



**Privatization of Healthcare: The Pros, The Cons, and How to  
Create a Better Healthcare System for Everyone**

**2022 – 2023 IPHSA Health Policy Subcommittee**

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**Acknowledgements**

Thank you to the following dedicated healthcare professional students across seven healthcare programs at the University of Toronto for their involvement in this policy paper. The creation of this paper wouldn't have been possible by your support and efforts in highlighting this important topic within your respective professions.

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## **BACKGROUND**

### **The Canada Health Act and Defining Privatization**

The privatization of healthcare has sparked extensive debate in recent years, with numerous misconceptions and uncertainties surrounding its potential impact. In order to provide a comprehensive analysis of the issue, it is essential to understand the current system in place. The Canada Health Act was established in 1984 to oversee and govern the public funding of healthcare services, with the overarching goal of providing “reasonable access to healthcare services without financial or other barriers” (Government of Canada, 2020). Although healthcare is primarily governed at the provincial and territorial levels of government, adherence to the guidelines set out by the Canada Health Act is required to ensure continued federal funding (Government of Canada, 2020).

The Canada Health Act is anchored by five central criteria - Public Administration, Comprehensiveness, Universality, Portability, and Accessibility (Senate of Canada, 2003). Firstly, healthcare funding must be managed by not-for-profit entities, rather than for-profit agencies. Second, all medically necessary physician and hospital services must be covered under Medicare. Next all Canadians should have access to public healthcare insurance. Individuals must be covered under the public insurance plan when moving between provinces, territories, or travelling abroad. Finally, financial or other barriers to accessing publicly funded healthcare services must be eliminated to ensure equitable access for all Canadians.

Despite its strengths, the current healthcare system in Canada is not entirely comprehensive. For instance, the Ontario Health Insurance Plan (OHIP) does not cover a range of services such as most dental or optometry services, rehabilitation services (such as physical therapy, occupational therapy, and speech therapy), and has demographic restrictions on the coverage of certain screening procedures (Government of Ontario, 2022). The system has also been heavily criticised for its limitations, including inaccessibility in rural communities, long wait times for specialist referrals and elective services, and drastic inequities experienced by Canada’s Indigenous communities (Martin et al., 2018). Additionally, some private medical clinics across Canada have been found to violate the Canada Health Act, raising concerns about the potential consequences of broader healthcare privatization (Forbes & Tsang, 2012). In contrast, some advocates argue that the financial limitations of the publicly-funded system restrict patients’ access to more advanced medical services, such as personalised medicine (Forbes & Tsang, 2012).

### **Privatization in Canada**

Canada's healthcare system is predominantly publicly funded, with some private sector involvement. The private sector accounts for approximately 30% of healthcare services in Canada, including optometry, dentistry, physiotherapy, and social work/counselling services, among others (CIHI, 2022). The potential for increased privatization raises concerns about the impact on physicians, pharmacists, and hospital services.

Various countries have already implemented private healthcare systems, providing insight into potential outcomes for Canada. Australia, for example, has a mixed public-private healthcare system, which was intended to relieve pressure on the public system but ultimately led to increased wait times (Duckett, 2020). The independent nature of the private sector also posed difficulties for system integration, and the more attractive pay rates drew professionals away from the public sector, leaving it underserved (Duckett, 2020).

The United States' mixed public-private healthcare system is known for its notable inequities, which adversely affect individuals from low socioeconomic backgrounds, leading to limited access to quality care and an increased risk of chronic health conditions (Zieff et

al., 2020). Privatization in the US exacerbates these challenges by making care inaccessible to those who need it most (Zieff et al., 2020). Conversely, European countries such as Germany have developed a blended healthcare system that offers subsidised healthcare to low-income citizens, ensuring equitable access to quality care (Zieff et al., 2020). These systems illustrate that privatization can exist without sacrificing equity. By studying the implementation methods and outcomes of healthcare privatization in other countries, Canada can develop a more equitable and effective approach.

### **The COVID-19 Pandemic and Increased Favourable Views Towards Privatization**

The COVID-19 pandemic has had a significant impact on the Canadian healthcare system, leading to increased favorability towards privatization among some healthcare workers. The pandemic has exposed the system's flaws, including overcrowding, long wait times, and staffing shortages, leading some to argue that private healthcare could offer a solution. However, this perception is not shared by all healthcare workers, as there are concerns that privatization could exacerbate existing issues, such as healthcare inequities and staff burnout (CFNU, 2022).

The COVID-19 pandemic has had a significant impact on Canada's healthcare expenditure. In response to the pandemic, the Canadian government has allocated additional funding towards healthcare, resulting in an increase in the overall healthcare expenditure (Canadian Institute for Health Information, 2022). This expenditure is expected to rise to approximately \$8,600 per Canadian on average (Canadian Institute for Health Information, 2022). While the government allocated about \$770 per person for COVID-19-related healthcare costs during the peak of the pandemic in 2020, it is projected that this allocation will be reduced to around \$375 in 2022 (Canadian Institute for Health Information, 2022). Amidst the ongoing debate surrounding healthcare privatization, the pandemic has raised questions regarding the impact of privatization on equity in accessing healthcare services during a pandemic. There are concerns that increased privatization could lead to healthcare inequities, with private healthcare services prioritizing those who can afford to pay for care, leaving those who cannot at a disadvantage (Lee et al., 2021). This could result in a further underserved public healthcare system, disproportionately impacting marginalised communities who rely on publicly-funded healthcare services. As such, it is essential for policymakers to consider the potential impacts of privatization on equity in accessing healthcare services.

Furthermore, there are concerns that the pandemic has led to greater favourability towards privatization among healthcare workers. The pandemic has placed immense pressure on healthcare workers, leading to burnout and staffing shortages. Some healthcare workers may view private healthcare as an opportunity to provide higher quality care, with shorter wait times and better working conditions (CFNU, 2022). However, it is important to consider the potential negative impacts of privatization on healthcare equity, as well as the potential impact of staff shortages on the public healthcare system. As such, a more nuanced approach is needed, taking into account the potential benefits and drawbacks of privatization, and ensuring that healthcare workers are adequately supported and compensated regardless of the model adopted.

During the COVID-19 pandemic, privatization was linked to staffing shortages in senior homes and long-term care facilities (Armstrong, Armstrong & Bourgeault, 2020). These shortages highlighted how overburdened the healthcare system is in Canada, particularly in the long-term care sector where some of the standards of healthcare were sub-par. Additionally, further privatization will make it increasingly difficult to monitor and oversee quality control of healthcare services (Assa & Calderon, 2020). Since the pandemic, and even prior, privatization in healthcare has been on the rise. More families are paying

out-of-pocket to cover the costs of services such as physiotherapy, chiropody, and personal support workers for their ageing family members. This is to fill a major gap that exists within these care facilities, for which the government has absolved their responsibility to provide. There is an overwhelming need to examine these gaps that privatized healthcare has attempted to fill (Bodner et al.2022). More research and studies are required to fully understand and develop a plan for post-pandemic healthcare services in relation to privatization of the healthcare sector.

## RESEARCH FINDINGS

### Impacts of Privatization on Healthcare Services

Privatization of healthcare has significant implications for different sections of the healthcare system, including nursing, medicine, pharmacy, rehabilitation, and social work. While proponents of privatization argue that it could lead to increased efficiency and better quality care, there are concerns regarding the potential negative impacts on equity, accessibility, and affordability of healthcare services.

### The Impacts on the Field of Medicine

The impacts of privatization within the field of medicine can have lasting effects for both doctors and their patients (CMA, 2022). If Canada continues towards a privatized model of healthcare, doctors and staff can be diverted away from the publicly funded system. This can result in a two-tiered health system with shortages in medical professionals available within the public system. This would then lead to further increased wait times and reduced access to care (CMA, 2022). When reviewing the legislation concerning the governance of healthcare funding and wait times that have the potential to infringe on human rights, the landmark case of *Chaoulli v Quebec* (2005) presents itself as the basis of whether violations have occurred. The Supreme Court of Canada held that the Quebec Health Insurance Act and the Hospital Insurance Act did violate the rights of Mr. Chaoulli by preventing private medical insurance to be used when experiencing extensive wait times that exceed 9 months (*Chaoulli v Quebec*, 2005). As a result of this ruling, the Canadian Medical Association (CMA) in 2005 had endorsed the use of private health insurance and “private-sector health services for patients who don’t get timely treatment through the public system” (Sibbald, 2005, p. 585). However in recent years the CMA has urged governments to rethink their privatization efforts with a more holistic and universal approach that will ensure access to healthcare for all regardless of financial ability to receive care (CMA, 2023).

In British Columbia, a more recent ruling in *Cambie Surgeries v British Columbia*, (2022) had advocates who support privatization challenge the British Columbia Medicare Protection Act on the grounds that it infringed upon section seven and fifteen of the *Canadian Charter of Rights and Freedoms* (*Cambie Surgeries v British Columbia*, 2022; Canadian Charter of Rights and Freedoms, 1982). Despite a lengthy trial the British Columbia Supreme Court ruled that private healthcare is not a constitutional right regardless of prolonged wait times (*Cambie Surgeries v British Columbia*, 2022). Both rulings further illustrate the need for policy revisions that address the inconsistencies of healthcare in Canada and the need to implement universality in healthcare. It is challenging to ascertain whether implementing a two-tiered healthcare system would allow for faster access to care replacing the existing medical system.

The CMA released a statement outlining what needs to be done regarding the current withering state of healthcare in Canada, and unsurprisingly privatization was not mentioned (CMA, 2022). The statement declares that the “health system is collapsing” and as mentioned the impacts are being felt by both doctors and their patients (CMA, 2022, para. 1). Doctors

are regrettably turning patients away, with one going so far as to put an ad in the paper, apologising to patients who are in pain:

*“I am sorry that I cannot take more patients. I am struggling with my present load. I am overwhelmed at times myself. I’m sorry you are in pain, or worried, or have many unanswered questions, or unmet expectations. – Dr. Alykhan Abdulla, Ottawa family physician (CMA, 2022, para. 2).*

This widespread pain and overwhelm should not come as a surprise due to the ongoing shortages of staff and closures of hospitals around rural communities in Canada (CMA, 2022). The president of the CMA, Dr. Alika Lafontaine, states “There is no silver bullet for a crisis decades in the making. Tough decisions need to be made” (CMA, 2022, para. 10).

### ***Surgical Backlog and Financial Implications on Wait-times***

As mentioned, the COVID-19 pandemic has resulted in unprecedented turmoil throughout all health services. Across Canada there has been an unsurmountable backlog of elective surgical procedures, effectively shutting down all operations, leading to significant wait times. Two of the most common elective surgeries, joint replacements and cataract surgeries, have reached wait times that have surpassed to an all time high in order to reduce the strain on the public healthcare system. Specifically, only 62% of hip and knee replacements and 66% of cataract surgeries were completed within the recommended approximate wait time (Duong, 2022). These numbers decreased from 71% and 70% respectively, from before the pandemic. As such, many have called for privatization, citing that patients should have the option to pay privately for faster services, especially when the public system cannot deliver care within the recommended time frame (Duong, 2022).

However, while expanding private care may reduce wait times in the short-term for those who can afford to pay, it will not improve the overall quality, efficiency of care, or ease the pressure that the current healthcare system is facing. In fact, a 2021 review of international health systems found that allocating more funding towards private healthcare services was not associated with improved health outcomes, nor did it reduce health expenditure growth (Lee et al., 2021). Rather, the expansion of private care has been linked to negative impacts on equity and overall quality of care received. A study published in The Lancet Public Health found that for every 1% increase in the outsourcing of care to private centres by England's National Health Service (NHS), there was only a corresponding 0.38% increase in treatable mortality the following year (Goodair & Reeves, 2022).

These findings indicate that the notion that privatization leads to improved health outcomes and increased quality of care may be misguided. In fact, increasing private healthcare services could worsen the underlying issues in the healthcare system, such as wait times and staffing shortages, without necessarily addressing the root causes. As such, there is a need for further research to understand the true impact of privatization on the quality, efficiency, and accessibility of healthcare services, particularly in the Canadian context.

### **The Rehabilitation Services**

The rehabilitation healthcare sector provides a unique context to examine the implications of healthcare privatization, particularly within the province of Ontario where much of the sector is already privately owned. A notable example of privatization can be found in the Speech-Language Pathology (SLP) services, with funding varying across the province (Ontario Speech-Language Pathologists and Audiologist, n.d.). This disparity allows for direct comparisons between private clinics and publicly funded services, revealing significant differences in wait times and client autonomy. Private clinics can offer minimal

wait times and flexible scheduling, while the publicly funded programs such as School based Rehabilitation Services can result in clients waiting years before being assessed (Armstrong et al., 2016).

Despite the advantages of the private sector, SLPs operating within it have reported multiple ethical dilemmas related to client's financial constraints and access to services. SLPs also face the added ethical challenges in adhering to policies developed exclusively to prioritize business profits over client care (Flatley et al., 2014). For instance, many private clinics have cancellation policies that require SLPs to charge for missed appointments regardless of clients who may be struggling financially (Flatley et al., 2014). Additionally, private clinics have high rates for basic services which can limit access for individuals of lower socioeconomic statuses. It is also noted that despite having access to private insurance, concerns remain as many providers require standardised test scores below a particular threshold to be eligible for funding (Flatley et al., 2014). Many clients, however, do not meet this threshold, despite experiencing significant communication challenges, and as a result must pay out of pocket.

### **Occupational Therapy and Physiotherapy**

The trends from the privatized SLP services are largely mirrored in occupational therapy (OT) and physiotherapy (PT). The privatization of these services also adds to the complexities of the benefits and challenges presented. For example, privatized OT and PT services often offer shorter wait times and a wider range of services available compared to the publicly funded care (Jongbloed & Wendland, 2002; Orozco et al., 2017). Within OT practice, insurance companies prioritize streamlined and cost-efficient services, driving OTs to provide services that balance effectiveness with cost-efficiency (Jongbloed & Wendland, 2002). This results in shorter wait times for clients needing care. However, similar to SLP services, many ethical and administrative dilemmas arise with insurance coverages and payment methods that lead to differential access to care for those who can afford higher insurance (Orozco et al., 2017). For example, it was found that even within privatized rehabilitation services, clients face differential access to treatments based on the type of payments they use (Orozco et al., 2017). Even with the ability to pay, clients living in rural areas often struggle to access care due to the scarcity of service providers available (Kobbero et al., 2017; Merritt et al., 2013). Another study conducted in Australia found that many OTs struggle to provide privatized services in remote areas due to a lack of funding, as there were less clients accessing privatized care to sufficiently compensate the costs needed to run the practice (Merritt et al., 2013). Furthermore, private practising OTs face a number of administrative and ethical challenges that distracts from providing evidence-based patient centred care. For example, OTs and PTs devote a significant amount of time and energy completing administrative tasks that ultimately take away from providing comprehensive care to their clients (Barrett & Peterson, 2009).

While privatization in rehabilitation services can offer certain benefits, we must remain concerned at the inequities associated with privatization. It is also imperative to consider the potential consequences of healthcare privatization in regards to the ethical dilemmas it presents. While there may be potential benefits such as reduced wait times, increased client autonomy, and a wider range of services, the financial and ethical burdens remain. This limits access to those who will not be able to afford the services, ultimately creating further inequities and driving Canadians towards an inequitable, inaccessible healthcare system.

### **Impacts of Privatization on the Social Work Profession**

Social workers play an essential role in healthcare, providing support to individuals and families affected by various health issues and connecting them with the appropriate resources. Privatization of healthcare can have significant implications for the quality of social work care, as the focus will shift from universally accessible, patient-centred care to one that becomes profit-driven. A shift towards private healthcare may compromise the professional autonomy of social workers as they may be expected to prioritize the financial interests of private healthcare organisations over the best interests of their clients (Tamblyn et al., 2016). This leads to ethical issues among social workers, who are guided by core values, such as social justice, self determination, and patient advocacy (Canadian Association of Social Workers, 2015). This is concerning to social work as the quality, safety and appropriateness of care may become compromised in the pursuit of meeting the demands of privatization (Lee et al., 2021). These added pressures to conform to a profit-driven agenda undermines the ability of social workers to engage in patient advocacy, community development, and policy reform.

It is also noted that cost-saving measures implemented in the healthcare system may lead to the reduction of social work services due to the lack of funding (Marchildon & Di Matteo, 2019). As a result, social workers will continue to be overwhelmed, managing large caseloads while struggling to provide personalised and comprehensive levels of care (Tamblyn et al., 2016). The COVID-19 pandemic has exposed significant inequities within the present healthcare system. Privatization, which is often considered a solution, does not provide social workers and their clients solutions to an already exhausted healthcare system. The decline in social work care would only exacerbate the existing healthcare disparities, particularly among some of the most vulnerable populations (Lee, et al., 2021).

As mentioned, privatization could also contribute to a two-tiered healthcare system, which will impact low-income individuals and families as well as persons without insurance, resulting in reduced access to social work services. Privatization would contribute to inequitable distributions of healthcare providers, among them social workers, to more affluent neighbourhoods and urban cities (Armstrong & Armstrong, 2003). This would ultimately limit access to care for individuals residing in remote, rural and socioeconomically disadvantaged areas, which will only amplify the inequities leaving those who are the most vulnerable at further risk (Lee et al., 2021; Devaux et al., 2015).

### **Impacts on Pharmacy**

Similar to other areas of healthcare, pharmacy services - more specifically, prescription drugs - are not fully covered by public healthcare. Coverage of prescription drugs varies from province to province. The current system consists of a combination of private and public drug coverage, resulting in one in five Canadians reporting that they lack coverage for their prescriptions (Law et al., 2018). Additionally, the current system of drug coverage has resulted in one in ten Canadians unable to fill out prescriptions due to the out-of-pocket costs (Law et al., 2018). Although the current private and public coverage split leaves much to be desired for Canadians, the privatization of prescription drugs may threaten the ability of Canadians to afford prescription drugs. This could be exacerbated due to the expected 3-6% increase in spending on prescription drugs worldwide where as of 2020 the global spending on prescription drugs was approximately \$1.3 trillion (Rajkumar, 2020). Privatization of pharmacies can increase innovation in pharmaceutical drugs, but conversely can also hinder innovation due to the lower risk associated with creating “me-too” drugs, which mimic existing drugs (Rajkumar, 2020).

The privatization of pharmacy, and healthcare in general, may provide some relief to the currently burdened healthcare system and individual taxpayers, especially after the

COVID-19 pandemic. Since COVID-19 the system has further strained an already burdened system, as healthcare consumes about 12.2% of Canada's gross domestic product (GDP) and 13.6% of healthcare spending is on drugs (Canadian Institute for Health Information [CIHI], 2022). In contrast, keeping a more publicly funded system relieves the burden on individuals with prescription drug needs, but puts a greater burden on government spending and taxpayers. It is important to consider that drug spending has been increasing in the past three years and is one of the top three expenditures of Canadian health dollars. Overall, as drug spending continues to increase, the burden can be felt by many Canadians, and careful considerations from multiple standpoints need to be considered with respect to adjusting the level of privatization of healthcare and pharmacy.

### **The Impacts on Nursing**

The method of healthcare delivery, whether it be private, public, or a combination of both, will impact the profession of nursing in distinct ways. One way that the structure of healthcare delivery could affect nursing practice is by impacting nurses' ability to deliver equitable and quality care. For example, in 2021, public health indices were examined to associate the degree of private financing in a country's healthcare system with their ranking of universality, accessibility, equity, quality of care, and health outcomes (Lee et al., 2021). While private financing positively correlated with improved health outcomes, it was negatively associated with universality, accessibility, equity, and quality of care (Lee et al., 2021). Similarly, another study concluded that privatization led to reduced nurse staffing, an action that could lead to decreased quality of care and negative patient outcomes (Ramamonjivarivelo et al., 2019). However, in Portugal, the difference in quality of patient care and patient satisfaction between public-private partnership hospitals and public hospitals was found to be insignificant (Ferreira and Marques, 2020). Similar outcomes were observed in Sweden, where privatization of residential care homes was expected to improve quality of service provided, by increasing competition for the market (Broms et al., 2020). Instead, privately and publicly administered hospitals were found to offer no significant difference in the provision of quality care (Broms et al., 2020). Taken together, these studies question the extent of the benefit behind increased privatization and suggest that this action may increase barriers for nurses in providing equitable quality care across settings to those who may need it the most.

Nurses exist as the largest healthcare group, with both global shortages and high turnover rates (Falatah et al., 2021). That said, an important consideration regarding the structure of healthcare delivery is how changes will impact the employment of nurses in Canada. Healthcare reform through privatization in other countries, such as Saudi Arabia, is argued to have contributed to perceived low job security among nurses (Falatah et al., 2021). Similar changes in Canada pose similar challenges, as shown by British Columbia's experience with the subcontracting and privatization of long-term care. Worker interviews have shown that privatization has caused the precarization of employment and declines in labour standards and compensation. The privatization of highly specialised services may not introduce full free-market competition as intended as few firms may be qualified to bid. The authors also note the very interesting dilemma between "the state as regulator of markets and the state as client and patron of markets" (Ponder et al., 2020). Moreover, when the attitudes of healthcare professionals in Sweden were broken into hierarchies and examined over a 4-year period of growing healthcare privatization, registered nurses were the most impacted of all healthcare groups analysed (Falkenberg et al., 2011). Since job satisfaction and job security are thought to mediate nurse turnover rates (Falatah et al., 2021), it is important to consider how nurses' job satisfaction and security may be impacted by policy dictating the healthcare delivery model.

Conversely, the opportunity for employment in the private sector may have unique benefits for nurses. In Sweden, nursing professionals employed in the private sector reported that they encountered less threats and bullying, while they experienced improved social support and cohesion, compared to nurses employed in the public sector (Thapa et al., 2022). This could mean that privately funded healthcare could provide an interesting learning opportunity for public healthcare settings. However, privately-funded hospitals seem to have their own challenges. In Sweden, nurses working in privatized acute care hospitals experienced higher rates of burnout compared to those employed within the publicly administered hospitals (Hansen et al., 2009). As such, it is important to consider how the differences between privately and publicly funded hospitals may facilitate learning between the two, create opportunities for nurses, and positively and/or negatively impact nurse staffing in each setting.

## **RECOMMENDATIONS**

### **IPHSA Recommendations**

The COVID-19 pandemic has exposed various limitations within the Canadian healthcare system, including inadequate resources, staffing shortages, and increased vulnerability of low socioeconomic communities. To mitigate the impacts of future crises, it is crucial to assess the potential ramifications of healthcare privatization on health equity. Rather than diverting funding towards privatization, decision-makers should prioritize investment in publicly-funded services to improve accessibility and quality of care. Previous research has illustrated that when privatization is increased, vulnerable populations are at an even greater disadvantage since services become inaccessible and unaffordable. Therefore, the IPHSA committee urges policy and decision-makers to weigh the benefits and costs of healthcare privatization carefully, taking into account its potential impact on health outcomes, particularly for those who are most vulnerable.

The Canadian healthcare system has been widely recognized as a model for other countries to follow due to its affordability, effectiveness, and ability to provide equitable care (CIHI, 2021). This system, which is publicly funded, is grounded on the belief that healthcare remains universal, and accessibility is ensured regardless of one's socio-economic status (CNA, 2019). However in recent years, the Canadian healthcare system has seen an increase in hospital overcrowding, patient dissatisfaction, funding cuts, severe staff shortages, wait times that infringe on basic human rights, and healthcare worker burnout (CFNU, 2022; Carter et al., 2018, Barua et al., 2020). This evidence has sparked the conversation around healthcare privatization.

The Canadian Federation of Nurses Union reports an alarming 94% of nurses are experiencing symptoms of burnout, while over 50% are suffering from severe burnout (CFNU, 2022). This widespread fatigue does not come as a surprise given the challenges and grave undertakings the healthcare system has gone through and continues to go through as a result of the ongoing COVID-19 pandemic. Canada is losing healthcare workers rapidly due to the poor working conditions that in turn lead to burnout and shortages in staffing.

In response to the potential and impending collapse of the healthcare system, political discussions regarding the privatization of healthcare in Canada have resurfaced. Their aim is to reduce the current strains by diverting resources and users to a private system that would allow for timely, and costly, care.

This paper outlined the current discourse regarding privatization in Canada and provides an outlook of various aspects of healthcare, including but not limited to, social work, nursing, medicine, pharmacy, occupational therapy, and physiotherapy which

demonstrate the potential hazards and consequences this model may have on the quality of accessible, equitable and universal healthcare.

While there is much debate surrounding the efficacy of privatized healthcare, it is important to recognize that this is not a one-size-fits-all solution. Privatization has often been referred to as a “zombie solution” that does not address the needs of the healthcare system, and only diverts funding, attention, and care to affluence (Lee et al., 2021). We need not only look to Quebec’s two-tiered healthcare model that had adopted a hybrid model, which exemplifies the failures of privatization. Quebec spent over \$875 million dollars in 2022 towards their private healthcare system with no increase to access to care, while shortages of nurses, doctors, social workers and other healthcare practitioners remain (CBC, 2022). More than 1.5 million individuals in Quebec do not have access to a healthcare provider and yet governments speak to how privatization will solve the healthcare crisis. This is concerning and we implore the government to reconsider its stance on privatization as a response to meet these demands. It is evident that this will not address the underlying breakage of an underfunded public healthcare system on the brink of collapse.

As future healthcare workers we call on the government to take effective steps towards addressing the exceptionally concerning healthcare crisis we are experiencing across Canada. This is a critical turning point and this issue could not be more urgent. The Canadian healthcare system is facing unprecedented demands and we are in dire need of a transformational response that will translate to an equitable and inclusive healthcare system.

First, policy items such as the pursuit of Bill 124 must be stalled, as this undermines the sustainability of healthcare workers. Nurse and healthcare worker retention is at the core of staff shortages, with the University Health Network spending over \$6.7 million dollars in 2022 towards agency nurses. Funding goes towards agency or private healthcare professionals, leaving current, unionised health professionals feeling abandoned by their own governments, and leaving the profession (CFNU, 2022). We must improve the working conditions of healthcare workers and implement strategies that will attract and retain healthcare professionals, such as offering competitive salaries, benefits, and professional development opportunities (Bourgeault et al., 2018).

Increasing funding for public healthcare is needed, as privatization has the potential to divert funds, as well as reduce accessibility to care. The Canadian Health Coalition recommends that the federal government increase the healthcare funding to the provinces and territories to ensure we can keep up with the current growing demands (CHC, 2021). It is crucial for governments to understand that healthcare workers play critical roles within the system, and addressing the challenges they face, such as burnout, understaffing and lack of pay increases, with meaningful support and resources is essential. Policy makers must consider alternatives that focus on strengthening primary care, and community-based services (Breton et al., 2017; Bodner et al., 2022; Hutchinson & Glazier, 2013). By supporting the establishments of community health centres and promoting the use of telemedicine for remote consultations we can continue to improve access to healthcare. We must also address the underlying issues to staff shortages, and implement equitable healthcare financing (Marchildon & Matteo, 2019). These can improve the access to quality care, increase efficiency, and patient outcomes.

By reallocating funding and focusing on evidence-based recommendations, policy-makers and stakeholders must work collaboratively to develop and implement strategies that will address root causes of the current healthcare crisis. By investing in strong, equitable and sustainable public health, Canada can continue to uphold its commitment to universal healthcare, ensuring access remains.

Additionally, student advocacy groups such as this IPHSA committee, can be an influential force in raising awareness regarding the issues surrounding the privatization of

healthcare in Canada. There are several groups across Canada that educate and raise awareness regarding healthcare issues. The Canadian Medical Association (CMA), continues to urge governments to respond to the healthcare crisis by adapting a universally equitable healthcare system, citing concerns that the reduced accessibility and increased costs with privatization will further impact vulnerable populations (CMA, 2023). Secondly, the CFNU, advocates for universal and publicly funded healthcare for all. This only further illustrates that advocacy and awareness is needed.

Recommendations	Actions
Prioritize investment in publicly-funded services	Increase funding for public healthcare, with an emphasis on supporting primary care and community-based services, and reallocating funding to address root causes of the healthcare crisis.
Weigh the benefits and costs of healthcare privatization	Stall policy items that undermine healthcare worker sustainability, such as the pursuit of Bill 124, and consider the potential impact of healthcare privatization on health equity.
Address challenges faced by healthcare workers, such as burnout and understaffing	Improve the working conditions of healthcare workers and implement strategies that will attract and retain healthcare professionals, such as offering competitive salaries, benefits, and professional development opportunities.
Promote the use of telemedicine for remote consultations	Support the establishment of community health centres to improve access to healthcare.
Adjust staffing concerns	Address the underlying issues to staff shortages, and implement equitable healthcare financing.

## CONCLUSION

The current healthcare system in Canada is built on the principles of universality, accessibility, comprehensiveness, portability, and public administration (Senate of Canada, 2003). Although the system has many strengths, it is not entirely comprehensive, and faces significant criticisms related to accessibility, equity, and wait times. The potential consequences of healthcare privatization, including impacts on access to care, quality of care, and equity, must be thoroughly considered and evaluated before any policy decisions are made.

The above analysis has shown that privatization may not necessarily lead to improved health outcomes, accessibility, or equity. Therefore, it is essential that the decisions surrounding privatization be taken with utmost consideration. While arguments could be made for the potential of such reforms to strengthen the nation's economy and provide better financial compensation to healthcare workers, these gains are not without a cost. Despite the perceived benefits of privatization, the empirical evidence suggests that the drawbacks may outweigh the benefits. There is a general consensus among healthcare professionals that a push towards privatization may lead to more profit-driven models of care provision, encouraging clinicians to forego their values in exchange for higher productivity and greater financial gains. Not only does this position put healthcare workers in a moral and ethical

dilemma, it undermines the quality of healthcare being given to Canadians. This ultimately compromises both the quality of care being delivered while increasing barriers to accessing high quality care in the already overburdened system. The government must collaborate with stakeholders and reach a solution by combining existing knowledge of international practices with Canadian values in a manner that protects the rights of all the parties involved. It is essential for the interprofessional field of healthcare to engage in discussions with key stakeholders and policymakers. This can be achieved through approaches such as social media campaigns, public forums, lobbying efforts, and scholarship to promote the values of universality, accessibility, and equity in healthcare. By doing so, the interprofessional healthcare communities can play a significant role in shaping public opinion and advocating for a healthcare system that prioritizes the wellbeing of all Canadians.

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