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CONTRIBUTORS

OPINION

Profits put patients at risk

It's the staffing, not the physical facilities which Doug Ford worsens by capping wages so that staff will likely migrate to private clinics.

By **Rick Salutin** Contributing Columnist

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Doug Ford said the answer to the health care crisis must be “bold, innovative and creative.” So he innovated, created and gave us — capitalism? And not the buccaneering, high risk, compete-till-you-triumph-or-die version. His is no-risk capitalism, paid for by the government's stash of citizens' taxes. When Ford says we'll pay with our OHIP card, not our credit card, that's the same way he'll pay high-profit firms like the disastrous corporate long-term care facilities during COVID.

The status quo is not acceptable so you replace it with the status quo? Capitalism has been in place since at least the 1700s, after it fought a spirited battle against feudalism and won. Do you know what it took to finally get public health care here in the 1960s?

[Doctors went on strike](#) in Saskatchewan against Tommy Douglas' plan. The government flew in MDs and nurses from the U.K. By mid-decade, most docs realized they were doing rather well and cheerily caved.

Look, expanding clinics that do cataracts or MRIs — 98 per cent of which are private, for-profit, including those corporate gargantuans in long-term care — will do nothing for the true crisis, which is about staffing ERs and hospitals, not eye care. In fact, it will intensify and worsen that genuine crisis.

We'll end up with a society in which some get their cataracts fixed — a good thing — but others go into crisis while in the waiting room and then die still being evaluated, as [recently happened in Nova Scotia](#). They're now adding care providers to *waiting rooms* there.

It's the staffing, stupid, not the physical facilities. Which Ford worsens by capping wages so that staff will likely migrate to private clinics where wages aren't capped and work conditions don't include knowing that people may be dying while waiting for treatment.

We already have a highly mixed system. Family docs are private, running their businesses, or pharmacies. We aren't Cuba or North Korea, despite Ford's lusty witticism about that. They're paid by the state but retain their autonomy, as patients retain the ability to choose. That's why it's called mixed, contra a Globe editorial's ignorant claim about the “blind fear of private delivery” here.

To be honest, which columnists should be, I don't really see the point of big profits in health care. I speak practically, not moralistically. Current business models like “just in time” delivery make no sense in medicine and are potentially criminal. It's one thing to delay delivery of, say, decals, due to supply chain screw-ups and another to have patients die owing to staff or supply shortages.

For-profit health care also leads to more “upselling” and extra-billing. Have you ever had a funeral director contemptuously fling a brochure at you describing government-mandated low-cost caskets that he must offer, and then glide unctuously toward the deluxe coffins in his showroom? The pressure is on for that kind of thing whenever profits are involved.

Above all, if you must siphon resources to reward shareholders with profits, patients will suffer or die as a result – if not at those institutions, then among the public generally. I suppose I’m missing something subtle here but we did see lots of unnecessary carnage at highly profitable LTCs during COVID. The Star noted that, “of the 20 worst-hit homes in Ontario’s second wave, 17 are for-profit.” Then, as Bob Hepburn wrote here, Ford “gave out new 30-year licences to private operators that will result in 18,000 more beds” in LTCs. If not for those death rates, we’d have had a fairly decent record during COVID.

The profit motive has the ability to ruin almost anything it touches, though it doesn’t always matter much outside medical contexts. Take “Will Trent,” the new U.S. network show about a dyslexic, damaged cop in Georgia. Good premise, fine cast, sharp scripts. But, due to lavish time allotments for ads, episodes must be 40 minutes versus 60 or more and it feels shallow and rushed. Could have been a “Luther” or “Perry Mason,” but it isn’t. Happily, real lives weren’t at stake.



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