhandedness actually undermines a balanced view of /Canadian/ medicare” (2000b, p. 85-6). Highly reputable individuals such as Timothy Johnson, MD, Medical Editor for ABC for three decades and editor of the Harvard Medical School Health Letter, supports Marmor’s controversial contention that those in the field of health and medicine in the U.S. use the media for their own commercial advantage to the point of “secretiveness and even a cutthroat mentality. They encourage stories about the faults of their competition…. that prompts blatant attempts to manipulate the media…” (Johnson 1998. p. 89).

Overall, it would be a serious mistake to dismiss the problematic coverage of the Canadian health system as unimportant. Public opinion may not blindly follow the press
but it is highly likely that the public is influenced by the press. While evidence is not unequivocal (Golding 1999), several studies indicate that beliefs, attitudes, and perceptions are shaped by the media (Philo and Secker 1999, Chapter 8). Media sources are powerful because they sway how people think and behave (Adams 1997; Maclure et al. 1998; Grilli et al. 1998). Newspapers promote specific policy-related issues that would otherwise not receive much attention from the public and from policy-makers (Muncie 1999). They do, in some cases, have a decisive impact on policy, setting policy agendas (Baumgartner and Jones 1993; Kingdon 1995) and shaping government action (Jordan 1999). In the case of the Canadian health system, coverage leaves much to be desired. Newspaper coverage may be misleading the U.S. public as well as policy-makers. This should be a matter of interest and concern on both sides of the 49th parallel.

This study is not without limitations. Results cannot be generalized to all other U.S. newspapers; they apply only to those studied for the period of time sampled. No evidence is presented here that U.S. newspaper coverage is better or worse than Canadian newspaper coverage. Finally, no evidence is presented here about how U.S. newspapers cover the *U.S. health system*. These topics are reserved for future study.
Table 1: Prevalence of Themes and Controversial Issues\(^{12}\)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting Lines for treatment</td>
<td>13</td>
</tr>
<tr>
<td>Importing prescription drugs from Canada to the U.S.</td>
<td>6</td>
</tr>
<tr>
<td>Privatization of health care</td>
<td>11</td>
</tr>
<tr>
<td>Canada’s easing medical marijuana use</td>
<td>2</td>
</tr>
<tr>
<td>Ongoing problems paying for universal health care coverage in Canada</td>
<td>14</td>
</tr>
<tr>
<td>Luring doctors from developing countries to Canada / recruiting abroad</td>
<td>2</td>
</tr>
<tr>
<td>Jumping waiting lines for health care by affluent and connected</td>
<td>3</td>
</tr>
<tr>
<td>Canadians traveling to the U.S. for health care treatment</td>
<td>6</td>
</tr>
<tr>
<td>Canadians opting out of free government health care &amp; using email w/doctors to save time</td>
<td>1</td>
</tr>
<tr>
<td>Overflowing Emergency Rooms</td>
<td>6</td>
</tr>
<tr>
<td>Doctor shortages / too few specialists</td>
<td>7</td>
</tr>
<tr>
<td>Canadian doctors moving to U.S.</td>
<td>3</td>
</tr>
<tr>
<td>Health care funding cuts</td>
<td>4</td>
</tr>
<tr>
<td>Medical technology shortages and slow adoption of technology</td>
<td>6</td>
</tr>
<tr>
<td>De-listed health services</td>
<td>2</td>
</tr>
<tr>
<td>Means testing of Rx benefits</td>
<td>2</td>
</tr>
<tr>
<td>U. S. manufacturers are at a disadvantage because they pay for health services</td>
<td>1</td>
</tr>
<tr>
<td>Canadian doctors against public health insurance</td>
<td>3</td>
</tr>
<tr>
<td>Canadian health system is losing public confidence</td>
<td>5</td>
</tr>
<tr>
<td>Canadian family doctors are working shorter hours</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>99</strong></td>
</tr>
</tbody>
</table>

\(^{12}\) Many articles mentioned more than one theme or topic. This accounts for the fact that the counts are greater than the total number of articles.
Appendix

**Articles from The New York Times and Wall Street Journal that met the criteria for inclusion in this study**


Cherney, Elena. "New Disease Curbs Visits to Toronto Hospitals." *Wall Street Journal* 2003, April 3, 3D.


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