



The constant expansion of the private sector in healthcare: a worm is in the apple!

Montreal, February 5, 2025 | Alongside public hearings on Bill 83 to promote the practice of medicine within the public health and social services network, which begin tomorrow, the Point St. Charles Community Clinic and its national partners are teaming up to condemn the incursion of private interests in Quebec's health care system, and propose concrete solutions to counter this alarming situation.

"With Bill 83, the Minister of Health and Social Services, Christian Dubé, wants to force new doctors to work in the public network for the first five years of their practice. We have to realise that this measure, which we consider purely cosmetic, covers up the far more preoccupying problem of the proliferation of private interests in our health care system," says Pierre Riley, a member of the Community Clinic's Health Action Committee.

"For too long, we have been witnessing the creation of a two-tier system in which patients who have the financial means obtain care and services more quickly than those who don't. We need to defend a public health system that is universal and accessible regardless of patients' ability to pay," adds Hugo Vaillancourt, president of Coalition solidarité santé.

The Point St. Charles Community Clinic and its partners are proposing concrete solutions to six concerning problems that aim to halt the growing inequalities caused by the private sector's infiltration of our health care system.

PROBLEM #1

Too many doctors go back and forth between the public and private health sectors.

Possible solutions

- Limit this practice to no more than once a year
- Increase the time limit for disaffiliating from the RAMQ from 30 days to eight months
- Also extend the period from 8 days to 3 months for doctors wishing to return to the public sector
- Following the example of other Canadian provinces, abolish the status of non-participating doctor and maintain only a *disengaged* status for those who do not practice in the public sector

PROBLEM #2

Some surgeries are performed in private medical clinics, with costs being covered by RAMQ.

Possible solutions

- Implement a plan to reduce waiting lists by maximising the use of existing public operating theatres
- Review the government's decision taken last December to add some twenty services to the list of specialised surgeries that can now be performed in private specialised medical centres

PROBLEM #3

Some family medicine groups (FMGs) are owned by private investment funds/investors.

Possible solutions

- In order to obtain FMG status and receive funding, the majority of directors must be healthcare professionals
- Private investment funds/investors must be in the minority within the organisation

PROBLEM #4

Private medical analysis laboratories have patients pay out of their own pockets to obtain their results.

Possible solutions

- Implement a plan to improve access to medical analyses by maximising the use of existing sampling sites and public analysis laboratories
- The fees charged to patients by these private laboratories should be regulated. Establish rates for patients that are similar to those set by RAMQ

PROBLEM #5

Some appointment scheduling platforms are developed by and belong to private promoters (e.g. Clic-Santé).

Possible solutions

- Since the government is investing tens of millions of dollars in these platforms, it can and must require them to post only services that do not charge a fee
- Ban platforms that charge fees to find available appointments (e.g. Bonjour santé)

PROBLEM #6

In long-term home care, barely 12.5% of service hours are now provided directly by CISSS and CIUSSS staff. The majority of hours (51%) are now provided by a variety of private providers.

Possible solutions

- Repatriate home care services staff for health care and activities of daily living to ensure that resources and budgets are consistent with the needs of the population
- That CLSCs become true centres for home care services with an integrated, preventive and user-centred approach, while relying on the public network to ensure the universality and equity of services

In order to counter the devastating effects of the detrimental incursion of the private sector into our healthcare system, Minister Dubé must have the political courage to apply our solutions without further delay, because the worm is in the apple! In the interests of justice, honesty and even efficiency, the Minister of Health must put things right and work to re-establish a high-quality healthcare system that is accessible, universal, and egalitarian.

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About the Point St. Charles Community Clinic

The Point St. Charles Community Clinic is a health organization run by the residents of Point St. Charles. It provides preventive and curative services, while bringing citizens together to discuss health issues and improve health conditions in the short and long term. The Health Action Committee, an offshoot of the Community Clinic, calls for a universal public health system accessible to all.

About the Community Clinic's national partners

AREQ le mouvement des personnes retraitées CSQ · Médecins québécois pour le régime public (MGRP) · Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS) · Collectif pour un Québec sans pauvreté · Coalition solidarité santé · Union des consommateurs du Québec

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