

OPEN LETTER TO MINISTER ERIC HOSKINS: BAN MEDICAL TOURISM

August 18, 2014

Hon. Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins,

As health service providers committed to our not-for-profit, publicly funded health system, this joint letter urges you to immediately ban inbound medical tourism in Ontario. As we wrote to Premier Wynne on April 11, 2014,^{1 2} we are dismayed by the provincial government's inaction to stop instances of medical tourism.

Toronto's University Health Network has raised millions of dollars by seeking international patients on a referral basis.³ Sunnybrook Health Sciences Centre then raised the stakes in marketing their health services to other countries and effectively declaring that they were "open for business" according to their chief administrative officer, Michael Young.⁴

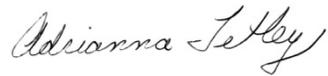
Our three main concerns are:

1. Medical tourism represents a shift to for-profit, private health care. Health care in Canada is rooted in the notion of accessing services based on need, not on one's ability to pay.⁵ Creating a second tier contravenes the principles of Medicare, and also establishes a precedent for those who can pay to access care ahead of others. This in turn, sets the stage for vulnerable and/or wealthy Canadians to ask why they aren't able to pay for care in a Canadian hospital.
2. "Unused capacity" should be available to treat Canadians, especially those on waiting lists for procedures and services. If hospitals have excess capacity or there is a surplus of physicians, nurses and other staff -- why aren't provincial and federal governments working together to ensure better use of these resources to reduce waiting times?
3. As we learned from the ORNGE scandal, diverting attention from a core mission of providing health services to one that seeks to generate income from international clients is fraught with dangers, including corruption.^{6 7} Profit-seeking health care makes the entire system more expensive. The most market-driven example, the United States, spent the most of any OECD country in 2011 with 17.9 per cent of its GDP going to health-care expenditures compared with 11.2 per cent for Canada and the OECD average of 9.3 per cent.⁸ For-profit health care in hospitals costs more⁹ and results in higher risks for patient mortality¹⁰ compared with not-for-profit hospitals. Allowing for-profit health care that is more expensive, less equitable, less effective, and that results in worse health outcomes is not in the best interests of Ontario's health-care system.

Minister Hoskins, we urge you to ban for-profit hospital care targeted to patients arriving from outside of Canada based on ability to pay.

We look forward to your response.

Kind regards,



Adrianna Tetley
Chief Executive Officer
Association of Ontario Health Centres



Kelly Stadelbauer, RN, BScN, MBA
Executive Director
Association of Ontario Midwives



Doris Grinspun, RN, MSN, PhD, LLD(hon), O.ONT.
Chief Executive Officer
Registered Nurses' Association of Ontario



Copy: Hon. Kathleen Wynne, Premier of Ontario

References

¹ Association of Ontario Health Centres, Association of Ontario Midwives, Canadian Doctors for Medicare, Medical Reform Group, and the Registered Nurses' Association of Ontario. Letter to Premier Wynne on Medical Tourism. April 11, 2014. Available at:

<http://aohc.org/news/Media-Release-Health-groups-urge-Premier-Wynne-stop-medical-tourism>

² Grant, K. Ban sought on medical tourism to protect Ontario funding. *Globe and Mail*, April 16, 2014.

³ For background information and references, please see RNAO's resolution to the Canadian Nurses Association that was passed at the Annual General Meeting in Winnipeg in June 2014:

http://rnao.ca/sites/rnao-ca/files/Resolution_6_-_Reject_Medical_Tourism_to_Safeguard_Medicare.pdf

⁴ Grant, K. Toronto hospital courts wealthy 'medical tourists.' *Globe and Mail*, April 1, 2014.

⁵ Boyle, T. Ontario vulnerable to legal challenge because of medical tourism: nursing leader. *Toronto Star*, August 5, 2014.

⁶ Standing Committee on Public Accounts (2013). *ORNGE Air Ambulance and Related Services: Interim Report No. 1*. Toronto: Author.

⁷ Brennan, R. & Campion-Smith, B. (2014). ORNGE warnings ignored, report reveals. *Toronto Star*, June 2, 2014.

⁸ Canadian Institute for Health Information (2013). *National Health Expenditure Trends, 1975 to 2013*. Ottawa: Author, 66.

⁹ Devereaux, P., Heels-Ansdell, D., Lacchetti, C. et al. (2004). Payments for care at private for-profit and private not-for-profit hospitals: a systematic review and meta-analysis. *Canadian Medical Association Journal*. 170(12), 1817-1824.

¹⁰ Devereaux, P., Choi, P., Lacchetti, C. et al. (2002). A systematic and meta-analysis of studies comparing mortality rates of private for-profit and private not-for-profit hospitals. *Canadian Medical Association Journal*. 166(11), 1399-1406.