

Free health care: Subject to OVERsight or simply OVER?

by SHERALYN ROMAN

Our PC government, after a two-month long break from the taxing work of governing us (pun intended) has immediately settled into the routine of making yet more questionable announcements, with questionable outcomes.

I'm sure more greenbelt destruction is coming soon and who knows what awaits Caledon in terms of rapid built and "affordable" housing but, for today, I'm thinking about health care and the seemingly relentless drive toward the destruction of a free and accessible health care system for all.

After the announcement of the "Your Health Act" on Tuesday, February 21, I'm left pondering whether the "your" is really for "us" at all. That's because when an announcement comes with promises of safeguards and oversight, you have to really wonder if it's in anyone's best interests at all. If such oversight is really necessary, perhaps OHIP funded accessible care for "us" is over.

The Tuesday announcement had Sylvia Jones exclaiming that "Ontario is boldly breaking with a status quo that has stifled innovation, and struggled to respond to growing challenges and changing needs." It will offer up a plan for "connected and convenient care," not by funding and extending operating room hours in already adequately equipped hospitals, or by funding doctors to provide such surgeries in existing publicly funded facilities but rather, to expand the role of private clinics to allow them to conduct surgeries.

So, we are going to take time, that we don't have, to allow privately owned and operated clinics to get up and running, plunder staff from the already decimated ranks of nurses and then hope they don't try any shenanigans like upselling patients on "better, stronger, (insert here) body parts."

So certain is Minister Jones that this won't happen, she is promising that, "Under the new legislation, the clinics will be required to allow patients to use their Ontario Health Insurance Plan (OHIP) card to pay for services." Phew! Thank goodness. We'll be "allowed" to use our OHIP card! Sure - but will that be enough to cover our final invoice for services rendered?

While such assurances suggest that concerns about oversight, staffing and upselling are unfounded, the legislation tabled this past Tuesday nonetheless includes specific protections against such concerns. This will be accomplished via provincially designated "expert organizations" that together will "work with Ontario Health and the Ministry of Health to ensure quality and safety standards are met." Sounds suspiciously like yet another layer of government to me, one that will certainly cost significant sums of money to administer and which would not be necessary were we not introducing private clinics.

Each of these clinics is also going to be mandated to have a complaints process in place for patients who don't feel they received "the highest level of care." I can see it already; "highest" according to whom, and/or "highest" according to what was available at a price. Further guarantees that if patient complaints are not addressed appropriately at the clinic level "they will be able to seek help from the patient ombudsman," do nothing to calm my fears. After all, we've all had at least one experience trying to navigate a complaint or a concern through government channels that didn't end well.

There is nothing innovative about the "Your Health Care Act." Adequate funding is what has been missing from our health care system. Not paying nurses, our front-line heroes, is what has been missing from our health care system. Providing existing facilities with the equipment they need and the funding to operate that equipment is what has been missing from our health care system. Not to worry though, under this legislation, "new community surgical and diagnostic centres will need to show how they will "promote connected and convenient care" by improving wait times and the patient experience. They will also have to provide a description of health-system partners, apply for a license, and prove they have a staffing model that won't detract from other facilities, such as hospitals."

I feel better already, don't you? I mean, they'll be licensed! They'll have a plan! And a description! What could possibly go wrong?

So, to recap, so far we have to wait for these new clinics, watch as they plunder staff, hope they provide adequate service AND don't try to upsell us on services we don't need like having pain meds available after surgery at no cost or other such trivial concerns. Don't worry though - if you aren't happy with your new knee or the costs associated with obtaining it - you'll only have to negotiate with two new levels of government oversight agencies to address your concerns.

Yup - sure sounds ?connected and convenient,? I'm just not sure for whom.