



**September 9, 2022**

**An Open Letter to:**

Honourable Doug Ford, Premier of Ontario

Honourable Paul Calandra, Minister of Long-Term Care

Honourable Sylvia Jones, Deputy Premier and Minister of Health

Honourable Raymond Sung Joon Cho, Minister of Seniors and Accessibility

On August 31, Ontario's Legislature passed Bill 7, the *More Beds, Better Care Act 2022*. This act aims to move alternative level of care (or ALC) patients – those deemed not to need acute hospital care – to long-term care homes. A placement coordinator may assess any ALC patient for long-term care, select a long-term care home, give the patient's personal health information to the home, and then admit the patient to the home - all without the consent of the patient or patient's substitute decision maker.

Bill 7 was passed without public hearings, so this letter expresses our concerns and questions. Care Watch is a non-profit advocacy organization. Volunteers run it, and older adults lead it. We advocate for the policies and services that keep older Ontarians out of institutions and let them live safely and productively in their homes and communities – what they want and what the system needs.

***Canada's Supreme Court has upheld consent to health care as a fundamental right.*** Bill 7 says consent will be suspended only after "reasonable efforts" to obtain it. True consent, however, must be voluntary. Hospitals have long been able to charge per diems to long-stay patients. Patients now face additional, as yet unspecified (but possibly exorbitant), charges if they "refuse to move to a long-term care bed" not of their choosing. There are to be "conversations" to persuade them. At what point do those conversations become threats, and when do those threats become coercion? Financial coercion is a form of abuse, which is not only ethically and morally disturbing, but also subject to legal challenge.

***Protection of personal health information is equally fundamental,*** and privacy law rests on maintaining confidentiality. Information on ALC patients (or anyone else) disclosed without consent violates privacy legislation, is contrary to human rights, and may also be unconstitutional.

***Ontario's premier asserts that ALC patients are "... going to get much better care in a long-term care facility than sitting in a hospital bed."*** ***This is questionable at best.*** The homes with vacancies and no waiting lists are the substandard ones in which too many residents died over the past two years – often not even from COVID, but from basic neglect. In many homes, staffing shortages may be even worse than in hospitals, placing patients at even greater risk. Prospective residents fear living in these homes, and their families fear for them.

Although these placements are technically "interim" or "temporary," they are more likely to be permanent. The average life expectancy of an older adult entering long-term care is 18 months - hardly enough time for a bed they prefer to become available.

***Care Watch asks Ontario's government:***

- Are you prepared to close long-term care homes, whether not-for-profit or for-profit, that do not meet care and safety standards?

• *Not-for-Profit.* • *Volunteer-Run.* • *Senior-Led.*

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**When older adults need care, hospitals and long-term care homes aren't the only choices.** Many can thrive in their own homes and communities with some support. This is where home and community care comes in. Home support programs can divert the known 10-12% of patients who don't need long-term-care away from institutions. In its budget, government announced an additional \$1 billion for home care. What we haven't seen are announcements of what that funding will do. Starting by giving more funding to existing community agencies would immediately expand services – a quick result.

**Care Watch asks Ontario's government:**

- How are you building capacity in the community to care for older adults?
- What are you doing to give workers in the community the same pay as those in hospitals and long-term care homes?
- How are you using the \$1 billion you promised to move people out of hospitals into the community? Who will receive this funding, and what services will it provide?
- How are you using the unspent \$1.8 billion in your health care budget?

**It's time to stop punishing older adults for system failures.** ALC patients didn't cause these failures. They are a symptom of years of neglect, underfunding, wage-limiting legislation, and inadequate home and community care. All parts of the system – hospitals, long-term care homes, and home and community care – are short of staff. It's hard to find workers and even harder to keep them. Recruitment and training efforts and one-time retention bonuses alone won't build a stable workforce.

**Care Watch asks Ontario's government:**

- What are you doing about understaffing throughout health care?
- Are you giving health care workers in hospitals, long-term care homes, and communities the wages, benefits, and working conditions that encourage them to stay?

ALC patients are sometimes called "bed blockers," though we doubt that they willingly block beds. Most of them aren't even waiting for a long-term care bed. They are more likely to be waiting for rehabilitation, complex continuing care, or mental health services. Yet only those destined for long-term care are being singled out for extreme measures. We wouldn't tolerate discrimination based on race, religion, or gender identity. We shouldn't tolerate discrimination based on age.

Other organizations have expressed concerns in line with ours – suspension of rights, financial abuse, and populating substandard long-term care homes with unwilling residents. We add our voice to theirs.

Sincerely,



Fiona Green  
Co-chair, Board of Directors



Gail Thompson  
Co-chair, Board of Directors

