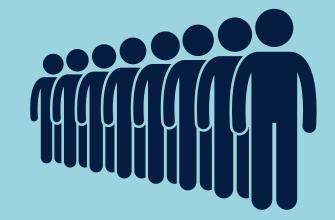
# DEALING WITH INCREASED WAIT TIMES FOR **NON-URGENT SURGERIES:** WHY WE SHOULDN'T PRIVATIZE.



- COVID-19-related cancellations and delays have resulted in a severe backlog of surgeries.
- The first 16 months of the pandemic saw half a million fewer surgeries performed in Canada.
- Non-emergent surgeries were pushed back, with priority given to more acute surgeries, worsening the wait times for these procedures.

# **ONTARIO GOVERNMENT 3-STEP PRIVATIZATION PLAN:**

### STEP 1:

140 000 cataract procedures will be performed by surgical and diagnostic clinics in Windsor, Kitchener-Waterloo and Ottawa.

#### STEP 2:

MRIs, CT scans, endoscopies and colonoscopies will be offered by more private clinics.

#### **STEP 3**:

Hip and knee replacements will be performed at private, for-profit sites by 2024.





# WHY THIS WON'T WORK:

There is evidence of increased administrative costs in private health systems consuming healthcare spending without improving efficiency and patient outcomes. For instance, adminsitrative costs in the US account for 25% of hospital spending, which is double that of Canada (CFMS, 2015).



Patients treated at private for-profit centres tend to have poor outcomes compared to their not-for-profit counterparts, due to the reductions in resources used to increase profit (CFMS, 2015).



This leads to the popularization of "privatized" healthcare, which will lead to systemic inequality over time. Those who can afford better care, equipment, and procedures will be able to receive such services, while the public system will lag behind. Consequently, privatization may decreases wait times for those who can afford it, while increasing wait times for the public system.





## ALTERNATIVE SOLUTIONS FROM HEALTHCARE WORKERS

- Centralized referral system: Instead of referring patients to specific surgeons, patients are referred to a group of surgeons and the first available surgeon takes the case, which would allow for cases to be completed faster.
- Publically-funded Integrated Ambulatory Centres. These centres are OHIP covered, free standing centres that work with local hospitals to do less complex procedures (OMA). As these would be a part of hospital systems, their well-established regulations would improve patient outcomes while decreasing wait times (OMA, 2022).



# FOR MORE INFO VISIT CFMS.ORG

