

### Hospitals reviewed

The results of the Government's appeal against the Divisional Court ruling on the question of hospital closing is expected soon, and I would like to take this opportunity of reviewing developments in this connection.

In November of last year, Eddie Sargent, Liberal MPP (Owen Sound) called for an emergency debate on the proposed closing of Chesley and District Memorial Hospital, scheduled for January 1st, 1976. At that time Minister of Health Frank Miller confirmed that 24 hospitals were scheduled to be closed, refusing to disclose details of the government's plans. Moreover, he would not release the list of hospitals, and said "Each one will, in turn, be told in negotiation, if it's being considered. Each one will have the option and opportunity to discuss the merits of closing with me and they will learn it in that order only after I've decided there's some reason to consider the problems with them."

Questioned by Liberal Leader Stuart Smith, the Minister said that availability of alternative facilities would be taken into account, as well as the actual condition of the hospitals. He admitted that development of surplus hospital beds had been permitted in the past, and said "We have changed our over-all guidelines and we are adjusting to them."

The day after the Legislature adjourned for the Christmas recess, the Minister of Health met with representatives of the Ontario Hospital Association. He announced that there would be a 10 per cent limitation on the Health budget increase; a \$50-million cut of hospital budgets, achieved for the most part through a reduction of up to 3,000 beds and possibly 5,000 staff (4 per cent of the total); rationalization of laboratory and provincial psychiatric services; no further nursing home bed approvals or increases in the amount of money spent on research and demonstration model projects.

The first closures were also announced: Goderich Psychiatric Hospital, Northeastern Regional Mental Health Centre in Timmins, and our public health labs, located at Kenora, St. Catharines, Woodstock and North Bay. (Anticipated saving from closure of the labs was \$100,000). Conversion of the facilities at Timmins and Goderich to mental retardation 'resource centres' was also announced at this meeting.

On Jan. 15, the Legislature reconvened to end the Toronto teachers strike, and during Question Period the Minister was repeatedly attacked for not consulting affected communities about hospital closings. Again he refused to publish a list of the hospitals concerned.

The Legislature prorogued on January 16th, and actual closings began on February 9th. Each hospital was visited by the Minister and his staff. Closure decisions had clearly been made in advance. As the Minister met with respective hospital boards a press statement announcing the closure was issued in Toronto.

During March and April, thousands of citizens protested hospital closings, staff and bed reductions. Hospital boards and officials met with the Premier, Cabinet and Government representatives to appeal closings and contraindications. However, on April 12th, Premier Davis announced that Willet Hospital in Paris, Clinton, Durham and Doctor's Hospital in Toronto would all cease to operate as acute facilities on June 1st. Thereafter they would be classed as ambulatory care facilities offering X-ray, lab, minor surgery and doctor's offices. Willett would continue to provide chronic care at its present level pending results of a local study. At that time, the Government had, apparently, no idea what impact its new decision would have on the number of jobs or dollar saving involved.

On April, 13 it was made clear that contrary to commitments made to various hospitals, many were not given advance warning of the Government's decision to close them down. Ministry of Health letters to Clinton and Durham simply stated: "Make sure your staff receive termination notices. You must stop. Your hospital must close." In addition, these letters stated that "Ministry of Health staff are available at your request to assist you in developing health care services in your community using existing buildings to some extent."

Subsequently on April 13 - a Divisional Court ruled that the Province had no legal authority to close hospitals merely to cut costs. The Court found that the Public Hospital Act was regulatory in nature and was never intended to be used to close hospitals for budgetary reasons.



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