



Medical tourism: the beginning of the end of Medicare

WHEN THIS ISSUE OF THE *JOURNAL* reaches your doorstep, Ontario will have a new government. The next premier of this province – whoever it may be – will hear from RNAO about the urgent need to put a stop to medical tourism, a line of business pursued by some Ontario hospitals. As a means of generating revenue, these hospitals are soliciting patients from other countries to come to Ontario for treatment at a cost. RNAO is in staunch opposition to medical tourism because it turns health care into a commodity to be bought and sold. It destroys Medicare.

Medical tourism in Ontario dates back to 2011, when University Health Network (UHN), led by then President and CEO Bob Bell – now our province’s deputy health minister – disclosed a \$75 million agreement with the Kuwaiti government to provide cancer system consulting services and treatment “for a small number of Kuwaiti patients” at Princess Margaret Hospital.

Pierre LaPlante, an experienced RN and RNAO member working at UHN, approached RNAO in the spring of 2012 with concerns that four patients from Libya were receiving orthopedic surgeries in a transformed nurses’ lounge at UHN’s Toronto General site. LaPlante witnessed a different level of care for these patients, wondered about Ontario patients being bumped for treatment, and had concerns about the workload for nurses, which

increased at night from six to seven patients per RN.

Appalled by what this could mean to the future of Medicare, I met with LaPlante and invited him to attend a subsequent meeting with Bob Bell to get to the heart of the matter. UHN’s CEO was describing this initiative to the media as a “humanitarian” gesture, but his focus when meeting with us was entirely on the revenues these

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patients were generating for UHN. He did not consider this a danger to our publicly funded, not-for-profit system. We do, and that is why RNAO’s board of directors passed a unanimous motion to do all we can to put a stop to medical tourism.

Registered nurses – in all roles and sectors – are the safety valve of Ontario’s health system. Nurses care for patients 24/7, and have safeguarded Ontarians time and again throughout history. As your professional association, we listen to you, we investigate, and, when warranted, we become your megaphone, amplifying your voice, applauding positive directions such as engagement in

best practices, and ringing alarm bells on issues of concern.

Kudos to LaPlante for having the courage to come forward in 2012 with his concerns about how medical tourism fundamentally endangers Medicare. We listened, investigated, and now we will ring alarm bells until Ontario closes the floodgates to international medical tourism.

RNAO brought this issue out into the open in the spring

up a program that, by design or by default, contributes to the dismantling of Medicare. If patients from other countries can come and pay for services, there is nothing stopping Ontarians from asking for – or demanding – the same. And it’s impossible to imagine that respected hospitals and our government, with their army of lawyers to advise them, are not aware of the legal repercussions. Medical tourism opens the door to lawsuits driven by for-profit interest groups. They will use wealthy and/or vulnerable clients to argue that if out-of-country patients can pay their way to preferential treatment, so too should Ontarians.

Medical tourism also encourages lawsuits from foreign investors under Canada’s free trade agreements, such as NAFTA, which protect against such lawsuits only “to the extent that they are social services established or maintained for a public purpose.” Medical tourism undermines the “public purpose” designation.

This is an issue of our already scarce health human resources being used for a parallel, for-profit system. We know this will erode the quality of the public system and public support for Medicare. And we know this is simply not the Canadian way.

This is why medical tourism must be stopped immediately. **RN**

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