



FASTFACTS



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Public-Private Partnerships Why we should say NO to Maples Surgical Centre

I was watching the evening news last night as a woman, visibly in pain, urged the Doer government to allow the Maples Surgical Centre to operate as a private-for-profit clinic so that she can pay for the surgery she needs. Stuart Murray, in an article in the *Winnipeg Sun*, leaped at the chance to accuse Doer of taking an ideological stance at the expense of Manitobans.

It is a shame that individuals, who cannot be blamed for their desperation and willingness to pay to get the medical attention they need, are used as political pawns in the healthcare debate. But since much of the debate seems to take place at this personal level, let me add another story to the mix.

A little over a year ago I took my elderly mother to the St. Boniface Hospital emergency room. She had fallen and appeared to be weak from flu-like symptoms. Several hours later we were told that she had not broken any bones but what we thought to be the flu turned out to have been the after-effects of a

major heart attack. After taking a turn for the worse, she was stabilized but we were warned that the next 48 hours would be critical. Our family took turns at her bedside to ensure someone was with her at all times. The hospital staff were wonderful. We could not have asked for better care.

Two tier health care gives access to some and not others. Opening up this door compromises a value that has been strongly embraced by Canadians. Public healthcare is under attack for ideological reasons and because so-called experts, who have something to gain, tell us that privatization will solve all of our problems.

My mother made a full recovery and is doing well. She has since returned to her home at a Winnipeg non-profit personal care facility where she receives the best care we could possibly hope for. Oh, and by the way, my mother is as poor as a church mouse.

Around the same time another relative became ill and was diagnosed with cancer.

Unlike my mother, he was financially secure. Up until his illness, he and his wife travelled the world and spent their winters in Florida. During my few visits with him before he died, he could not emphasize enough how thankful he was for the good care he had been given throughout his illness here in Manitoba. He talked about having been sick in the U.S. on a few occasions and how expensive that was. He said he had no idea how



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lucky we are here in Canada. And while there may be a bit of a wait sometimes, he felt the system quickly responded when he needed it the most.

The point of this story is that there are indeed many stories. Some good and some bad. But I for one am extremely thankful for the equity we have left in our health care system. This is an example of two senior citizens seriously ill. Both received the treatment they needed immediately. Their financial circumstances had absolutely nothing to do with the level of care they received.

Private-for-Profit Illusions

What would be the implications of entering into the public-private deal put forward by the Maples Surgical Centre?

In his 2004 book titled *Prescription for Excellence*, Michael Rachlis, M.D., calls for-profit delivery “an illusion of innovation”. He gives all sorts of evidence as to why the private-for-profit model does not work for health care and he concludes that non-profit care is, in general, less costly and of better quality.

Rachlis and many others point out that public-private health care ‘solutions’ have failed in many jurisdictions. Rachlis points to several studies that demonstrate higher costs and poorer quality of for-profit care.

A systematic study by a McMaster University research group and published in the *Canadian Medical Association Journal*, reported that investor-owned for-profit facilities cost more because they have to “generate revenues to satisfy investors, high executive bonuses, and high administrative costs”. Harvard researchers Steffie Woolhandler and David Himmelstein added one more factor to the mix. Greed.

Supporters of privatization continue to criticize the Doer government for taking an ideological position on this issue.

The fact of the matter is that this *is* an ideological issue. Two tier health care gives access to some and not others. Opening up this door compromises a value that has been strongly embraced by Canadians. Public healthcare is under attack for ideological reasons and because so-called experts, who have something to gain, tell us that privatization will solve all of our problems.

It won't. The evidence on this is overwhelming.

Private-for-profit does not equate with better and more efficient. What it does do is take money out of the system and put it directly into someone's pocket. How can that be better and cheaper—unless corners are being cut on staffing and quality of care?

This week a local TV poll showed that 79% of respondents were in favour of private-for-profit clinics. While there is no validity to a TV poll, this is still somewhat dismaying. But it is not surprising. Our healthcare system, like healthcare systems around the world, has its problems. It is complicated and people are looking for some simple solutions. The media add fuel to the fire by highlighting the bad news stories. When was the last time you saw a happy patient on the front page of the newspaper?

People are concerned. And so they should be. The health care system needs improvements. But these improvements should build on the many strengths of the public health care system now in place, and should be consistent with the strong Canadian values that built that system. Accepting the proposed public-private partnership model moves us backward rather than forward.

It should be rejected.

- Shauna MacKinnon

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