



OPEN LETTER

Dr. Kathleen Ross
Canadian Medical Association
1410 Blair Towers Place, Suite 500
Ottawa, ON K1J 9B9

By email: mediainquiries@cma.ca

September 8, 2023

Re. Canadian Medical Association/Globe and Mail Hearings on Health Care Privatization

Dear Dr. Ross,

We are writing with deep concern about the activities of the Canadian Medical Association in partnership with the Globe and Mail. We have seen your promotion of your “consultation” on privatization in health care. On the front of your website, you have framed the issues as “Health care in Canada is in crisis. Should the private sector help fill the gaps?” and, “...the balance of public and private care”. In other communications you have cast the issue as having a “fearless” or “open” conversation about privatization.

This framing is deplorable. It is factually incorrect on many levels. For one, private for-profit interests and their champions have repeatedly and very openly pushed for more privatization. They have no fear about it. To pretend Canada hasn’t repeatedly had an open debate about public or private health care is nonsense.

The fact is that the majority of Canadians strongly, vociferously oppose privatization. We oppose privatization because it threatens our very livelihoods and even our lives. We oppose because it violates the fundamental values of our society. We oppose because it harms our neighbours, often irreversibly.

Perhaps even more deplorable is your choice to have a panel (in what is supposedly a public consultation) that includes private for-profit health care companies, including Maple, which is overtly charging patients for access to doctors. It is our position that such charges are a violation of the Canada Health Act and the core tenets of public medicare in this country. While you pay lip service to Canadians accessing care without user fees, you promote this voice as a panelist in a high-profile national campaign? How could you?

We further note that your panel is all providers, many of them, apparently with vested interests. No one represents the patient voice nor the public interest voice in public health care.

We are in a health care crisis. The issue right now is not some arcane debate with dubious intentions about adjusting the balance between private and public health care. This urgent issue at hand is how do we improve the public health system in the public interest. It’s how do we improve prevention and protect public health. It’s how we retain or recruit back retired staff and train more as quickly as possible to improve access under our deeply held principles of equity and compassion that are supposed to anchor our public health system.

Finally, we take issue with the claims that you represent as “facts” in this campaign on your website and in communications. It is patently untrue that “the evidence is not in” on the impact of for-profit privatization on user

fees and extra billing of patients. We have called every private clinic in Canada, asking as patients how much it would cost to get a diagnostic test or surgery in their clinics. We have done this multiple times over more than a decade and have openly published the results, including transcripts of our conversations with the clinics. We caught the majority of the private clinics extra billing patients. Lest you try to dismiss this, the most recent time we did this in partnership with the Globe and Mail, which resulted in a [multi-part front-page series exposing the clinics for extra-billing and even for double-billing](#). The prices were exorbitant – up to ten times the cost under public health care. Further, we have documented clearly and repeatedly as has the Toronto Star and other media across the country, that private clinics take their staff from the public hospitals. We have shown irrefutably where the siphoning of public staff has reduced hours of public MRIs, for example. The documentation about the impact of for-profit nursing agencies is also irrefutable.

In fact, as you know, the BC Supreme Court’s landmark decision in the private clinics’ attempt to bring down the laws protecting single-tier public medicare found, “The evidence suggests that there is a real risk that a duplicative private system would result in reduced capacity and an increase in wait times in the public system, undermining the legislative purpose of preserving and ensuring the sustainability of the universal public system.”

The evidence *is* in. Pretending it is not is disingenuous.

We have other issues with the way you have presented “the facts” and what you have picked to include and leave out, but space and time prevent us from including all of them here.

We are well aware of the historic role that the CMA and the Globe and Mail played in opposing single-tier public medicare at its inception in Canada. You were on the wrong side of history then, and in the intervening years when your organizations have represented the interests of greed and profit-taking from patients in need, you have done Canadians a terrible disservice. There are also times when you have been better than this.

We hope that you will revisit the manipulative language you have chosen and the choice to amplify for-profit interests that charge patients for doctors on your panels.

Regards,

Natalie Mehra
Executive Director

Ross Sutherland
Chair