

Blaming the elderly is no solution

By Michel Bilodeau

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Bill 7 on Long Term Care has now been adopted by the Ontario Legislature. It has been widely criticized because elderly who occupy a hospital bed while no longer needing such level of care, and who refuse to leave when offered a bed, may be forced to go to a facility they did not choose, even if it is far from their community. Hospitals may also bill this person for the cost of the hospital stay, a possibility that is supported by Minister of LTC Paul Calandra.

The ALCs (Alternate Level of Care) or bed-blockers, as we used to call them in hospital jargon, occupy more than 5000 hospital beds across the province, but they are only a fraction of the more than 30,000 people waiting for a long term care bed in the province.

Sure, there are people who refuse to move out when they are offered a bed, but they are an exception. During my thirty years in Ontario hospitals, I was aware of a few cases. But this is a minor problem. The problem was, and still is, a lack of LTC beds and a lack of funding for home care.

I won't get into the discussion about how this is morally wrong after so many elderly were left to die alone during the early stages of the pandemic; it is. But even if those who refuse to move were charged \$1800 a day, and even if they actually paid this amount, this would only free up a few beds and there would still be a large number of ALCs in hospital. Actually, while the Minister gives the impression that this would resolve the problem, the reduction of ALCs would be so small that it would likely not be noticeable.

In 2020, I published in the Ottawa Citizen an article explaining that, at the time, there were 78,000 LTC beds in the province, and 34,000 people waiting for one of these beds, including those occupying a hospital bed. Better funding for caregivers, home care and community care would certainly reduce this number but there would still be a shortage of several thousand beds. More than 20 years before, the Health Services Restructuring Commission had recommended a ratio of 99 LTC beds per 1000 population 75+. If this recommendation had been followed by the various governments that came afterwards, there would be no ALC today. And the consequences of the closure of so many hospital beds, also recommended by the HSRC, would not be so painful today since the thousands of beds occupied by ALCs would be available. These recommendations completed one another; unfortunately, the ones that saved money (hospital and bed closures) were largely implemented, but the savings were not reinvested in home care and long term care. Which led to the situation we have today.

The only way the number of ALCs is actually going to be reduced is twofold: 1- provide enough funding to home care, community care and/or support to caregivers to reduce the number of people who need to go to Nursing Homes 2- have enough LTC beds to accommodate all those who need them. But it is of course much easier to blame the elderly...

Would it take time ? Yes. Would it be costly? Yes. Would it require higher taxes? Maybe. But so be it. Governing is making choices. You can decide to support car users by eliminating the cost of a licence plate, or consider that a \$1 beer is a priority , or chose to reduce taxes , or as usual ask more funding from the federal government. But the government could instead develop a plan based on the real number of elderly and the real number of people likely to require long term care. This seems too much to ask from governments whose only planning horizon is the next election.

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