

Care for Brain Injury in the United States Versus Canada?

Source: Produced by Victoria Tilney McDonough and Brian King

Video Link: <http://www.brainline.org/content/multimedia.php?id=3266>

Dr. Jane Gillett: So when I look at what happens to children with -- that have suffered a brain injury in the States in comparison to the children that I've looked after in Canada, there are differences in terms of treatment and management. And there are interesting differences, I think. We treat children in some ways very much the same. You know, we still have the same sort of trauma system. You want to get to the child, get them in to the trauma room, get them managed very quickly by people who are trained experts in managing the traumatic injured child, and get them into the intensive care unit. I think that in Canada, we almost routinely use hypothermia and cool the child down to promote better brain function because the studies have shown that. I think that it's just starting to come into the States a little bit more to do that. But then Americans have more sophisticated measurements of cerebral pressure, and so I think it sort of balances itself out in thought regard.

And then, the difference -- one of the biggest differences, I think, is that we have universal health care, so it doesn't matter whether you were hit by a car or whether, you know, you developed meningitis, or whether you developed an encephalitis, and it doesn't matter whether you can afford to pay for the hospital care and the rehab care because there's a basic, minimal level of care. So your entire hospital stay is covered, so the families don't have to pay for that. The rehab is covered. Getting your wheelchair, I just have to prescribe a wheelchair, and they get it. There's no fighting about that. If they need a piece of equipment, we prescribe it, and they get it. The families are expected to pay 25 percent of the cost of the piece of equipment provided that they have the income to do so, and if they don't, then the government picks it up anyhow, so you can get around some of those issues. That makes it a lot easier in Canada to get the kind of equipment that the child needs.

In the States, it's if you have the money, it's faster to get into some of the therapies than it is in Canada because there are waiting lists to get in. So you may not immediately see your rehab doctor sort of the next day. It may take you a week or two before you get in. That may make a difference in terms of outcomes. I don't think it does, particularly, but you know, it might. There's no studies that have been done looking at that.

We have less inpatient rehab facilities in Canada in comparison to the States. And again, there's a philosophical difference between whether having a lot of inpatient rehab is the way to go or not to go. I happen to be a big fan and proponent of community-based rehab. So I'm thinking it's more important to get that child or adolescent or young adult back into their home, back into their community, and put the supports in there, and teach the person how to regain and relearn their life where they're gonna be living their life so you only have to teach it once than to have them coming into an inpatient facility, having to teach it all there, then take them out into the community.

And in the States, there's not a lot of community-based rehab. So you get all this, and then

you get discharged to the States. And then often, nothing more happens.

Now, I know there are programs in the States that are community based and are doing this, but it's not as widespread and as universal, and I think that makes a big difference. And when I've talked to families, most often their comment is, you know, I got great care in the hospital. I got great care in the inpatient facility. I have, you know, all this stuff, and then I got sent home, and then there was nothing. And so I know that there are people that are involved in recognizing it, but I think that's one of the big areas in the States that I see needs to be improved is that they need way more community-based therapy and way more community-based rehab, and increased numbers and increased mechanisms to go into the schools, to work with the schools, to educate the schools. And like I said, I mean, I know that there is a lot that is in the background, in the works, that they're hoping will come forward to be funded in the next little while, but at the moment, that's not in place.

As a Canadian, when I look down here at what's going on in the States, and I think, "Wow." You know, I would love to be able to get an MRI on absolutely everyone of my patients. I don't know that it's necessarily going to change what I do in managing that patient. So, you know, in one sense, it's sort of an unnecessary expense, so why? But, boy, it's sure nice to be able to see what the brain looks like. So it's -- you have faster access to some of the tests. I'm just not always sure that having faster access makes that much difference in terms of outcome.

And I think thought it's interesting, actually. There are fewer trauma hospitals and fewer centers, so if you are injured, severely injured in Canada -- well, and I'm talking more about Ontario than the rest of Canada, but I pretty well generalize this -- you get picked up and flown to one of the trauma centers, but there's only so many trauma centers around, which has the advantage in one way that the receiving hospital maintains its expertise because they see the volume to keep them on speed, and you're -- and you capture them all. So you can actually follow them because you got them all because they only go to so many hospitals. So you only have to check so many places in order to find them and make sure they're referred in for therapy and to do everything. And I think that's more of a reflection of the fact that we're not nearly as big of a country. I mean, we're one-tenth of the population of the States. So we can't have everybody being an expert in everything. So we've had to rationalize how you can get that service. It has the spin-off benefit of being able to do this, whereas in the States, because you are so much bigger, you have all these facilities that have it, but they don't necessarily see the numbers and the coordination between them is, perhaps, not as ideal as it should be, partly, I think, because each hospital is fighting to get the funding, whereas we don't have to do the fighting as much. So it's a little bit different in that regard.