

Medical Tourism

Can we count on you to urge legislation to ban medical tourism?

Hospitals and other health-care organizations are grappling with tight fiscal realities as stagnant budgets attempt to accommodate changing population health needs. An area of grave concern for RNAO is medical tourism: the sale of health care at a profit to well-heeled people who travel abroad to access health services more quickly or more cheaply. RNAO is aware of hospitals that have provided health services to non-urgent paying patients from abroad.¹ RNAO is in staunch opposition to medical tourism because it turns health care into a commodity to be bought and sold.² For nurses, medical tourism is the beginning of the end of Medicare,³ as it opens the door to lawsuits driven by wealthy Ontarians denied private care and for-profit interest groups. They will argue that if out-of-country patients can pay their way to preferential treatment, so, too, should Ontarians. This is also an issue for our already stretched health human resources being used for a parallel, for-profit system. We know this will erode timely access to a quality public system. And we know this is not the deal taxpayers made with government. There has been no public consultation in the development of medical tourism programs.

On November 21st the Minister of Health and Long-Term Care asked all Ontario hospitals to stop soliciting and treating international patients, except for humanitarian work and activities related to existing contracts. In the interim, he has asked hospitals not to enter into new international consulting contracts that include the treatment of foreign nationals in Ontario. While this is an encouraging first step, RNAO strongly urges the Minister to implement a complete ban on inbound medical tourism through legislation. This step applies the strongest form of governance to stop current programs from continuing and prevent future attempts to commercialize health-care delivery.

More and more politicians and organizations have recognized that medical tourism must be completely banned to protect our universal, publicly funded, not-for-profit health system. RNAO launched a coalition with the Association of Ontario Health Centres, Canadian Doctors for Medicare, and the Association of Ontario Midwives. The NDP Health Critic France Gélinas also [pressed Hoskins to ban medical tourism](#) on the floor of the Ontario legislature. The PC party also spoke out at Queen's Park with Health Critic Christine Elliott telling Minister Hoskins his actions to stall medical tourism in November weren't enough and demanding a complete ban on medical tourism -- a sentiment echoed by all (see Appendix A).

Appendix A

February 2, 2015

Hon. Dr. Eric Hoskins

Minister of Health and Long-Term Care 10th Floor, Hepburn Block

80 Grosvenor Street

Toronto, ON M7A 2C4

Subject: Inbound Medical Tourism

Dear Minister Hoskins,

As a coalition of health service providers committed to a universal, publicly-funded and not-for-profit health system, which provides access and care based on need and not the ability to pay, we were encouraged by your announcement on November 21, 2014 directing hospitals to:

“... not market to, solicit or treat international patients, with the exception of international patient activity related to a hospital's existing international consulting contracts.”ⁱ

We were also encouraged to know that you will review all existing international contracts within the next four to six months.

It has been a number of months since you initiated a review of medical tourism (international patient programs) in Ontario's hospitals. And, we have not been involved or received any updates since your announcement in November 2014.

The risk associated with medical tourism eroding the fabric of Medicare persists. Given your concern, along with complete support from both opposition parties for a full and complete ban on medical tourism,^{ii,iii} the time is ripe to solidify a legislated ban on inbound medical tourism in Ontario. A ban, through legislation, will put an immediate stop to current medical tourism programs and will prevent future programs from surfacing. This measure will protect Medicare from profit-generating forces that seek to put revenue ahead of Ontarians' needs.

Minister, as you know, we are not advocating for any restrictions on not-for-profit humanitarian assistance through our health-care facilities. However, we owe it to the people of Ontario to ensure that our health system serves people according to need, not ability to pay; and no one can use their wealth to jump the queue, whether they live in Sudbury or Saudi Arabia.

We look forward to your response.

Yours with warm regards,

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

Adrianna Tetley
Chief Executive Officer
Association of Ontario Health Centres

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

Dr. Monika Dutt, MD, CCFP, FRCPC, MPH, MBA, MFA (candidate) Chair
Canadian Doctors for Medicare

Cc. Hon. Kathleen Wynne, Premier of Ontario
Jim Wilson, Interim Leader of the Progressive Conservative Party of Ontario
Andrea Horwath, Leader of the New Democratic Party of Ontario
Christine Elliott, Health Critic, Ontario Progressive Conservative Party
France Gélinas, Health Critic, New Democratic Party of Ontario

References:

i Statement by Ontario Health Minister on International Patient Care in Ontario Hospitals. Retrieved from: http://www.health.gov.on.ca/en/news/bulletin/2014/hb_20141121_1.aspx

ii Ban Medical Tourism Completely: Elliot. Retrieved from:
<http://christineelliottmpp.com/2014/12/09/ban-medical-tourism-completely-elliott/>

iii Medical Tourism is already in Ontario: <http://vimeo.com/110386949>

References:

¹ Grinspun, D. (2013). Ontario's health care system should serve need, not greed. *Toronto Star*. April 1. Retrieved January 19, 2015 at http://www.thestar.com/opinion/commentary/2013/04/01/ontarios_health_care_system_should_serve_need_not_greed.html.

² Open letter: strengthen Ontario's health system by immediately banning medical tourism and rejecting for-profit plasma collection (2014, July 3). *Registered Nurses' Association of Ontario*. Retrieved from: http://rnao.ca/sites/rnao-ca/files/RNAO_Open_Letter_to_Premier_-_Reject_For-Profit_Health_Care.pdf

³ Medical tourism: the beginning of the end of Medicare (May/June 2014). *Registered Nurse Journal*. Retrieved from: <http://rnao.ca/sites/rnao-ca/files/CEODispatchMayJune2014.pdf>

⁴ Grant, K. (2014, October). Medical tourism fees for international patients return little cash to hospital. Retrieved from: <http://www.theglobeandmail.com/life/health-and-fitness/health/medical-tourism-fees-for-international-patients-return-little-cash-to-hospital/article21042674/>

⁵ Walkom, T. (2014, April). Why Ontario's medical tourism threatens medicare: Walkom. Retrieved from: http://www.thestar.com/news/canada/2014/04/03/why_ontarios_medical_tourism_threatens_medicare_walkom.html

⁶ Stanbrook, M., Fletcher, J. (2014). Attracting medical tourists to Canada is a risky experiment. *Canadian Medical Association Journal*, 186(13), 971-971.

⁷ Turner, L. (2012). Making Canada a Destination for Medical Tourists: Why Canadian Provinces Should Not Try to Become "Mayo Clinics of the North". *Healthcare Policy*, 7(4), 18-25.