

THE GLOBE AND MAIL

Ontario's dismissal of privately provided care

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Canadians should not have to wait in terrible pain for surgery because political leaders won't talk honestly about private health care. But that is the situation in Ontario. People wait nearly twice as long as the Ontario government's official targets say they should. Yet Health Minister George Smitherman turned his nose up last week at a chance to pay a private clinic in Toronto to help cut waiting times for knee-replacement surgery.

The option Mr. Smitherman rejected did not involve credit-card medicine for the affluent. The surgical procedures at Don Mills Surgical Unit Ltd., a 44-year-old clinic, would have been paid for by the public health insurance plan, just as in big public hospitals. Yet the Health Minister unburdened himself of a grandiose statement of principle. "I will never support the outsourcing of those knee surgeries to any private, for-profit-motivated organization. Our government fundamentally believes that the public health-care system, the not-for-profit public health-care system, is the best expression of Canadian values." Surely a provincial election is in the offing when government ministers launch fusillades of phonyumbrage against private care -- even as their health systems make use of private clinics.

Ontario already pays for abortions at private surgical clinics. Funny, Mr. Smitherman has never decried the existence of those clinics. Ontario also pays for cataract and orthopedic surgical operations in the same Don Mills Surgical Unit rejected for knee replacements. The province pays for countless visits to thousands of family medical clinics. Why, then, is private care said to be beyond the pale whenever an election comes around?

Far from being an enemy of publicly funded medicare, the private clinics may help shore up the system. No, private clinics are not a panacea for a stretched system -- there is only one pool of doctors to draw upon, and in a single-payer system only one source of money -- but small, efficient clinics can help expand the system's capacity. British Columbia and Alberta have been increasingly turning to them. Even in Manitoba, which has an NDP government, a regional health authority signed a contract recently with the private Maples Surgical Centre in Winnipeg to provide dental, ear, nose and throat and other surgical operations for children, and some adult operations.

Ontario says patients should wait no more than six months for knee-replacement surgery. Yet 90 per cent wait 357 days, even after a drop of 83 days, or 18 per cent, since August/September of 2005. The Supreme Court of Canada was so disturbed two summers ago on learning that people were forced to wait in pain for hip surgery while being denied private options that it threatened to topple the entire structure of medicare. Mr. Smitherman's defence may put the system at serious risk.

It is doubtful that anyone who needs the knee-replacement surgery cares whether the hospital that provides it is public or private, or makes a profit, as long as it is efficient, high-quality and accountable. But the election silly season has begun; while politicians declaim in defence of medicare, patients continue to suffer.