



Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario

## MEDICARE FOR TODAY AND THE NEXT GENERATION

### RNAO's Policy Platform Backgrounder

January 2013

Canada's cherished health-care system came under recent attack in Ontario. In the fall of 2012, RNAO successfully advocated for the government not to sell the Shouldice Hospital to a for-profit U.S. conglomerate,<sup>1 2</sup> arguing Ontarians need a health-care system that:

- Does not cut corners in order to maximize return on shareholders' investment,
- Does not promote financial incentives that close the door on "unprofitable" patients, and
- Does not provide faster access to those who can afford it.

Over the past decade, Prime Minister Stephen Harper's hands-off approach to enforcing the *Canada Health Act, 1985*<sup>3</sup> has allowed jurisdictions to experiment with two-tiered services, delisting, user fees and private for-profit medicine.<sup>4</sup> Most recently, federal finance Minister Jim Flaherty announced future funding increases earmarked for health would be lower than in the past.<sup>5</sup> Former Saskatchewan premier Roy Romanow described the Prime Minister's plan for health-care transfers as a deliberate strategy to abandon health care to the provinces and foster the development of more private, for-profit medical enterprises.<sup>6</sup>

Any doubts that a publicly funded, not-for-profit health-care system provides better outcomes and better value are quickly allayed by a look south of the border. Commercialization of health care in the United States has not served its people well. A review of four decades of experience with privatization found that "for-profit health institutions provide inferior care at inflated prices."<sup>7</sup>

Nurses know that flirting with for-profit health care must be rejected in the strongest possible terms based on the overwhelming evidence that for-profit delivery produces worse patient outcomes, diverts resources away from publicly accessible health-care services and is more expensive. Protecting the public thus requires: rejecting competitive bidding for home care; a moratorium on private-finance, for-profit (P3) hospitals; and opposing trade deals that undermine the ability of democratic governments to regulate in the public's interest.

Parties and politicians who attempt to destabilize Medicare with inadequate funding only to profit from investments in for-profit health-care services will be remembered at the polls. RNAO agrees changes are needed to make our system more responsive. Those that tap the knowledge and skills of health-care professionals such as RNs, including nurse practitioners in addition to other members of the health-care team, will help us achieve the kind of system we need. When all health professionals are working to their full scope of practice, truly transformative change will result in a system that is more efficient, more cost-effective and delivers better health outcomes for patients and taxpayers.



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#### Recommendations:

1. **Commit to and expand our publicly funded, not-for-profit health-care system in areas such as home care.**
2. **Reject efforts to commercialize or privatize health-care delivery.**
3. **Focus on well-researched and demonstrated policies and evidence-based clinical practices to optimize the health of people, families, communities, and our health system.**

#### Questions for candidates:

1. **Will you commit to protecting Medicare and expanding our publicly funded, not-for-profit health-care system in areas such as home care?**
2. **Will you reject attempts to commercialize or privatize health-care delivery?**
3. **Will you commit to demanding a focus on well-researched and demonstrated policies and evidence-based clinical practices to optimize the health of people, families, communities, and our health system?**

#### References

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<sup>1</sup> Registered Nurses' Association of Ontario. (2012). *Action Alert: Ask Health Minister to reject selling Shouldice Hospital to For-Profit US Conglomerate*. Retrieved January 23, 2013 at <http://rmao.ca/policy/action-alerts/action-alert-ask-health-minister-reject-selling-shouldice-hospital-profit-us-co>

<sup>2</sup> London Free Press. (2012). *The sale of Shouldice Hospital is the first casualty of the Ontario legislature's shutdown*. Retrieved January 23, 2013 at <http://www.lfpress.com/2012/11/16/the-sale-of-shouldice-hospital-is-the-first-casualty-of-the-ontario-legislatures-shutdown>

<sup>3</sup> Government of Canada. (n.d.). *Canada Health Act, 1985*. Retrieved January 23, 2013 at <http://laws-lois.justice.gc.ca/eng/acts/C-6/>

<sup>4</sup> Mehra, N. (2008). *Private clinics report: Eroding public Medicare – Costs and consequences*. Retrieved January 23, 2013 at <http://www.web.net/ohc/Privatization.htm>

<sup>5</sup> Globe and Mail. (2012). *Flaherty's 10-year health-care plan divides provinces*. Retrieved January 23, 2013 at <http://www.theglobeandmail.com/news/politics/flahertys-10-year-health-care-plan-divides-provinces/article4181493/>

<sup>6</sup> National Post. (2012). *Stephen Harper's hand's off stance could signal end to national health-care system: Romanow*. Retrieved January 23, 2013 at <http://news.nationalpost.com/2012/01/08/stephen-harpers-hands-off-stance-could-signal-end-to-national-health-care-system-romanow/>

<sup>7</sup> Woolhandler, S & Himmelstein, D. (2007). "Competition in a publicly funded healthcare system." In *British Medical Journal*, December, Vol. 335. Retrieved January 23, 2013 at [www.pnhp.org/PDF\\_files/BMJ\\_Woolhandler\\_Market\\_Failure.pdf](http://www.pnhp.org/PDF_files/BMJ_Woolhandler_Market_Failure.pdf)