medical research, both industry and government sponsored, and pure and applied, is better funded. According to a recently published analysis of the output and quality of general scientific activity around the world, Canada compares favourably to the U.S., as do other countries; but the United States dominates in the realm of clinical and pre-clinical health research.[2]

From a personal perspective, the resources available for patient care, teaching and scientific investigation in the largely "charity" hospital in which I practice, part of a publicly-funded institution in one of the poorest of the United States, are profuse by Canadian standards. I take issue with Sarnat's contention that Americans view "the academic pursuits of teaching and research as … non-profit-generating, hence inefficient, time-wasting activities, and that all research should be focused upon finding marketable (ie: profitable) new drugs and devices."

Canadians ambitiously commend the fairness and general efficiency of their health care system which, in these respects, arguably, has led the New World; but they do forget to observe that, despite its imperfections, U.S. medicine continues to contribute relatively more to the foundation of knowledge. Progress comes through research and development, not just the provision of compassionate care. While both are necessary for the health of our profession, which system is truly leaving a more lasting benefaction, for the greater good of all mankind?

I do agree with much of what Sarnat says. Canada has chosen a health care structure, justified by the common good, which works well for its citizens. As long as I notice limited opportunities for practice and research, however, I fear that there will be some sourness in my taste for it. The structure or lack thereof, here in the U.S., is certainly not sweet. Its flaws do detract; but the result is not wholly unpleasant, and much of the world gains from the high price that its citizens pay for it.

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1. Sarnat HJ. An American-Canadian neurologist returns to Canada. Can J Neurol Sci 2004;31(4):436-437.
2. King DA. The scientific impact of nations. Nature 2004; 450:311-316.

Response to Letter to the Editor

An American-Canadian Neurologist Returns to Canada. *Harvey B. Sarnat. Can. J. Neurol. Sci. 2004; 31: 436-437.*

I thank the Drs. Purves and Ross for their thoughtful letters. One comment by Drs. Purves cuts to the heart of the issue: "…perhaps we should question the idea that equal health care for everyone is a right…" This is the very point I underscored in my essay, that almost the entire civilised world does regard basic health care as a human right. The United States is unique in its corporate view that basic health care is a business. Basic health care as a right does not signify that every chronic alcoholic is entitled to a liver transplant upon demand, nor is it an entitlement for vanity cosmetic surgery. It does mean that no epileptic should go untreated for poverty. They continue, "What about food and shelter?", stated almost as a rhetorical question with an implicit foregone conclusion, *of course not*. My foregone conclusion is, *of course yes!* Because this is what responsive, caring governments do for its citizens in a social democracy. Charity by religious or other institutions is laudable but only as a supplement.

After having spent many years during my training and subsequent academic practice in 7 states of the U.S., I take issue also with the Purves' assertion that "the American system generally provides more expedient and better quality health care to the majority of its citizens than most Canadians receive." For the poor, health care is sporadic, capricious and often unavailable.

Many institutions that serve the poor survive by philanthropy more than by public funding, continuously vulnerable to economic conditions. The Shriners' hospitals are rare exception. The closure of hospital emergency departments threatens access to emergency care for the rich as well as the poor. The Purves' statement about acutely ill patients spending days on ER stretchers in Canada is a grotesque exaggeration.

It is often stated that Americans have a personal choice with their multipayer privitised system. There really is no choice to be made in health care insurance: all patients want the best they can get, which translates to which plan they can afford. Sadly, for many working individuals, the only choice is "none of the above".

Even insured patients in HMO plans have limited "choices" of physicians.

Dr. Ross asserts that the United States continues to be the leader in medical research in the world. U.S. Government funding for medical research, particularly for the N.I.H., has been steadily eroded. In comparing American neurological journals of one or two decades ago with current issues, in most cases the ratio of the source of scientific articles (excluding endless drug trials sponsored by pharmaceutical companies) has changed; most articles are now from countries other than the U.S. Indeed Canada is prominent amongst these and research is thriving well within our socialistic medical system.

Dr. Ross states, "… health care spending has not been as limited by government policy…there is more money in the medical economy of the United States." At this time, indeed all domestic programmes in the U.S. have had sacrifices imposed because of different priorities and decreased revenue from tax cuts. Regrettably even Medicare, an efficient and successful government program for half a century, also is now under threat by the obsession for privatisation.

The Purves state, "No country can afford to provide all possible care to all citizen all of the time." Canada is proving this statement false. It is a question of national priorities, and confronting the question of why health costs are increasing disproportionately, rather than simply asking how we will afford this escalation.

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