

## LETTERS

### Focus on saving money lets patients and surgeons down

As a surgeon in Ontario, it is no surprise to me that patients are not getting surgeries in a timely manner, as described in the article by Pincus and colleagues.<sup>1</sup> Over the last few years, I have seen an incredible drop in availability of operating room times, for both elective and emergency surgery, in our province.

I frequently have to “bump” colleagues, or my cases are bumped, for higher-priority cases. Historically, in accordance with the Scarborough and Rouge Hospital Policy, hip fractures are seen as C cases, which means there is a window of 48 hours to get them done.

The problem is further aggravated by the fact that most hospital operating rooms start the “emergency lists” only after all the elective surgeries for the day are done, which is usually not before 3:30 pm and often not

until 5 pm. And C cases aren’t done after 11 pm, which means these cases must be done within a window of 7.5 hours, or they are postponed to the next day after 3:30 pm.

There is also a dehumanization of care; for example, when cases in the operating room lists are seen as a “hip fracture” or an “ischemic leg.” There is never the case of Mr. Smith, a father of three who has been waiting for two days for his surgery and will miss his granddaughter’s wedding.

It is very concerning that hospital administrations and the Ontario Ministry of Health and Long-Term Care have put the focus on saving money as much as possible, to the detriment of patient care. Not surprisingly, the result is poorer outcomes and increased costs to the system overall.<sup>2,3</sup>

The focus needs to shift back to taking care of people in a very timely manner, or our patients will continue to suffer and our system will only deteriorate.

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### References

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