



Ontario Health Coalition

Questions and Answers: For-Profit Clinics and Hospitals

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Why is the public health care system under pressure?

For decades, Ontario's governments have cut and constrained public hospital funding. Ontario's hospitals have been downsized more radically than anywhere else in Canada. More than almost anywhere among our peer nations. [Public hospital funding in Ontario is the lowest](#) out of all the provinces and territories. Ontario also has the [fewest hospital beds](#) in Canada. When the Ford government took power, it chose to cut hospital funding to below the rate of inflation, increasing it only in the pandemic. In the last year, it has again [constrained hospital funding to below population need](#) and [capped wages of nurses and health professionals](#), limiting funding and worsening the health care worker shortage.

Would for-profit providers reduce pressure or make it worse?

For-profit clinics and for-profit hospitals [prefer to accept profitable patients](#), whose health issues can be addressed easier and faster, to maximize profits because they can treat more patients quickly and have less costs for the more burdensome patients. However, this takes the profitable easy patients out of the public hospitals, along with funding and the staff. It leaves public hospitals with a greater proportion of patients with complex conditions, such as diabetes or cardiovascular diseases with less staff and less funding to provide for them. Additionally, if patients at for-profit clinics experience a rapid decline in health, the clinics call emergency medical services to send patients to public hospitals.

Cutting our local public hospital services and transferring them to private for-profit clinics would be damaging to all Ontario hospitals. It would be particularly devastating to medium sized, smaller and rural hospitals and communities, such as those in Northern Ontario.

How does for-profit privatization make wait times worse?

When they talk about private for-profit clinics and hospitals, those who are trying to push through privatization talk about them as though they are an add on. In fact, they take away staff, funding and the light, fast, and profitable services from our local public

hospitals. In areas where there is more privatization the [wait lists for people in the public health system get worse](#). Those who can pay thousands of dollars to jump the queue may get care- [for a lot of money](#). However, jumping the queue does not reduce the number of people waiting. [It just pushes other people with greater need further back](#). Private clinics and hospitals divert public funding and staff in the public system to for-profit clinics and hospitals. They do not increase the total amount of resources available, so [wait times in the public or private health care system get worse](#).

Does for-profit health care cost more or less?

For-profit clinics and hospitals do not save money. Instead, they [charge higher fees](#) than the public system. For each dollar the public puts in, we get less service. Public costs increase to cover these extra costs and profit-taking.

Will patients have to pay out-of-pocket for private health care?

Investigations show that the majority of for-profit clinics and hospitals [extra-bill patients](#). This means they charge patients for services already covered by public health care (OHIP). Extra-billing is illegal. It violates the Canada Health Act which prohibits charging patients for their hospital and physician care. In addition, private clinics charge exorbitant prices and they manipulate patients into paying for unneeded add-ons.

Do for-profit clinics add money to the public health care system?

For-profit clinics have no interest in putting money they take from their patients into the public health care system. They take the profits out of the health system -- for themselves and their investors.