

**Save Public Medicare!
Information**

OHC: URGENT ALERT

This is urgent. Supporters of public medicare - your help is needed today. Please read and forward to all your contacts. Thank you very much. Natalie Mehra, Ontario Health Coalition

John Tory and the Ontario Conservatives have aligned themselves with for-profit health interests and have launched an aggressive offensive to try to win support for privatizing the health system. His media campaign is gaining steam. Please take the time to read the briefing materials below. We are calling upon supporters of the public health system to do the following:

- Please call a friend or two, email this information out, and come out to all actions on this issue.**
- write letters to the editor or opinion editorials to your local newspaper if it is reporting on this story**
- call your local MPP - no matter what party - and tell them you want them to publicly oppose the privatization of our health system**
- pass on this information to friends and colleagues today**

What is happening:

The Globe and Mail has led an aggressive media campaign in favour of for-profit privatization of hospital services this week. The recent attempt to force the government to purchase hip and knee surgeries from a for-profit surgical center in Toronto is an excellent example of an orchestrated political campaign by the conservative party and their wealthy business friends. A private company called Don Mills Surgical Centre (a for-profit hospital grandfathered in when Medicare was started) approached the ministry to sell for-profit surgeries for public health care dollars. The story was given to the *Globe and Mail*. Health Minister George Smitherman was asked to comment and said unequivocally that he would not privatize these services. The story ended up on the front page as though the Health Minister was refusing a private sector contract that would help reduce wait times. Two days later the private clinic claims to *The Globe* that it can do the surgery cheaper than hospitals.

The conservative party supported this unfounded assertion and has been raising questions in the legislature. *The Globe* and a number of newspapers are running similar editorials in four communities supporting the for-profit clinic's bid to force the Liberals into privatization. The story is pitched to make it seem as though the private clinics will somehow add to the public system - rather than taking away - and is timed to

score political points for John Tory and the Conservatives leading into the election. Although we are usually called upon to comment on such events, no commentary from the anti-privatization groups has been included in the story. The only opposition printed has been a letter to the editor from the OHC.

Key Arguments and Facts:

Globe and Mail (March 20, 2007)

Profiting from sense

Letter to the Editor

Re: Ontario's Dismissal of Privately Provided Care - Editorial, March 19

By Natalie Mehra

Commercial secrecy, competition and the administrative burdens of the for-profits in health care work against co-ordination, integration and efficiency.

The British Medical Journal reports that Britain's experiment with for-profit surgical clinics resulted in dramatically higher costs per procedure.

The meta analysis of the outcomes in for-profits published in the Canadian Medical Journal shows that for-profit hospitals and clinics in the U.S. not only cost more but deliver higher patient mortality rates.

Would any sensible CEO encourage her most highly trained, expensive and scarce staff to set up side businesses of their own, siphoning time and energy away from the core enterprise? Can you think of a more predictable recipe for cost increases and shortages?

But in this "election silly season," don't let the facts get in the way of ideology.

Natalie Mehra is the Director of the Ontario Health Coalition

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Quick Facts:

- **The British Medical Journal reported in 2004, that the public health system was charged 47% more for hip replacements performed in private surgical clinics than for the same procedures provided in**

public hospitals

- **Health policy expert and author Colleen Fuller reported in December that the costs for hip replacement surgeries in Alberta were \$10,000 in a non-profit hospital and up to \$21,780 in the province's for-profit clinics.**
- **Patients in BC's for-profit clinics have been charged between \$700 and \$17,000 each in so-called "facility fees" which were deemed a contravention of the Canada Health Act.**
- **The Don Mills Surgical Centre is part of the Alegro Health Group which is traded on the Toronto Venture Stock Exchange (TSX-V).**
- **The Centre, which has been in existence for 40 years, was bought by Alegro Health Group in 2005. They offer high intensity ultrasound treatments for prostate cancer and which is an experimental procedure, not approved and therefore not covered by OHIP. They also offer other non-insured (non-OHIP) health services for a fee.**
- **Alegro is a for-profit health corporation focusing on private-payer services. It was incorporated in 2001 and appears to have operating revenues of \$12 million per year.**

Ontario Health Coalition Backgrounder on Private Clinics – Evidence from the system-wide experiment in Britain

In a letter sent by the British National Health Service Physician's President to the Canadian Medical Association in August 2005, the British doctors warned against the incursion of private clinics:

"We are writing, as British doctors, to share what we have learned first-hand about the dangers of private sector involvement in health care, in the hopes that our colleagues in Canada can learn from our country's mistakes and reject private care and other market-style policies.

Short-term improvements in easily counted and politically important

areas like waiting lists are being achieved by expensive deals with the private sector. These include not only using spare capacity in existing private facilities, but now the establishment of 'independent sector treatment centres' (ISTCs), often owned and staffed by foreign commercial concerns.

These ISTCs are offered long-term contracts with guaranteed income at costs up to 40% higher than the NHS. They "cherry pick" the simple cases and have little responsibility for complications or follow up. Their clinical governance arrangements are currently unclear and there are already concerns about the quality of care in ISTCs.

The removal of much elective surgery from the NHS is putting training in some specialities at risk. Because fewer of the low-risk cases are being seen in NHS hospitals, young surgeons are no longer getting the training they need. In addition, the concentration on short-term episodic care is diverting attention and funds from the majority of patients, whose needs are for the longer-term management of chronic disease or disability. “

For questions, please call Natalie Mehra 416-441-2502.

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