RESOLUTION 6	Reject Medical Tourism to Safeguard Medicare

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate against initiatives to market Canada as a destination for medical tourism in order to safeguard Canada's universal, publicly funded and not-for-profit health-care system.[1]

Submitted by: Registered Nurses' Association of Ontario

Rationale: Medical tourism is soliciting international patients for medical treatment within Canada's health-care system in order to make a profit.

Medical tourism is separate and distinct from providing health-care services to visitors who happen to fall ill or be injured while visiting Canada. It is also separate and distinct from providing specialized treatment as part of a humanitarian program for those who would otherwise not have access to treatment in their own countries.

Illustrations of experiments in medical tourism may be found in Québec and Ontario. In 2013, a five-year, $86 million hospital services agreement with the government of Kuwait and "a private Montreal company with close ties to the McGill University Health Centre (MUHC)"[2] came under scrutiny. The media focused on a Kuwaiti patient who underwent cardiac surgery charged to the Kuwaiti government, including $100,000 in profit to MUHC and $45,000 in physicians' fees.[3] Although "months-long waits are common"[4] for Québec patients in need of cardiac surgery, MUHC officials denied that this woman jumped the queue, as "the room and operating room used for the surgery were unavailable to Québec patients because there was not enough available staff to work in them."[5] Québec Health Minister, Réjean Hébert, responded swiftly to news of this incident by unequivocally stating that it was "unacceptable" and "Québec is not open for medical tourism."[6]

In contrast, Ontario's Minister of Health, Deb Matthews, has endorsed medical tourism by saying, "If hospitals have the capacity (and) if people internationally want to come here, that actually speaks to the quality of our health care system. That can actually generate revenue for the hospital (that can be) plowed right back into the public system."[7] Since 2011, Toronto's University Health Network (UHN) has generated more than $50 million by treating 380 patients from other countries and consulting services to countries such as Kuwait and Qatar.[8] Under the leadership of UHN president Robert Bell, "increasing non-Ministry revenues"[9] is a key element of UHN's 2016 strategic plan.[10] Bell's October 2013 CEO report noted the size of the estimated American medical tourism market as exceeding $5B. With changes to malpractice insurance, UHN expects to be able to treat a "limited number" of U.S. patients in the near future and project that "including Americans in the UHN's International Patient Program would double program revenues within two years."[11] As another example, Sunnybrook Health Sciences Centre has been given approval to solicit 10 international patients in a one-year pilot phase and through their website "we are beginning to advertise that we are, in essence, open for business."[12]

Proponents of medical tourism argue that medical tourism revenues will generate income to advance the sustainability of our universal health-care system without compromising care for

Canadians.[13] These arguments are reminiscent of the rationale provided by Dr. Brian Day, founder of the for-profit Cambie Surgery Centre, for expanding the role of private health-care delivery within the public system.[14] In order to make the case for queue jumping, the Atlantic Institute for Market Studies suggests a "Robin Hood principle" that would charge "perhaps five times the actual cost of the intervention" to allow a person to jump to the front of the line.[15] Business consulting firm Deloitte markets inbound medical tourism to provincial governments as a way to create "new opportunity for revenue generation, which in turn can increase the availability of services in the public system."[16] An OECD scoping review of medical tourism suggests this growing trend points toward a "paradigm shift" with "potentially far-reaching impacts on publicly-funded health care including the developing notion of patients as 'consumers' of health rather than 'citizens' with rights to health care services."[17]

In 2010, British Columbia's Health Minister, Kevin Falcon, promoted offering "medical treatment to foreign patients willing to pay extra" by asking: "Why can't British Columbia be the Mayo Clinic of the North?"[18] In response to this question, Leigh Turner has seven compelling reasons why provincial health-care systems in Canada should not attempt to sell health services to medical tourists:

1. Promoting medical tourism risks functioning as a Trojan horse to undermine Medicare as "Canadians with sufficient financial resources will likely insist that they, too, should be able to purchase what at present are publicly funded services."[19]
2. Any "unused capacity" should be used to reduce wait times in Canada.[20]
3. Although often portrayed as a "profitable revenue stream," marketing medical tourism "could easily become a financial sinkhole in which public funds are wasted on expensive marketing campaigns or, as happened in India, are captured by corporations."[21]
4. "Canada does not have an oversupply of healthcare professionals available for medical tourism."[22]
5. Due to the highly competitive global health services marketplace, "investments needed to position Canada as a destination for medical tourists could be better spent by helping Canadians gain improved access to health services within Canada."[23]
6. Patient safety, continuity of care and continuity of caregiver are all disrupted by this "questionable model of healthcare."[24]
7. Health equity matters: "providing equality of access to care is a key feature of the *Canada Health Act* and an important component in the lives of every Canadian who obtains publicly funded access to medically necessary health services and does not have to worry about choosing between treatment and medical debt or bankruptcy."[25]

Turner argues that asking why a Canadian province cannot become a Mayo Clinic of the North poses the wrong question. "The Mayo Clinic has many commendable attributes, but it is not and has never been responsible for promoting equitable access to care."[26]

Estimates of total global health expenditures exceed $4.1 Trillion USD annually.[27] The Council of Canadians points out that "the most promising sources of future profits are lucrative health care programs such as Canada's, which are still delivered on a public, not-for-profit basis."[28] The North American Free Trade Agreement (NAFTA) exemption for health care, "which has kept large U.S. health corporations out of Canada, applies only to the extent that health care services are social services established or maintained for a public purpose."[29] The result of opening up health care to private interests through government decisions or trade agreements such as the

Canadian-European Union Comprehensive Economic and Trade Agreement (CETA) is that "NAFTA would force Canada to give equal treatment to U.S. companies competing for patients with our public system."[30] This will cause the "entrenchment of inequitable modes of health care delivery" due to the "permanent involvement of foreign parties with no vested interest in the well-being of local populations."[31] In addition to making governments vulnerable to legal challenges from transnational corporations for loss of potential revenue, wealthy and/or desperate Canadians seeking quicker access to health services via entrepreneurial medicine may also sue.

Relevance to CNA's mission and goals: This resolution will advance CNA's mission "to improve health outcomes in a publicly funded, not-for-profit health-care system." This is an opportunity for the nursing profession to demonstrate leadership in protecting the Canadian health system from market forces that would undermine access and equity in the pursuit of profit.

Key stakeholders: RNAO's public advocacy against medical tourism has included a 2013 op-ed in the *Toronto Star* arguing "Ontario's health care system should serve need, not greed."[32] In April 2014, a joint letter[33] and media release[34] by the Association of Ontario Health Centres, the Association of Ontario Midwives, Canadian Doctors for Medicare, the Medical Reform Group, and RNAO urged the Premier of Ontario to stop the practice of allowing hospitals to solicit paying patients from other countries. Other civil society groups that work to uphold Canada's not-for-profit, publicly-funded health-care system include the Canadian Health Coalition and their provincial/territorial affiliates, the Council of Canadians, the Canadian Federation of Nurses Unions and other members of the labour movement.

Estimated resources required or expected outcomes: Jurisdictions that are currently experimenting with medical tourism will desist due to strong, visible nursing leadership working cooperatively with civil society organizations and the public on this issue.

References:

[1] This is an updated version of a resolution submitted by the Registered Nurses' Association of Ontario for the 2013 Canadian Nurses Association annual general meeting, that did not have the opportunity to be discussed with the membership due to time constraints.
Retrieved from http://www.cna-aiic.ca/~/media/cna/page%20content/pdf%20fr/2013/09/09/18/52/2013_resolution_7_e.pdf
[2] Derfel, A. (2013, February 2). Kuwait deal uses MUHC doctors and nurses: Use of resources, transparency called into question. *Montreal Gazette*.
[3] Government approves international patient's surgery, MUHC says: Quebec health minister slams MUHC for treating paying Kuwaiti. (2013, February 1). *CBC News.*
Retrieved from http://www.cbc.ca/news/canada/montreal/story/2013/02/01/quebec-montreal-kuwait-muhc.html
[4] Derfel, A. (2013, February 2). Kuwait deal uses MUHC doctors and nurses.
[5] Government approves international patient's surgery, MUHC says.
[6] Government approves international patient's surgery, MUHC says.
[7] Boyle, T. (2014, April 2). Toronto hospitals seek more medical tourists. *Toronto Star*.
Retrieved from
http://www.thestar.com/life/health_wellness/2014/04/02/toronto_hospitals_seek_more_medical_tourists.html

[8] Boyle, T. (2014, April 2). Toronto hospitals seek more medical tourists.
[9] University Health Network. (2010). *UHN strategic directions 2016: Global impact-local accountability*, p. 21.
Retrieved from
http://www.uhnmodules.ca/About_UHN/corporate_info/reports_statements/StratPlan2016_site/docs/Strategic%20report%20FINAL.pdf
[10] Bell, R. (2013). University Health Network CEO report, p. 1. Retrieved from
http://www.uhn.ca/corporate/AboutUHN/CorporateInformation/Board_Trustees/Documents/CEO_Report_Oct2013.pdf
[11] Bell, R. (2013). University Health Network CEO report, p. 1.
[12] Grant, K. (2014, April 1). Toronto hospital courts wealthy 'medical tourists'. *Globe and Mail*. Retrieved from http://www.theglobeandmail.com/news/national/sunnybrook-hospital-accepts-international-patients/article17751151/
[13] Priest, L., & Howlett, K. (2011, January 31). Ontario hospital's deal with Kuwait sparks fear of queue-jumping. *Globe and Mail*. Retrieved from
http://www.theglobeandmail.com/news/national/ontario-hospitals-deal-with-kuwait-sparks-fears-of-queue-jumping/article565006/
[14] Picard, A. (2007, August 23). Top MD to wage war on waiting. Medical association's new chief also backs increased private role. *Globe and Mail*. Retrieved from
http://www.theglobeandmail.com/news/national/top-md-to-wage-war-on-waiting/article692137/
[15] Maybaum, F. (2010). The case for queue jumping [Presentation]. Atlantic Institute for Market Studies.
Retrieved from http://www.aims.ca/site/media/aims/AIMS%20Healthcare%20brochure.pdf
[16] Purdy, L., & Fam, M. (2011). *Evolving medical tourism in Canada: Exploring a new frontier.* Deloitte Center for Health Solutions, p. 13. Retrieved from
http://www.deloitte.com/assets/Dcom-Canada/Local%20Assets/Documents/Public%20Sector/ca_en_ps_evolving_medical_tourism_052511.pdf
[17] Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D., & Mannion, R. (2011). *Medical tourism: Treatments, markets and health system implications: A scoping review.* Organisation for Economic Co-operation and Development, p. 6. Retrieved from http://www.oecd.org/els/health-systems/48723982.pdf
[18] B.C. to market health tourism. (2010, March 9). *Canadian Press.* Retrieved from
http://www.cbc.ca/news/canada/british-columbia/story/2010/03/09/bc-health-tourism-falcon-dix.html
[19] 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), p. 21. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3359081/pdf/policy-07-018.pdf
[20] Turner, p. 21.
[21] Turner, p. 22.
[22] Turner, p. 22.
[23] Turner, p. 23.
[24] Turner, p. 24.
[25] Turner, p. 24.
[26] Turner, p. 24.
[27] World Health Organization. (2007). *Spending on health: A global overview* (Fact Sheet No. 319). Retrieved from http://www.who.int/mediacentre/factsheets/fs319.pdf

[28] Council of Canadians. (2012). *Public health care threatened by trade agreements.* Ottawa: Author.
[29] Council of Canadians. (2012). *Public health care threatened by trade agreements.*
[30] Council of Canadians. (2012). *Public health care threatened by trade agreements.*
[31] Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*. 9(24), p. 9.
[32] Grinspun, D. (2013, April 1). Ontario's health care system should serve need, not greed. *Toronto Star*. Retrieved from http://www.thestar.com/opinion/commentary/2013/04/01/ontarios_health_care_system_should_serve_need_not_gree.html
[33] Association of Ontario Health Centres, Association of Ontario Midwives, Canadian Doctors for Medicare, Medical Reform Group, Registered Nurses' Association of Ontario. (2014). Joint letter to Premier Wynne on medical tourism.
Retrieved from http://rnao.ca/sites/rnao-ca/files/2014-04-11_Letter_to_Premier_re_Medical_Tourism.pdf
[34] Registered Nurses' Association of Ontario. (2014). Health groups urge Premier Wynne to stop medical tourism [Press release]. Retrieved from http://rnao.ca/news/media-releases/2014/04/16/top-health-associations-urge-premier-wynne-stop-medical-tourism