

Summary text:

Two hospitals are now accepting paying patients from outside Canada: Is this a slippery slope to a two-tier system?

## Medicare advocates decry medical tourism

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The international patients pay more than the provincial insurance scheme, but no one will say how much more.

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**M**edical tourism conjures up destinations like India and Brazil, but two Toronto hospitals want foreigners to think of Canada for surgeries and cancer treatment. Toronto's Sunnybrook and University Health Network (UHN) hospitals are accepting — and charging — foreign patients, yet refusing to disclose key details about their medical tourism programs, which has raised concerns among medicare advocates.

Sunnybrook Hospital launched a program to treat medical tourists in January, while UHN formalized its program three years ago. Under the

programs, medical tourists travel specifically for treatment and pay much higher rates than Canadian patients — which is a far cry from the humanitarian or emergency treatment of international visitors.

In April, Canadian Doctors for Medicare, the Registered Nurses' Association of Ontario, the Association of Ontario Midwives, the Association of Ontario Health Centres and the Medical Reform Group called on the provincial government to ban medical tourism, which they argue draws resources away from Ontario patients and lays the foundation for a broader two-tier system.

So far, three international patients have been treated at Sunnybrook, and around 75 patients have received care at UHN so far in 2014.

Media relations at Sunnybrook Hospital declined an interview, saying it was “too early” to talk about their experience.

Dr. Nizar Mahomed, the managing director of UHN's international programs, argues that medical tourism “allows us to generate revenue and to open up additional beds and [operating room] time for Ontario patients.”

But as to how much money from international programs is funneled back to health care for Ontarians, “that's proprietary information,” Mahomed says.

“If [UHN and Sunnybrook] have a meaningful model, they ought to be able to defend it,” says Leigh Turner, an associate professor at the Center for Bioethics at the University of Minnesota in Minneapolis who published an article in the May 2012 issue of [Healthcare Policy](#) on the dangers of medical tourism in Canada. “It's not enough for [hospital managers] to pat everyone on the head and say not to worry,” says Turner.

While the Ministry of Health is currently reviewing the hospitals' medical tourism programs to ensure access for Ontario patients isn't affected, Doris Grinspun, chief executive officer of the Registered Nurses'

Association of Ontario, says Ontario patients have already been bumped for international patients.

Her nurses have reported Ontario patients' surgeries have been cancelled so that UHN doctors could treat international patients instead, for whom they receive more money.

When asked about the cancellations, Mohamed says, "I'm not aware of any such example." Mahomed says health workers are paid more to treat medical tourists. The extra incentive exists because health workers treat patients on their own time "instead of taking vacation time," he says. He wouldn't say how much doctors received, but did say international patients are charged on average double what the Ontario Hospital Insurance Program would pay.

Dutt counters, however, that, if the medical tourism programs expand, physicians could decide to work part time, giving them more time to treat international patients.

While medical tourism has been [previously tried in Montreal](#) and was once [proposed by a former BC health minister](#), the Toronto hospitals currently appear to be alone in their pursuit of the revenue strategy. Spokespeople at Vancouver General Hospital and the University of Alberta Hospital in Edmonton say they only treat international patients on humanitarian grounds or visitors who need urgent care.

"We are looking at Sunnybrook and seeing what's happening with them but we have no plans to do anything currently," says Anna Marie D'Angelo, a spokesperson at Vancouver General Hospital.

Critics of the medical tourism programs worry they will create a two-tier system for Canadian patients.

"If we're going to allow international patients to purchase health care, how defensible is it to say 'If you're a Canadian citizen, you're barred from going through that door?'" asks Turner.

Mahomed says operating rooms are only being used for international patients when they would otherwise be empty, but Turner points out Ontario patients are on wait lists for orthopedic surgeries and other treatments being offered to international patients at UHN. “Wouldn’t it be better if we were pumping more money into our health care system to make sure the [operating] rooms were used?”

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