

CMA INTERFACE

AN INTERACTIVE NEWS DIGEST

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Senate options report leaves no stone unturned

Michael Kirby and the other members of the Senate committee examining Canada's health care system have released a wide-ranging report that presents a broad array of funding options for medicare, including some sort of patient-pay, or user fee for health services.

"The Canadian health care system, the patient that the committee has been examining for the past year, is sick," Kirby, the chair of the Standing Senate Committee on Social Affairs, Science and Technology told reporters. "This report presents a range of options for change that the Committee believes Canadians need to consider." These options include more federal funding for

publicly funded health insurance, private coverage, user fees and more.

The report released last month has been dubbed an options paper and will be used as the basis for public hearings hosted by the committee in all 10 provincial capitals this fall.

"One of the major topics discussed in this paper is financing of the system," added Kirby. "We ask if new funding should come from taxpayers through government to the health care sector, or if it should come directly from taxpayers in partial payment for the services they receive."

In presenting the paper Kirby, who was joined by fellow senators Marjory LeBreton, and Drs. Yves Morin and Wilbert Keon, also explained how the Senate committee was taking a much broader look at possibilities for reforming Canada's health care system.

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FASTfacts

CMA extends hand after terrorist attacks

The CMA offered its support to the American Medical Association and the Red Cross in the hours immediately following the horrific terrorist attacks that occurred in the US on Sept. 11. CMA President Henry Haddad also offered his "deepest sympathy" to the families and friends of the victims of the attacks. Later, in the days following the attack, he praised Canadian health care professionals who traveled to the US to help treat casualties, or offered their services in the relief effort. He also highlighted the efforts of the vast number of people in communities from Newfoundland to Whitehorse who offered assistance and support to international travelers on flights rerouted from the US on the day of the tragedy. The CMA Web page included a link to the Canadian Blood Services Web site for those who wished to donate blood. The site also included an online form for physicians willing to offer their services to help in relief efforts. Over 70 physicians volunteered their services. The CMA coordinated the information in case a formal request for medical aid was received from the US.



Senators Michael Kirby and Dr. Yves Morin, former dean of the school of medicine at Laval University address the media after releasing the Standing Senate Committee on Social Affairs Science and Technology report on issues and options on the federal government's role in health care



A benefit of CMA membership

www.cma.ca/cmainterface
Tel.: 1 800 663-7336 x2700
Fax: 613 731-1755
E-mail: cmainterface@cma.ca

An Association of influence?

I know that the CMA is involved in many good causes (but two issues, one recent, and the other ongoing, illustrate really how much influence the CMA has in Ottawa. The marijuana fiasco is the recent one. The other is the GST issue that the CMA seems to have forgotten about. My advice to CMA: tell Allan Rock and his empire that you are done talking to them until they settle the GST issue; my opinion of the CMA is proportionate to its failure in this regard. The marijuana fiasco should correct any delusion of grandeur the CMA has in regard to its political influence. Sometimes I get the impression the CMA is more concerned about its political connections than the dues paying members.

Wesley Steed, MD
 Taber, AB

CMA Interface was created so CMA members could raise and discuss issues that they feel are important, and that they feel their colleagues may find important. Therefore, we try to avoid cluttering up the page with responses from the Association. However the issues raised by Dr. Steed merit a response if, for no other reason, than to make it clear that the CMA shares his frustration. We have fought hard against the unfair application of the GST on physicians' practices since its inception and the CMA continues to urge the government to amend the Excise Tax Act to correct the situation. That the answer to date has been "no" is extremely frustrating, but we cannot let one issue preempt discussion on other important issues facing physicians and Canada's health care system. This issue is far from closed and the CMA continues to press the government on the GST. Marijuana is another trying issue, which we must remember only arose because of a court judgement that led to a wrong-

headed political decision. The CMA was quick to condemn Health Minister Allan Rock's decision to download the responsibility of deciding who should get access to medicinal marijuana, citing the paucity of scientific review of safety, purity and efficacy as the primary reasons. Although we pledged to work with Health Canada on finding an acceptable solution to facilitate the compassionate medical use of marijuana and the monitoring of the outcomes of that use, that should not be seen as a capitulation to the interests of government. We continue to oppose the current Health Canada regulations on medical use of marijuana, and have called on Health Canada to immediately implement a regulatory review process.

Henry Haddad, MD
 CMA president

Creative history?

Three times during the past year the CBC has aired a program about Tommy Douglas and the origins of Medicare in Saskatchewan. Each time I fumed and while it is now almost ancient history, I would like to set the record straight. The program begins with Shirley Douglas describing her father Tommy's passionate commitment to Medicare by relating the story from 1930 of a pregnant woman in Weyburn, Sask. who was denied a needed cesarean section because of her inability to pay the doctor's bill. The woman died, the baby died, and the husband subsequently committed suicide. This story seems to signal a crying need for significant change in a system that would so callously allow a woman and her baby to die due to a lack of money to pay for necessary care. However, I believe there is more to the story. In 1930, in Weyburn, there were two surgeons who were perfectly capable of performing a cesarean section. One was my father Dr. James E. McGillivray, and the other was Dr. Hilton S. Good. I cannot believe that either one of them would have allowed this woman to die, with her baby, because of any monetary consideration. She may have had no money, but she would not have been asked for any before surgery was advised and carried out. That was just not done in those days in that city. There may have been other factors that led to her death and anyone familiar with obstetrics knows that catastrophes do occur with great rapidity, but the details are unknown. I stand by my opinion that neither of these two capable and thoughtful medical practitioners would have allowed this patient to die for lack of money. It is a falsehood that Mr. Douglas repeated. It served him well in his political career, but it should not be perpetuated.

J.W. McGillivray, MD
 Collingwood, Ont.

WHAT DO YOU THINK?

CMA Interface wants to hear about the issues that affect you and your practice.

Please send us your comments by email, telephone, fax or letter.

cmainterface@cma.ca
 800 663-7336 x2700
 Fax: 613 731-1755
 CMA Interface
 1867 Alta Vista Dr.
 Ottawa, ON
 K1G 3Y6

CMA physician survey presents bleak results

Results from the 2001 Physician Resource Questionnaire (PRQ) were released last month and the annual survey of Canadian physicians showed that 64% of respondents agreed their workload was heavier than they would like. Over half (58%) said their family or personal life had suffered because they chose medicine as a career.

The PRQ, which has been an annual survey tool used to track physician attitudes since 1982, also found that more doctors are leaning away from fee-for-service as their preferred method of payment.

Based on responses from 3246 CMA members and nonmembers, the PRQ found that just 35% cite FFS as their preferred method of remuneration. That number stood at 50% when the PRQ was conducted in 1995.

Perhaps the most vivid picture from the PRQ survey came not from the statistics, but the personal comments added by respondents. A small sample of these is included in the column on the right.

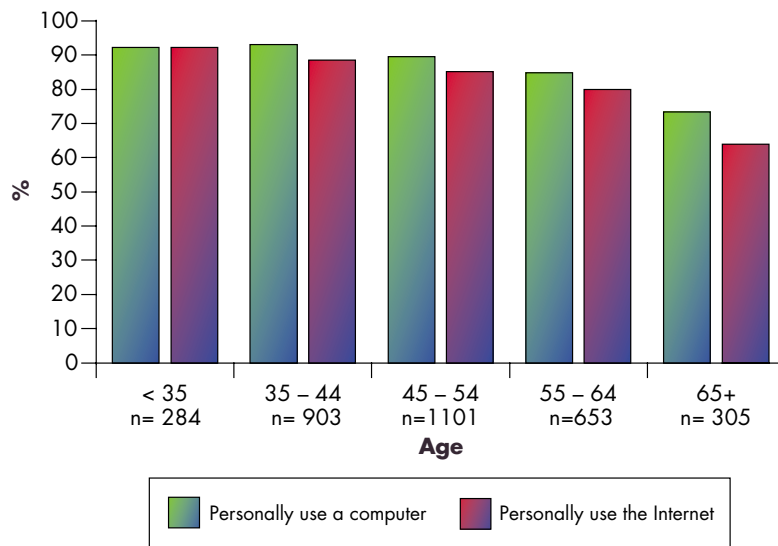
PRQ fast facts

- The PRQ 2001 was in the field from late Jan. to mid-May 2001

- A random sample of 7756 Canadian physicians (62% members, 38% non-members) received the survey
- 3246 physicians completed the survey, a response rate of 42%
- CMA members in the sample who had supplied email addresses were contacted by email and invited to complete the survey online, and 15% of respondents completed the survey online
- The electronic surveys led to substantial savings in printing, postage, and data capture costs
- All others in the sample received a paper copy of the survey that included instructions for online submission

The CMA Research Directorate thanks all physicians who took the time to complete the 2001 Physician Resource Questionnaire. The survey findings enable the CMA to continue physician workforce research. More information on the PRQ and the results is available: *CMAJ* Sept. 4
Online — <http://www.cma.ca/cmaj/VOL-165/ISSUE-5/prq/index.asp>.

2001 PRQ: Personal use of computers and Internet, by age group



The table above is interesting in that, among younger physicians, computer use appears to be an exact indicator of Internet use. This statistic falls off for the older age groups.

You said it

Respondents to the Physicians Resource Questionnaire did not mince words when asked to give their thoughts on the current situation:

"Heaven help those that are just starting out in medicine."

"I regret the lack of new young physicians coming on line to take over. Unless things change, I am afraid when the time comes I will just have to walk away from my patients and this disturbs me greatly."

"I stay in Canada because I'm Canadian. I would be much better off professionally in the US."

"Rural Specialists have onerous responsibilities placed upon them with little backup, expectations for 24/7 call coverage and no financial compensation or recognition for their unwavering devotion to their communities and their profession. My colleagues and I are a dying breed and I don't expect that we will be replaced."

"Increase enrolment in medical school will not solve the physician shortage problem; treating them better will."

"I have always loved the practise of medicine. I take great care with my patients and try to provide them with excellent health care, and it irks me no end how little I get paid for the good job I do."

"Call responsibility is part of the job. I would be less unhappy with this responsibility if I was at least compensated like a plumber!"

"Considering the state of the profession today, if a young person close to me were to ask my advice concerning their choice of career, I would recommend very strongly that they avoid choosing medicine."

"Not everyone is unhappy, disenchanted, angry about their practice. Not everyone feels they are underpaid, overworked and not held in high enough regard by their peers, patients and society in general. I happen to be one of the lucky physicians who are satisfied with his lot in life."

Options paper

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“This report not only presents options for financing and organizing existing publicly-funded services, but also presents options for expanding services in two areas: prescription drugs and home care,” said Lebreton. “The Committee strongly believes that the role of government should also be to encourage and promote healthy lifestyles and the prevention of disease.”

The willingness to at least examine options such as user fees, added Kirby, puts the Senate effort in a “different space” than the Roy Romanow-led commission that is also looking at ways of reforming how health care is delivered in Canada.

Romanow has said repeatedly that he favours reform that would build on the Canada Health Act, and that he is unconvinced user fees can increase patient accountability for health care services and still provide care for underprivileged Canadians.

“We’re putting all the options on the table,” said Kirby. “However, the committee has not discussed preferred options and will not reach any conclusions until after our national public hearings are completed this fall.”

CMA President Dr. Henry Haddad said he was heartened to see such a broad and open presentation of options and said the CMA would be reviewing the paper and presenting an assessment to the committee later this fall. He added that the CMA supports the notion that Canadians should not have to pay for core health services, and indeed supports the 5 principles of the Canada Health Act, but adds that it is “reasonable to examine these principles from time to time to ensure they reflect today’s context.”

“The CMA believes that it’s important to promote and foster informed discussions about the future of the health care system and the Senate committee has identified the many challenges facing our health care system,” said Haddad. “This type of dialogue is much needed.”

In addition to the 10 public hearings, the committee is encouraging all Canadians email their opinions on health care reforms to health@sen.parl.gc.ca.



Or, maybe not

QEMRumours of a late summer cabinet shuffle were quashed by Prime Minister Chrétien last month. While talk was running fast and furious (including, admittedly, in these pages) Chrétien told the media that he had no plans to move ministers before December. However, jockeying between Liberal cabinet ministers for an edge in the unofficial Liberal leadership race continued as Parliament returned from its summer break two weeks ago.

Canadian Alliance Leader Stockwell Day has bowed to pressure and will resign as leader at least 90 days before a leadership vote slated for next March. Along with Mr. Day, who is expected to fight to keep his job as leader, Alberta MPs Diane Ablonczy and Monte Solberg and former MP Stephen Harper are expected to throw their hats into the ring. Progressive Conservative Leader Joe Clark remains under pressure to step aside so that a “unified conservative” leadership race could take place. NDP leader Alexa McDonough is also under fire as the NDP contemplates its political future as the party’s traditional pillar of support — labour — threatens to shun the party.

The CMA faces a busy fall session of Parliament with representatives expected to appear before six separate House and Senate Committees. Issues to be discussed range from the federal budget consultations; proposed legislation on new reproductive and genetic technologies; the review of federal privacy legislation; and the decriminalization of certain illicit drugs. The CMA will also participate in two federal studies on the future of health care. The CMA will also again address Senator Michael Kirby’s Committee studying health care to discuss the “Options Paper” on the future of the system. The CMA will also make a major submission to the Romanow Commission on Health Care at the end of this month.

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EDITORS
Steven Wharry
Patrick Sullivan

PRODUCTION
Nicole Barbeau

800 663-7336 x2700
Fax 613 731-1755

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COUNTS**

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Tel.: 800 663-7336 x2700

Fax: 613 731-1755

E-mail: cmainterface@cma.ca