For-Profit Health Care

Fact Sheets on Key Health Care Issues

For-profit health care delivery threatens to undermine Medicare

In his final report, *Building on Values: The Future of Health Care in Canada*, delivered to Parliament on November 28, 2002, Commissioner Roy Romanow was very clear in rejecting for-profit delivery of health care. The Commission states that "direct health care services should be delivered in public and not-for-profit health care facilities."

In rejecting privatization or a for-profit model of sustaining the health care system, Romanow reiterated the challenge he made to the proponents of such an approach that they provide convincing evidence that this approach would improve our health care system. The evidence was not forthcoming.

The Ecumenical Health Care Network applauds the position that the Commission took against for-profit options for sustaining the health care system. We believe that it is entirely consistent with the recommendations that the Network made to the Commission in May 2002:

· We urge that you hold the key values of solidarity, community, equity, compassion and efficiency at the centre of your policy deliberations. These values should enable you to see clearly that health care is a public good, not a market good.

· We are opposed to any further expansion of for-profit health care delivery. International trade agreements such as NAFTA could make it difficult to undo moves towards privatization when we discover that it actually boosts costs and leads to greater inequality.

> **"... safeguard public administration and limit for-profit delivery of care through mutually enforceable federal and provincial regulations upholding standards of public accountability for a system that addresses the health care needs of individuals, families and communities."**
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> **Health Care Covenant**
> **Ecumenical Health Care Network**
> **May 2002**

On February 6, 2003, Canada's premiers reached an agreement with the federal government over future funding of health care. The First Ministers' Accord is silent on the biggest single threat to health care in Canada – the movement by provinces to allow for more and more private, for-profit operators to open clinics, build hospitals, and, in general, to get a bigger foothold into the public health care system.

In addition, if left unchecked, growing foreign commercial involvement in the health care sector will combine with international trade priorities to undermine the existing medicare system, shrink health care reform options, and make future changes more difficult and expensive. It is the public, not-for-profit character of Canada's system that now insulates it from trade challenges. This means that continued vigilance is required by us and other concerned Canadians.

In a *Health Care Covenant for All People in Canada*, which was included in the Network's brief to the Commission, the Ecumenical Health Care Network affirmed the following values:

We in Canada pledge to:

Human Rights and Public Good
- ensure that access to health care is maintained as a human right and a public good, recognizing that health care interactions have meaning to people as a way of caring; health care is not a commodity.

Public Stewardship
- safeguard public administration and limit for-profit delivery of care through mutually enforceable federal, provincial/territorial regulations upholding standards of public accountability for a system that addresses the health care needs of individuals, families and communities;

Collaboration and Shared Responsibility
- develop and sustain a health care system founded upon the principles of collaboration and shared responsibility between governments and among providers, not competition or market imperatives.