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## Medicare is in great danger

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**A**cross Canada, people are going without the health care they need. Emergency room waits are counted in days, not hours. Far too many Canadians - even those with critical illnesses - have no primary care provider, or the wait for an appointment is too long and so they must turn to walk-in clinics or waiting in crowded emergency rooms.

Hospital staff and their families are falling sick from COVID-19. Unable to work or burnt out, they're retiring early or changing jobs. This is unsurprising, after nearly three years of battling the pandemic, and the winter months threatening a further surge.

Instead of responding to the problem with the urgency required, provincial governments have launched a media campaign for more federal funding. The federal government has been content to sit on its hands, spinning the same old yarn that responsibility rests with the provinces. Medical associations stick to the refrain of needing more investments largely in support of the status quo, or call for reforms that will have little or no immediate impact for patients.

It is a dangerous time for public medicare and for Canadians. Pro-privatization doctors and associated businesses are pushing hard to take advantage of Canadians' fears and frustration that their loved ones will suffer with unmet health needs.

But the promises of reduced wait times through privatization ring false for most Canadians.

The pandemic has seriously impacted the supply of nurses and doctors. If the rich or well-insured can pay more for care, then the current access problems will worsen for all those who have no choice but to rely on public medicare.

Privatization would also mean Canadians in remote and rural areas would face even greater hurdles to access care, as physicians migrate to more lucrative metropolitan areas. Higher prices paid to doctors and nurses in the private tier would also increase the prices that would have to be paid by public medicare to keep them in the system.

If privatization is a snake-oil solution, what is to be done? We need to apply pressure to both levels of government to attend to this crisis now. Provinces need

to take bold steps, including:

Alleviate the administrative burden and cost of business on doctors by setting up publicly run clinics staffed by family practice teams paid on a salary basis.

An immediate increase in nurses' pay and higher fee per patient for those family doctors who add high-need patients to their rosters.

Permit additional billing for virtual care for primary care teams willing to enrol more patients.

Establish urgent care centres to divert more noncritical patients from the emergency department.

Establish a central triage system for specialists so that those in high need in a region or province are directed to the first available diagnostic spot or specialist.

Canadians should also demand the federal government take every step it can to improve public medicare immediately.

Emergency federal funding is needed, but must come with a fair request that provinces be transparent with their budgets and outline the difference any new investments from the federal govern-

ment will make.

Why? Premier Doug Ford has sat on billions of dollars of federal funding for the COVID-19 response, for example. The citizens of Ontario deserve to know how every single new federal dollar will be invested to improve public medicare now.

The federal government should also flex all its other levers of constitutional power to support public medicare at this time.

This includes further investments to support fast-track accreditation of the thousands of immigrant health-care workers across Canada, who want to work but are not permitted to do so.

There is a window of opportunity in this moment of crisis to radically improve public medicare. But this crisis also presents an unprecedented opening for those who seeking to profit from the erosion of public services and our collective faith in the public system.

Canadians need to stand up for public medicare now, for they will sorely miss it when it's gone.

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