**The secret moves to increase private health care**

By [**Bob Hepburn**](https://www.thestar.com/authors.hepburn_bob.html)Star Columnist

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Premier Doug Ford loves to boast about how his Conservative government is moving swiftly to end “hallway medicine” and adequately fund health care in Ontario.

Indeed, Ford said earlier this week in a [letter](https://www.thestar.com/politics/provincial/2019/01/07/ford-to-ontarios-bureaucrats-health-care-jobs-and-a-balanced-budget-are-top-priorities.html) to Ontario’s 68,000 public servants that he has been “moving forward at a lightning pace” to deal with hospital overcrowding.

Premier Doug Ford, right, told Ontario bureaucrats this month that Health Minister Christine Elliott, left, is working hard to protect the public health-care system. Evidence suggests otherwise, writes Bob Hepburn.  (Rick Madonik / Toronto Star)

He also told the bureaucrats that Health Minister Christine Elliott is working hard to protect the public health-care system, adding his government “will continue to ensure necessary funding for world-class health care in Ontario.”

Secretly, though, a major multi-faceted campaign is underway inside and outside the premier’s office to develop a two-tier system of health care in Ontario, complete with specialized private clinics and the ability of some doctors to charge more than standard rates for medical procedures they perform outside of a public hospital or health centre.

The campaign is filled with closed-door meetings at such places as the Albany Club, a long-time Conservative bastion in downtown Toronto, and is funded by some of Canada’s largest corporations.

If successful, this privatization push could ultimately have a profound impact on every patient and resident in Ontario, including how long they must wait for specialized operations and diagnostic services and how much they must pay out of their own pockets.

Evidence of this campaign is clearly mounting:

First, major financial interests in Toronto are quietly supporting a controversial lawsuit by Dr. Brian Day of Vancouver, founder of the private Cambie Surgery Centre, who has brought a constitution challenge to B.C.’s restriction to private health care. The case is now before the B.C. Supreme Court and is expected to land eventually before the Supreme Court of Canada. These interests are reportedly ramping up an $8-million war chest to help fund Day’s court cases.

Organizers are also planning to launch a major campaign portraying our current system as inefficient and overpriced.

Insurance firms are excited about the possibility of increased private health care. They see huge profits in offering corporations private insurance programs for employees who visit private clinics and who must pay more than OHIP currently covers for services and treatments.

Second, the Ford government may be headed for a deal with specialty doctors that is separate from any agreement with the Ontario Medical Association. Such a deal could open the door to costly private radiology clinics, private “cardiac health” clinics, expand the ability for ophthalmologists to perform cataract surgery in private facilities, and much more.

Third, the Ford government has shown a troubling lack of interest in reducing inappropriate care, such as unnecessary diagnostic tests, which have been a constant source of criticism of for-profit clinics.

Fourth, former B.C. premier Gordon Campbell, who last fall [testified](https://www.thestar.com/vancouver/2018/07/11/ex-bc-premier-campbell-lends-support-to-private-healthcare-lawsuit-in-affidavit.html) in support of the Cambie clinic’s lawsuit, is a close adviser on the Ford government’s probe into hospital efficiencies.

Fifth, the Ford government has refused to proclaim the amendments to Oversight of Health Facilities and Devices Act, which was passed in 2017 under the former Liberal government. A key provision bans the creation of new private hospitals in Ontario.

Sixth, Merrilee Fullerton, a former family doctor and a long-time advocate of two-tier health care, could soon replace Christine Elliott as health minister. Fullerton, who currently is minister of training, colleges and universities, reportedly is favoured by Ford’s inner circle of health advisers over Elliott, who they see as resisting their privatization efforts. Many health-care leaders trust Elliott and see her as making sound, evidence-based decisions as opposed to the ideologically inspired actions often promoted by private health-care advocates.

In his letter this week to Ontario bureaucrats, Ford signalled that major changes are coming.

While promising “necessary funding” for Ontario’s $61-billion annual health-care system, the premier said “this issue must be about more than money. It will also be about embracing change and innovation, deploying technology more effectively, and committing to new models of collaboration and patient care.”

Ah, such sweet words for those working in secret to bring more private health-care to Ontario.

But what a clear warning for public health-care defenders that radical change is coming unless they stand up and make their voices heard — loud, clear and now.

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