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Contracts to private clinics for public surgeries risky, expensive, ineffective: patient advocates

Vancouver – Patient advocates are concerned that the BC Ministry of Health’s plans to increase contracts with for-profit clinics is not an effective solution to surgical wait times. They are urging the province to scrap contract plans and focus instead on taking advantage of unused public Operating Room time.

Minister of Health Terry Lake announced yesterday that the BC government will be investing 10 million dollars to temporarily increase surgical capacity, with some of this money going to fund contracts with private for-profit clinics.

“Having called on the government to address surgical wait times, patients and public health care advocates welcome news that the province is taking action,” says Rick Turner, co-chair of the BC Health Coalition, an organization running a campaign to solve wait times issues. “However, we are very concerned that the initiative includes increased contracts with risky, expensive for-profit clinics.”

Evidence shows that for-profit facilities are not as safe as public facilities. Researchers estimate that if all Canadian hospitals were converted to for-profits, there would be an additional 2,200 deaths a year.

One in seven private health-care clinics in Ontario have failed provincial safety inspections. Since 2011, Hepatitis C outbreaks at three private colonoscopy clinics have caused at least 11 patients to become critically ill.

Advocates also worry that costs per surgery may be higher in for-profit clinics than in the public system, and that putting public dollars into for-profit clinics will do little to address wait times in the long run.

“BC needs lasting solutions to wait times, and international evidence shows that the expansion of private clinics has not helped reduce wait times anywhere in the world,” said Turner.

Minister Lake’s release suggests that the ministry will also pursue measures to increase efficiency in the public system, a welcome announcement for patient advocates. These measures include “team-based physician practices that share referrals,” multidisciplinary teams that include physicians, nurses and other allied health care workers” and efforts to “moderniz[e] surgery booking”.

In light of a recent policy paper showing that only 82% of BC Operating Rooms are regularly staffed, the ministry’s indication that they are willing to increase the use of public Operating Rooms is encouraging.

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