



**Figure 1: Percentage of true- and false-positive screens among patients who screen positive for depression.**

negative trials.<sup>2</sup> Thus, we re-assert that the available evidence does not support screening for depression as routine health policy.

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## Hospital parking fees

In 1999, while working at a local hospital, I conducted a small parking survey, which included 81 patients, out of concern that parking fees were having an impact on health care. I found 82.7% of patients were prevented from parking at hospital sites because of the cost of parking. Even more shocking were the methods of coping employed by patients due to their inability to pay parking fees. Many (86.4%) parked off hospital sites and walked; 42% chose not to attend for an appointment or program; 30.9% attended on a few occasions then stopped; and 35.8% attended only when they had money to pay for parking.

I brought the results to the attention of the hospital administration and to the

Ministry of Health. That parking fees were seen as a source of future revenue became clear to me after meeting with various members of the administration of the Humber River Regional Hospital. The Ministry of Health pointed out that public hospitals are autonomous corporations that are run by boards of governors and that the parking issue is outside the jurisdiction of the Ministry of Health. This position flies in the face of the Public Hospitals Act,<sup>1</sup> which states,

In making a decision in the public interest under this Act, the Lieutenant Governor in Council or the Minister, as the case may be, may consider any matter they regard as relevant including, without limiting the generality of the foregoing, ... (b) the proper management of the health care system in general; ... (d) the accessibility to health services in the community where the hospital is located.

This statute clearly indicates that the Ontario government has the power to step in and stop a practice that limits “accessibility to health services in the community where the hospital is located.” The *CMAJ* editorial “Parking-centred health care”<sup>2</sup> indicates that nothing has changed since 1999.

Surely the provinces and hospitals can do better than this. People are not attending for treatment because they can’t afford to pay for parking.

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In Ontario, the provincial government funds 74% of the cost of operating hospitals. Hospitals generate the remaining 26% of operating funds themselves, and parking fees are one of the most common ways of making up the difference. If 1% of hospital revenue comes from parking, as the interim editor of *CMAJ* suggests,<sup>1</sup> then eliminating that revenue would create a funding hole as deep as \$230 million in Ontario alone. With Ontario’s provincial government running a deficit of more than \$16 billion this year, while also signalling a