

Healthcare Crisis: Private Delivery is **not** the Solution



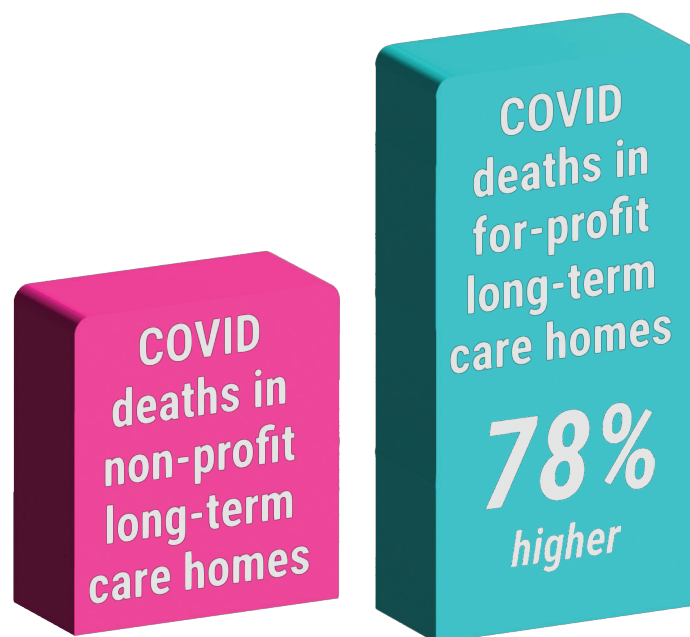
Premier Doug Ford's recent announcement to expand surgeries to private, for-profit clinics won't fix our current crisis. In fact it only makes things worse.

That's because a for-profit approach to the delivery of care puts the emphasis on profit instead of patient care.

Pressure to make money for shareholders, means pressure to cut corners—especially on staffing. We saw the results of this approach in Ontario's long-term care homes during the early waves of the pandemic: for-profit, long-term care had a shocking 78% higher mortality rate than non-profit, long-term care homes. As CBC reported in February 2023, studies in the UK and US show that for-profit care is linked to higher death rates.

On top of this higher risk, private clinics may try to convince patients to pay out-of-pocket for treatments that do not have a significant health benefit. In retail, this technique is known

as “upselling” or “cross-selling.” It's designed to maximize sales—and profit margins. And unfortunately, there are no safeguards in place to prevent upselling at private clinics. The onus will be entirely on the patient to navigate between medically-necessary advice and profit-motivated sales pitches. Patients and their families without medical expertise will be at an extreme disadvantage when it comes to saying no to unnecessary medical upgrades.



Precarious work is at the heart of the healthcare crisis

The Ontario government created the healthcare crisis by holding down wages; creating part-time employment where workers have fewer benefits and no paid sick days; and understaffing the entire system from hospitals to home care and from clinics to long-term care.

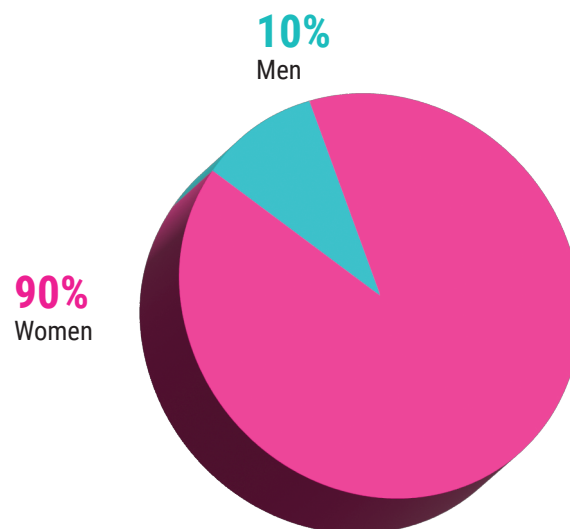
By passing legislation like Bill 124, which deliberately suppresses wages and limits free collective bargaining, this government has knowingly jeopardized the health and safety of workers and patients.

Precarious work makes hospitals, clinics, and long-term care facilities less safe. The part-time, contract, and temporary nature of many care jobs means healthcare workers are forced to take up multiple jobs just to make ends meet, and low wages mean people can't take time off work when they are sick. Through no fault of their own, workers—and their patients—are put at greater risk of becoming sick and spreading illnesses.

Racialized women in low-wage occupations are harmed the most. While all front line workers were exposed to the virus, personal support workers in Canada were at a 330% greater risk of contracting COVID-19 compared with physicians and 180% more likely than nurses to contract the virus. It should also be noted that women form the majority of those employed as personal support workers. Their ongoing vulnerability speaks to the systemic gendered discrimination in the workforce.



Breakdown of Personal Support Workers in Ontario by Sex



Canadian Women's Foundation, 2020



Precarious work makes our healthcare system vulnerable

Over-reliance on part-time and casual staff makes it more difficult for our system to deliver high quality care, and puts it at tremendous risk during shocks like COVID-19.

For example, the lack of paid sick days undermines vaccination rates, increases the transmission of infections in workplaces and schools, and increases workers' reliance on expensive hospital emergency room visits instead of their family doctors or general practitioners. Part-time work with fewer protections forces us to juggle multiple jobs. All this makes everything worse, from hospital overcrowding to longer wait times while delivering poorer quality patient-care. In this context, pandemics like COVID-19 or SARS, can bring our healthcare system to the brink of collapse.

Private facilities pull resources out of the public system

We don't have a surplus supply of doctors, nurses, and other health care professionals ready to staff private, for-profit clinics at a moment's notice. At the crux of our current crisis is a staffing shortage, driven by low wages and poor working conditions. Health workers will be enticed to leave the public system by even the most modest improvements in wages and working conditions offered in the private sector. By reducing the number of health workers available to the public system, the staffing crisis will only get worse, not better. This means longer wait times for patients and burnout for those health workers who remain in the public system. The tax dollars we contribute to public healthcare should be used to support the public healthcare system, not to subsidize private profit for investors or corporations. This is a far more efficient use of our precious public dollars.

Decent work is the **foundation** of strong public healthcare

Using public money to subsidize private profit—even for just the delivery of services—is a form of privatization. To fix the healthcare crisis, we must reverse course. That means using public money to fund and deliver high quality public services. It also means expanding decent work for everyone. We know the crisis of decent work is not just in healthcare, but across sectors. On the one hand Premier Doug Ford denies workers fair wages and on the other hand, he has closed-door meetings with corporations to introduce profit into our public services. Dismantling good working conditions anywhere hurts all of us, whether it's public healthcare and education or app-based work. This is why we must win decent working conditions for all workers in Ontario.



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The foundation of our public healthcare system must be decent wages, full-time jobs, and at least 10 paid sick days for all.



DECENT WORK & HEALTH NETWORK