

The doctors who care

IT WAS MIDNIGHT and lights were burning everywhere in the Victorian pile which houses Nellie's, a women's hostel in Toronto. A middle-aged woman who had arrived with a bad cough and all her belongings in a green garbage bag was shouting in the halls. While other women cringed in their beds and tried not to listen, she screamed curses and spoke of terrible danger.

The staff person, Elizabeth Greaves, called a doctor. Not many physicians are willing to make a middle-of-the-night house call to talk to a schizophrenic, but Nellie's and all

**JUNE
CALLWOOD**

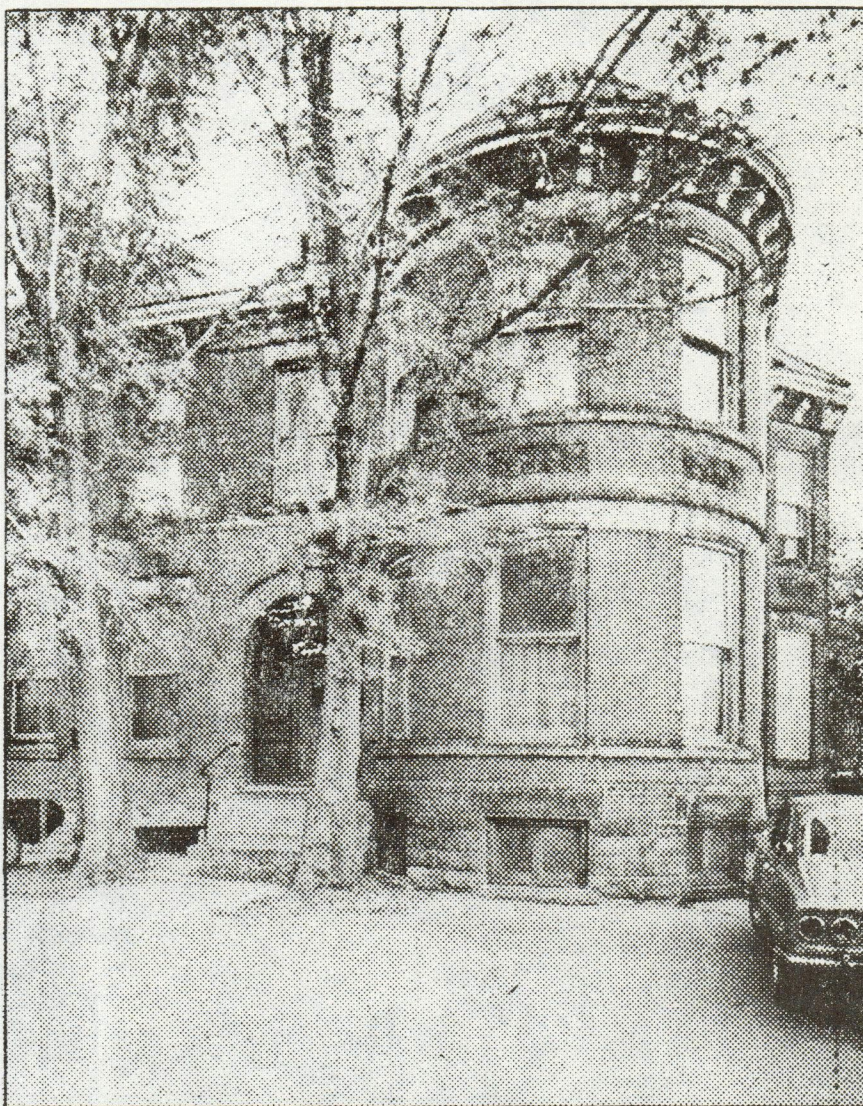


other shelters for people in crisis couldn't function without knowing at least one who will come when called, no questions asked.

Dr. Michael Rachlis rang the bell minutes later. He was carrying a doctor's little black bag but all resemblance to a dignified establishment doctor ended with the satchel. He's 33, a small spectacled man with wildly red hair and the face of a schoolboy. This night he was wearing a sweatshirt, jeans and sneakers.

The woman stopped shrieking to stare. The doctor asked her about her cough in a way that left no doubt of his professionalism. She answered sensibly. They talked for an hour, during which he assured her she was safe at Nellie's and that the staff knew how to protect her. When he left, the house was dark and still, every woman asleep.

Dr. Rachlis is one of the founding members of an organization of about 150 Toronto doctors known as the Medical Reform Group. They hold a number of views which are not shared by most of their medical colleagues, among which, predominantly, is the group's rejection of extra-billing. Because they don't charge fees higher than the Government's fixed rate, and sometimes don't charge at all, and because they take almost twice as



Nellie's women's hostel relies on the Medical Reform Group.

much time with patients — four in an hour as compared to the usual seven or eight — they tend to have the smallest incomes of any physicians in the country — about half the national average, in fact.

They have some other positions that make them unusual in their profession. On the abortion issue, they support freedom of choice and are asking for medically insured free-standing abortion clinics. They also believe health services should be located in non-hierarchical community clinics where doctors would work collectively with others delivering health and so-

cial services.

Their most conspicuous activities relate to the knowledge they have acquired treating low-income people. As doctors, they have reached a documented opinion that poverty is not good for a person's health.

Dr. Fran Scott, 31, another member of the Medical Reform Group, is a blonde with a delicate face. She's in public health and lately has been studying the effects of pollution on people who live among the industries in Toronto's notorious Junction Triangle. She is struck by the correlation between poor health and low income.

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"Poor people die of the same diseases that other people do, but they die sooner," she observed. "It's like tuberculosis at the turn of the century — if you were poor you likely died of it, if you were rich, you didn't. Poor people have shorter lives by about seven years, and they have 20 more years of disability than other social classes do."

Another member of the group, Dr. Debby Copes, 37, a tall, friendly general practitioner whose baby is due this week, spoke of the respiratory infections common among people who have poor nutrition and live in crowded housing. "We see a lot of strep throat," she said, "a lot of strep throats. Also, gastroenteritis is more common and more severe. Children of the poor are likely to need hospitalization more often than other children and to stay in hospitals longer."

The young doctors take the position that their profession has a responsibility to be active in all matters which contribute to ill-health, whether or not it is politically popular. Their interpretation of medical ethics is similar to that of clergymen who believe in social gospel, which inevitably takes them down political pathways.

They protest against scarce and inadequate housing for low-income

people and family allowances that are below the poverty line. They are the descendants of doctors who pioneered in public hygiene more than a century ago, in the days when excrement was dumped in gutters, babies were delivered by people with dirty hands, and milk wasn't pasteurized.

The glamor side of medicine today is in such achievements as heart transplants, but the nuts and bolts that keep a nation healthy are sewage-treatment plants, uncontaminated water and safe housing. The young doctors say medical schools pay little attention to such issues.

"The course on public health is a soft subject," Dr. Copes explained. "It's not like cardiology. You almost could fail it and still get your degree."

The young doctors came to be non-conformists by a process of observation, empathy and reflection. It began for some when they were in residency programs in hospitals where cleaning staffs complained about low wages and poor working conditions. They put themselves solidly on the side of the cleaners.

Since then, the spunky organization has been lobbying for better housing and increased family allowances for the poor, and for the establishment of egalitarian community-based clinics.

"We aren't the Ontario Medical Association, that's for sure," grinned Dr. Miriam Garfinkle, a family physician, 31 this week, and a woman with a thoughtful, calm manner.

The young doctors worry about other matters rarely found on the agenda of medical conventions. Although two-thirds of the Medical Reform Group are men, all members are pondering the question of whether women patients are better treated by women doctors.

"Some of us say that we should look at it as people serving people and stay out of questions of gender," commented Dr. Scott. "That's true, of course, but women doctors do have something different to offer women patients. We're also looking at how to give women doctors more support. We're not like other doctors for two reasons: one, that we're women and the majority of doctors aren't, and, two, that most women doctors are progressive."

The Medical Reform Group represents only a small fraction of doctors in practice. Executive meetings fit nicely into one tiny livingroom without anyone having to sit on the floor. So far, they have almost no political clout. All they have is the right priorities. Ask anyone at Nellie's.

Group calls for end to opting out of OHIP

Hamilton Spectator
May 7, 1985

APPROXIMATELY 20 Hamilton doctors are calling for legislation to prevent doctors from opting out of OHIP.

The doctors are part of the 150-member Medical Reform Group which today renewed its call for the provincial government to end opting out.

Dr. Gordon Guyatt, a physician with St. Joseph's Hospital, said the provincial election, which returned a minority Conservative government, was a factor in the group's demand.

"Both the NDP and the Liberals have called for an end to opting out. We feel the Conservative government is really out on a limb in rejecting an end to opting out," said Dr. Guyatt.

He said it has been long established that opting out — where Ontario physicians charge their patients directly instead of charging the provincial health insurance plan — unfairly penalizes the poor, the sick and the elderly.

"It delays people going to their physicians, and that is mostly the poor and the elderly," he said.

Dr. Guyatt also said Ontario is losing \$50 million a year in transfer payments from the federal government as a result of opting out. Under the Canada Health Act, which was introduced last summer, provincial governments lose one dollar of their federal medicare grants for every dollar which patients have to pay out of their own pockets to doctors or hospitals.

In effect, said Dr. Guyatt this

means that Ontario taxpayers are spending \$50 million to subsidize opting out physicians, who he said are among the most highly paid doctors in the province.

Dr. Guyatt said that when the Canada Health Act was passed a year ago, the federal Conservatives joined Parliament in giving unanimous support to the act. He said it is unacceptable for the provincial government to ignore the wishes of the electorate and the majority of legislators and allow the practice of opting out to continue.

Dr. Guyatt said the Medical Reform Group also wants OHIP premiums to be abolished.

"They are a regressive form of taxation because everyone pays the same amount irrespective of their income," he said.