

dialogue

November 29, 2007

A bi-weekly update on issues
affecting health care in Ontario

Controversial \$7,500 treatment delivered at Ontario's first P3 hospital

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The Royal Ottawa Mental Health Centre has rented space to a private for-profit clinic that is charging patients up to \$7,500 for an anti-depression treatment. The U.S. Food and Drug Administration (FDA) says the treatment has no clear evidence of working.

MindCare Centres treats physician-referred patients with repetitive Transcranial Magnetic Stimulation (rTMS) – a controversial process that zaps the brain with magnetic pulses.

The FDA ruled against approval of a rTMS device for such use in March, 2007. A spokesperson told the Associated Press that reports of its effectiveness were “marginal, borderline and questionable.”

OPSEU Local 479 raised concerns over the location of the MindCare clinic in a Nov 23 press conference. While commercial enterprises were intended to locate within an identifiable area in the hospital's research tower, MindCare is situated adjacent to the hospital's clinical services, lending it legitimacy. Further, at least one psychiatrist within the hospital has been seeing patients to provide the necessary approval to begin rTMS treatments at the for-profit clinic.

MindCare maintains the treatment is less risky than Electroconvulsive Therapy (ECT), but rTMS treatment is also known to be painful and reported to induce seizures.

Given studies of rTMS have been undertaken within a short period after treatment, there is no proof the

effects are lasting. Patients often need to “refresh” their treatment.

While rTMS is approved in Canada as “safe,” OHIP will not fund treatments due to the lack of evidence proving its effectiveness.

“This is exactly what we had warned about when this hospital was developed as a public-private partnership,” said Marlene Rivier, Local 479 president. “We are seeing a blurring of the lines

between public and private here inside the hospital walls.”

With loss of control over the buildings they occupy, P3 hospitals could see more such clinics, regardless of how legitimate the treatments may be.

“This also raises the spectre of two-tier health care,” says Rivier. “Within the hospital, the less well-heeled could literally watch as more affluent patients receive advanced and faster care for a fee.”

IN BRIEF

KGH turned down by LHIN, L479 P3 update

The **South East Local Health Integration Network** has turned down a request from the **Kingston General Hospital** for \$32 million more in funding it says it needs. Instead, the SE LHIN has advanced KGH \$12 million, but says the funding is temporary.... **OPSEU Local 479** released an update of its June report on Ontario's first P3 hospital. “Risky Business II” documents a high degree of dysfunction at the **Royal Ottawa Mental Health Centre**, from construction delays to major design flaws. Media coverage of the report focused on the report's reference to the MindCare Centre, a private for-profit fee-based clinic operating alongside hospital clinical services (see story above). Read the report on-line at www.opseu.org. Before the its release, local activists handed out McGuinty P3 Dollars in Ottawa to illustrate P3s are not built with free money... The **NUPGE Canadian Health Professionals Secretariat (CHPS)** met in Ottawa Nov 19-20 to discuss strategies

to highlight the work of diagnostic, clinical and rehabilitative health professionals. Most health human resources strategies in Ontario focus on doctors and nurses, ignoring shortages in other needed professions. OPSEU met with **Josh Tepper**, Assistant Deputy Minister for Health Human Resources, Nov 1 to begin discussions on this issue... The **Canadian Council for Public-Private Partnerships** released an **Envirovics** poll on the public's attitude towards P3s. Suggesting governments could not maintain the pace of needed infrastructure renewal, the poll then asked if respondents agreed its time to allow the private sector to deliver these types of services in partnerships with government. 56 per cent of Ontarians said yes – down from 58 per cent last year, and below the national average of 63 per cent. The poll does indicate there is still work to do in getting out the message that P3s are more costly, unaccountable, and often of lesser quality.