



https://www.thestar.com/opinion/contributors/privatizing-eye-surgery-deeply-short-sighted-move-that-will-harm-care-in-ontario/article__511f6b6f-4f19-5510-b65e-784572d007f0.html

CONTRIBUTORS

Opinion | Privatizing eye surgery deeply short sighted move that will harm care in Ontario

Feb. 9, 2021  



Cataract surgery is performed at the Kensington Eye Institute in 2012.

ANDREW FRANCIS WALLACE / TORONTO STAR

By Sherif El Defrawy Contributors, Bob Bell

Vision care in Ontario will suffer because of a hastily conceived and quietly launched move by the Ford government to privatize eye surgery. The province is [implementing the plan](#) despite strong objections from eye surgery leaders.

There is no doubt that cataract operations can be moved out of hospitals and into the community while maintaining high quality and reducing cost. The Kensington Eye Centre where one of the authors is ophthalmologist-in-chief, is an example of how a purpose-built not-for-profit day surgery facility can increase capacity and cut costs.

This is not to say that Ontario hospitals are inefficient. Hospitals provide safe, efficient and high-quality cataract surgery. It's just that cataract surgery does not require much hospital infrastructure. Community-based surgical centres can offer streamlined care at a reduced cost. The environment is also less hectic, so the patient experience is improved.

So why are we, along with ophthalmology leaders across Ontario, strongly opposed to the development of for-profit cataract surgery centres?

The first Canada Health Act principle states that medically necessary treatments like cataract surgery must be “publicly administered.” The Kensington Centre is a not-for-profit corporation governed by a hospital-like board, which maintains careful oversight on quality and the patient experience. This approach ensures that treatments are provided in accordance with our medicare principles.

Not so in a for-profit facility, where the chief goal is maximizing return to investors and owners. These private centres will be paid the same fees as a public centre. Unlike hospitals and not-for-profit facilities, they will choose to avoid operating on complex patients that might slow down their assembly lines.

Because hospitals and non-for-profit centres follow the principles of medicare they avoid inappropriately “up-charging” patients with private fees that increase out-of-pocket costs for patients who are often seniors on a fixed income. There is some patient choice in cataract surgery. For example, we can provide a specialty lens following cataract removal that reduces astigmatism or the need for reading glasses. These devices can be chosen and paid for by the patient.

However, there are many other charges to patients in existing for-profit cataract centres that currently do not receive government funding. Although the government Request for Proposal asks what fees outside OHIP will be charged, there will be no oversight of patient charges other than monitoring by the owners who will aim to maximize profit.

Another problem with this proposal is that moving cataracts to private facilities means that surgeons will no longer need to apply for privileges in hospitals in order to work in operating rooms. Currently, hospitals and non-for-profit out-patient

surgery centres require surgeons to respond to eye emergencies in the ER and consultations in the hospital if they want to work in the OR. Opening independent for-profit centres will curtail hospital eye services.

This proposal also jeopardizes the education of doctors training to become ophthalmologists. Educating future generations of Ontario eye surgeons must remain a priority, but a for-profit centre without oversight will not support surgical training. It is no surprise that the leaders of all five of Ontario's university-based teaching programs have strongly urged the government to address this risk and modify their proposal.

Hospitals distribute their operating time fairly between existing and new surgeons, taking into account factors such as teaching, equity and quality. In contrast, private centres will hire only a select few new surgeons and will allocate OR access based on surgical speed, revenue generation and the surgeon's ability to upsell premium options. This short-sighted approach will lead to an exodus of our young surgeons and result in an ever-increasing shortage of well-trained ophthalmologists.

We have efficient, high quality hospital and out-patient eye surgery centres across the province that are publicly administered by not-for-profit boards. These facilities have capacity to expand the excellent care they provide — they simply need more operating funds to do more operations.

The Ford government's attempt to lessen our lengthy COVID-19 backlogs by funding for-profit facilities, though perhaps well intended, will result in patients paying more, hospitals left without critical eye care services, and the province's training programs left teetering on the brink of closure.

We have an eye care system in Ontario that is arguably amongst the best in the world. Why is the government proposing to destroy this model for the benefit and profit of private investors in moving to American style health care?

Dr. Sherif El-Defrawy is Nanji Family chair in ophthalmology and vision sciences, professor and chair, department of ophthalmology and vision sciences, Temerty Faculty of Medicine, University of Toronto and ophthalmologist-in-chief, Kensington Eye Institute. **Dr. Bob Bell** is a former Ontario deputy minister of health and the inaugural co-chair of Ontario's vision task force.

Opinion articles are based on the author's interpretations and judgments of facts, data and events. More details

Related Stories

Ontario optometrists are redirecting patients to ERs to protest underfunding.
The strategy is costing the province \$250,000 a day

Turned away and told to wait: My frustrating experience navigating the COVID-19 pandemic without an Ontario health card

REPORT AN ERROR

JOURNALISTIC STANDARDS

ABOUT THE STAR
