False Positive: Private Profit in Canada's Medical Laboratories

by Ross Sutherland. Black Point, Nova Scotia and Winnipeg, Manitoba: Fernwood Publishing, 2011. \$17.95 Cdn., paper. ISBN:978-1-55266-409-4. Pages: 1-135.

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Ross Sutherland provides an intriguing argument exploring the relationship between the use of private for-profit medical laboratories and the erosion of universal access to health care in Canada. Sutherland questions whether the principle of universality is still a cornerstone in Canada's health care system and whether patient care suffers due to the self-interest of private capital. This book is of interest to anyone concerned about current health care funding and the debates on the privatization of health care in Canada.

Sutherland worked as a home care nurse in eastern Ontario. He was part of a home care team that administered intravenous antibiotics to patients. Sutherland had daily encounters with private for-profit medical laboratories and found troubling trends within the health care system. Private and public health clinics and physicians contract medical laboratory services to private for-profit medical laboratory. The private for-profit medical laboratory receives payment for each sample it tests. Tests are performed on a large scale with samples being shipped from various regions to a central location. Throughout the book the author argues that private for-profit medical laboratories have infiltrated Canada's health care system. The private for-profit medical laboratories have taken over publicly funded non-profit private and public community based medical laboratories.

Sutherland argues that there are three main private for-profit medical laboratories, namely LifeLab (formally known as MDS), Canadian Medical Laboratories (CML) and Gamma-Dynacare (a subsidiary of Laboratory Corporation of America). Private non-profit medical clinics send samples for testing at what the private for-profit medical labora-

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tories deem as more affordable rates than rates charged by public non-profit medical laboratories. Blood, tissues and other biological samples are collected at local specimen centres or as Sutherland labelled them as "bleeding centres." Next, samples are transported to another location for testing and analysis. Once results are available, the results are transmitted to the treating physician who then review the results and transmits them to the patient with treatment options. Many of the private for-profit laboratories send blood, tissue and other biological samples to a central location for testing and analysis. Transporting the collected samples to a central testing and analyzing location can result in time delays in testing, analysis and, ultimately, treatment for patients.

Private for-profit laboratories work on volume – the testing and analysis is done at a single location so that the for-profit laboratory only has to hire limited technicians. Samples from the different local specimen centres are all shipped to a single centre. The faster samples can be tested and results analyzed, the faster the private for-profit laboratory will be paid. More complicated tests or tests that are less common are not seen as profitable. This delays results and places patient care in jeopardy.

Sutherland frames his argument by considering the historical development of private for-profit medical laboratories in Ontario and throughout Canada. Sutherland argues that the private for-profit medical laboratories are one trend in a greater erosion of the public non-profit medical system in Canada. Sutherland continues developing his argument by considering the current use of private for-profit medical laboratories. This shift is seen as indicative of a greater shift in the development of global capital markets and the rise of neo-liberalism. Are private for-profit medical laboratories regulated? Are private for-profit medical laboratories inspected by Health Canada or through each Province? The development of private for-profit medical laboratories shows the evolution of the private for-profit medical care system. The democratic nature and universality of the health care system is in jeopardy. Sutherland argues that the democratic health care system ensures access for all Canadians and ensures services are provided universally throughout Canada. Access to timely medical testing is important to ensure proper medications are given to patients. Improper dosage of medications or improper type of medication given to a patient can have dire, and even fatal, consequences for patients.

Canada's notion of universality is successfully challenged by Sutherland. Sutherland also challenges whether Canadians have equal access to medical care and through the use of private for-profit medical labo-

ratories. Sutherland presents the notion that a democratic public health care system ensures that testing is done in a timely fashion and patient care is of paramount importance. A question to consider is whether the health care of Canadians is being compromised by the use of for-profit medical laboratories operating in conjunction with private non-profit health care clinics and public health care clinics. Sutherland maintains that the exclusive use of public non-profit organizations is the best way to increase access to medical care, control costs incurred by private forprofit medical care, integrate services, improve quality of healthcare and enhance the democratic control of health care in Canada. The question of whether governmental regulation of health care can monitor private for-profit laboratories must be considered when determining the direction of the future of Canada's health care system. Sutherland advocates that the social principle of universality cannot be compromised by the lure of profits in health care policy and regulation in Canada. Sutherland suggests that that the healthcare system in Canada has shifted from a democratic patient-centric system to a profit driven neo-liberal system.

Sutherland leaves us with the question of whether Canada's public health care system can truly be universal if private for-profit medical laboratories are operating and controlling the testing of medical samples across Canada. Sutherland convincingly advocates that fee-for-service for laboratory services be ended and that Canada's health care system be transformed into a fully integrated public-non-profit system guaranteeing universal access to health care for all Canadians.