

VOL. 3 NO. 2

JUNE, 1983

HEALTH CARE, THE 80's AND BEYOND: MRG presented a Brief and was represented at the Ontario Council of Health Policy Conference on Future Directions for Ontario's Health Care System. Debby Copes, Bob James and Philip Berger were our delegates. In the Brief it is stated, "The MRG views government as ultimately reflecting the political forces which encourage poverty and disease and holds the government accountable for a health care system which does not presently meet the needs of many of Ontario's residents. The MRG views organized medicine as one of the major impediments to progressive changes in the health care system. We believe that until power over the system is shared amongst all health care workers and consumers that government in concert with organized medicine will prevent urgently needed changes in the structure of the health care system.

"With the above in mind the MRG recommends that:

- OHIP premiums and opting-out be abolished with a government commitment to prohibit user fees and any other measures which lead to privatization of the health care system.
- alternate systems to fee-for-service be developed with community health centres and preventive medicine being major areas of resource allocation.
- suitable bargaining procedures be established between physicians and government including granting physicians and all health care workers the right to withdraw all but essential services.
- free-standing (non-hospital) abortion clinics be established for women seeking first trimester abortions."

The Conference consisted of about 150 delegates and was held April 24-27, 1983. MRG delegates note the conference produced general recommendations:

1. This consultative process should continue, with regional meetings to follow (we are sending delegates to most of these).
2. "Health care" must be understood to mean more than simply "medical care".
3. There should be more funding for and emphasis on data-base development and research into efficacy and efficiency of various components of health care.
4. Some reorganization at the ministry level must occur to allow the Minister of Health to influence aspects of other jurisdictions which deal with "health", i.e., Labour, Environment, and COMSOC.
5. Planning of health services and allocation of resources must be decentralized, aiming for greater community based service delivery.

There was specifically no recommendations regarding user fees and premiums.

In their report to us our MRG delegates who attended the conference "feel that we stuck to our principles well. Certainly we made the MRG position known! Each of us had opportunities for rather intense informal contact with members of other delegations. Examples of 'friendly' groups with whom we dined, plotted, and caucused are the Consumers' Association, Patients Rights, the Association of Professional Social Workers, and the Ontario Health Coalition. Several of us became acquainted with hospital administ-

rators, District Health Council members, and Ministry and OHIP officials, finding some similarities on interest and perspective which were a pleasant surprise. Now that these contacts are established, we hope they will be useful in the future. ...

"We feel (to varying degrees) positive about the outcome of the conference. If the recommendations don't bear fruit, we have still established the MRG as a voice of physicians, made useful contacts, and insinuated ourselves into such organized process as exists. However, a considerable drain on our human resources was required to prepare for and attend the conference, and many of us are concerned about the disadvantages of working from too far within the system. The steering committee and the membership will have to consider how much time and effort should be put into such activities in the future."

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STUDENT FEES FOR MRG MEMBERSHIP: some concern has been expressed regarding membership fees for medical students, which fee is \$20.00, and which was ratified at the Spring General Meeting. The suggestion has been put forward that perhaps for first-time medical students joining MRG, the fee be ½ - \$10.00. Your comments are invited on this, and you are asked to contact: Bob James (Hamilton) 627-3914; or Fred Freedman (Toronto) 535-2861. Succeeding years' fees would be at the current fee.

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MEDICAL SUPPLIES FOR OXFAM-CANADA PROJECTS OVERSEAS: a message from J.F. (Mickey) Rostoker, MD. C.C.F.P., and Cathy Ellis for OXFAM-CANADA says, "We are going to Latin America with CUSO in September ... on a two-year contract. Before we leave Canada we are working on an OXFAM sponsored project to gather desperately needed medical supplies for the region, and to help set up a network through which medical supplies can be routed in the future to countries that urgently need support..."

They seek medical equipment which is not being used and for which no future use is contemplated - hospital beds, ECG and suction machines, incubators, glassware, sterilizers, centrifuges and surgical instruments.

If you are unable to donate medical supplies at this time, but want to support this project financially, you could send a cheque payable to 'OXFAM - Medical Supplies for Latin America'

Returning information and responding to the appeal should be to the Ontario Regional Office, OXFAM, 175 Carlton St., Toronto M5A 2K3; c/o Mr. Sil Salvaterra, 961-3935.

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COPIES OF MRG BRIEF TO ONTARIO COUNCIL OF HEALTH: will be sent to MRG members on request. Please write, or you could call our Executive Secretary at 292-1381

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PLEASE TAKE NOTE: THE FALL GENERAL MEETING OF THE MEDICAL REFORM GROUP OF ONTARIO WILL BE HELD OCTOBER 21 - 22, 1983.
LOCATION TO BE ANNOUNCED, BUT DO MARK YOUR CALENDAR NOW!

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HIGHLIGHTS OF THE SPRING GENERAL MEETING - APRIL 22 - 23, 1983

For those who don't wish to read the full review of the meeting, we have included the following summary, which briefly describes what we think were the most exciting goings-on (including Dr. Chernomas' talk, which is not included in the review).

FRIDAY EVENING MEETING - A TALK BY DR. ROBERT CHERNOMAS

Dr. Chernomas, an American economist presently at the University of Manitoba reviewed the evidence suggesting that the marked improvement in morbidity and mortality in the industrialized world in the last century resulted from better nutrition, sanitation, and housing rather than from anything organized medicine has done. He suggested that the increased prevalence of chronic diseases which has characterized the last decade is a result of factors such as diet and stress which follow from the profit-dominated social organization of our society. He described the present crisis in health care funding, and the governments' attempt to deal with this by focussing on the individual's responsibility rather than the social and economic roots of ill health. It was suggested that the Ontario Ministry's present enthusiasm for some of our ideas reflects their cost-cutting potential, and we must be careful to continually be mindful of the underlying causes of present problems.

SATURDAY GENERAL MEETINGS

A FREE-STANDING OUTPATIENT ABORTION CLINIC FOR TORONTO?

A group headed by Dr. Henry Morgentaler is attempting to establish an abortion clinic, similar to the Winnipeg clinic which is attracting much publicity, in Toronto. Miriam Garfinkle of the MRG has been working actively with the Pro-Choice groups which have organized around the clinic issue. Morgentaler himself, and many of the people supporting him, seem to have little compunction about charging substantial fees directly to their clients. Miriam and her colleagues with the Ontario Coalition for Abortion Clinics (OCAC) have repeatedly brought this issue to the fore, arguing that the clinic must insist on funding under OHIP to insure equal access to the service. The struggle has been productive, in that Dr. Morgentaler's group, the Committee to Establish Abortion Clinics (CEAC) has adopted insistence on OHIP funding as one of their demands. The MRG general membership saw Miriam's work as extremely important in that it sets one issue (Pro-Choice) in a broader context (access to health services), and is exactly the sort of role the MRG should be taking.

THE ONTARIO COLLEGE OF PHYSICIANS AND SURGEONS PUBLICLY SUPPORTS USER FEES

The membership felt strongly that an immediate response must be made to the College's recent public support of user fees in Ontario. The major issues included the fact that the College is supposed to be acting in the public interest, while institution of user fees is contrary to the public interest, and the undemocratic fashion in which the head of the College made these statements without prior consultation with the membership. A resolution to this effect was passed (and is enclosed) and Philip Berger subsequently spoke to the press and received considerable media attention in newspapers and on the radio. (A Globe & Mail article is included herewith.)

CANADA HEALTH ACT

.t) Michael Rachlis, in a concise and erudite review, described the wrangling between the federal and provincial governments, and Monique Begin's (Minister of Health & Welfare) struggle to introduce a tough Canada Health Act which

would severely limit extra billing. Mike has subsequently represented the Ontario Health Coalition in a presentation to the Liberal caucus in Ottawa which put forward their (and our) position. GG

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Doctors' college called undemocratic

The Ontario College of Physicians and Surgeons has acted undemocratically by coming out in favor of user fees without asking the views of the doctors who are its members, says a group of doctors pushing for medical reform.

Philip Berger, a member of the steering committee of the Medical Reform Group of Ontario, representing 90 physicians, said the college's advocacy of user fees is "the first time we have had solid evi-

dence that the college is pro-doctor and not interested in serving the interests of the patients."

The college licences doctors to practice in Ontario and is the disciplinary body before which patients may take complaints. Membership is compulsory for all physicians in the province.

In a brief to the Health Council Conference being held in Toronto this week, the college said some

form of "direct-user participation in payment" for at least some services is necessary to avoid substantial increases in public financing for health care.

"Future health policy should shift more responsibility for personal health and the selection of health services, together with some component of the direct cost to the individual," the college's brief said.

A resolution passed by a meeting of the Medical Reform Group called

on the college to "immediately retract" its position in support of user fees. The resolution said that the college ought to have canvassed its members for their opinions before speaking out on an issue of such importance.

"A substantial body of expert opinion based on scientific evidence holds that user fees are in direct conflict with the public interest," the Reform Group said.

STEERING COMMITTEE 1983-84

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REVIEW OF THE SPRING GENERAL MEETING - APRIL 22-23, 1983

- 1) ABORTION & ABORTION CLINICS: Up-Date by Miriam Garfinkle.
 - i) Her action has been for "CHOICE", rather than Pro or Anti. She suggested we have an "Anti-Choice" attitude in Canada, as evident in respect to a Minority Group.
 - ii) Ontario abortions are difficult now because of opting-out and cut-backs in financing. They are more difficult again outside Toronto. MG has facts and figures on this.
 - iii) MG noted that there was a group of women supporting Dr. Morgentaler called the "Committee to Establish Abortion Clinics" (CEAC). The group with which MG is associated, and which has separated from CEAC, is the "Ontario Coalition For Abortion Clinics" (OCAC). This group supports legal, free-standing abortion clinics. She indicated that this is in accordance with the May, 1981, MRG Resolution, although MRG did not underscore the "legal" aspect of the clinics.
 - iv) CEAC is apparently not interested in government funded clinics.
 - v) MG advised that OCAC strategy is to ask for government-approved free standing abortion clinics, and letters have been sent to Hon. Roy McMurtry and Hon. Larry Grossman, in this respect. Mr. McMurtry has been asked not to prosecute as the first clinic is established.

Toronto is looking for an area that could be zoned as a hospital. Insofar as quality of care is concerned, MG says there is a group of nurses trained and available, and she was of the opinion that the Toronto clinic would be technically good. (This observation to allay the concerns raised at the last MRG general meeting.) She hoped that when the clinic starts, and since it needs physicians' support, more MRG doctors will support and get involved in the movement.

Delegates at the MRG Spring general meeting went on record as supporting Miriam Garfinkle in her efforts in this area.

- 2) STEERING COMMITTEE REPORT: as presented by Bob James

Copy of the basic report, and the addendum attached.

MRG Steering Committee was congratulated on the mailings over the past several months which were considered informative and went a long way in maintaining better communication within the various regions of MRG.

In respect to the Addendum, this report was approved. Several helpful comments came in the general discussion on the addendum. Some are as follows: we need strategies to involve more people; we need new challenges, e.g., Quality of Care; issues are chronic - we have to reconcile ourselves and live with our situation; we should get high profile speakers, have one big Fall meeting and party.

- 3) CHAPTER REPORTS

- i) Toronto: the chapter has been meeting a little less frequently but has discussed such subjects as Alternative Health Care Programs; Holistic Medicine; Abortion and CAROL; and the Canada Health Act.
- ii) Hamilton: Medical Students have been running the Chapter, guided by Gord Guyatt. They have met on the Canada Health Act; Donald Cole addressed the Chapter on Nicaragua; interest is keen on the pro-

Hospital experiment. It is reported that there will be a Community Health Centre in co-operation with St. Joseph's Hospital. Two members of the Pro-Hospital Group will be on the Board of St. Joseph's ad hoc Committee. It is expected the new name of the Pro-Hospital will be the East Region Health Association.

- iii) Ottawa: a branch of Ontario Health Coalition is being set up in Ottawa; the Chapter has been studying the effects of cut backs on general health care delivery.
- iv) London: does not have too many members. They will be meeting on the Canada Health Act; they will also be having a doctor from El Salvador speak to medical people on Third World concerns.
- v) Northern: several meetings and conferences involving Women in Health have been held and found to be very well received. They have considered such subjects as How Multi-National Corporation Affect Our Health, and redesign of the Health Care System. They also have held a "Well Women Clinic". Catherine Oliver (Moose Factory) reported on problems on contracts with clinics and possible closings as a result of the government's 6 & 5 program.

It is strongly urged that all Chapters send us material on chapter meetings so that this information may be published in the NEWSletter, and also so that matters may be studied by the Steering Committee in respect to any Political impact certain chapter matters might generate.

4) COMMITTEES

- i) Economics: John Frank reported that the Ontario Health Coalition is made up of representatives from 30 other organizations. OHC is now writing very good briefs and has a better grasp of issues. There is more advocacy. He noted that they had day-long sessions re Community Health Centres, all very basic, and these proved to be most interesting and helpful to those who attended. These included union leaders, and elderly people, native peoples, MRG representatives and reps. from other groups.
- ii) User Fees: Philip Berger drew attention to the Brief presented for the Ontario Council of Health conference "Health Care - the 80's and Beyond" by the College of Physicians and Surgeons of Ontario. Specific concern was expressed in respect to the College's apparent position regarding the imposition of user fees. A draft Resolution from MRG on this matter was circulated, and considerable discussion ensued. The final Resolution for distribution to the media and to the College, is attached.
- iii) Membership: G.H. Cash reported on membership position, noting that five mailings had gone out on membership fees. Letters had been sent to MDs in other associations, as agreed to by those associations encouraging their membership in MRG also. We thank those other groups who co-operated with us on this. David will attempt to get the Physicians for Social Responsibility to do a mailing for us, as well. We should have a "Special Publicity List" considered, which would accommodate mailing of educational and other relevant material.... Perhaps this could be done on a local chapter basis. It is, however, important that we not lose sight of the fact that our strength lies in our paid-up membership.

Discussion took place relative to instituting a category wherein non-dues-paying parties might receive regular mailings.

RESOLVED that the MRG Steering Committee consider sending regular mailings of appropriate MRG material to individual and/or groups that are not paid up members of MRG, and that these mailings be sent out at cost. On a motion by ZURBRIGG & LENT.

Membership Fees: we will maintain status quo on membership fees for 1983-84, on a motion by LEXCHIN & BERGER

- 5) Financial Report (interim) This report was presented by G.H. Cash, and was distributed. (Attached). And was approved.
- 6) REPORT ON PAMPHLET: Joel Lexchin advised the progress of the pamphlet is moving slowly. There are still a couple of sections to come, following which there will be the responsibility for editing, etc.,etc.
- 7) ONTARIO COUNCIL OF HEALTH - Conference "Health Care - the 80's and Beyond": Philip Berger gave an overview on the background and the reason for the conference. MRG has prepared and submitted a Brief, which PB explained in broad terms. MRG delegates to the conference, being held April 24-27, 1983, will be PB, Debby Copes and Bob James. Copies of the MRG Brief (Paper) will be available to members upon request.

- 8) STEERING COMMITTEE ELECTIONS: it was noted, with regret, that Debby Copes and Nick Kates were leaving the Steering Committee. Special thanks and appreciation were expressed to Debby and to Nick.

New members of the Steering Committee will be John Frank, Clyde Hertzman, Don Woodside and Gord Guyatt. It is also expected that Barbara Lent will represent London.

QUALITY OF CARE: Chris MacAdam agreed (volunteered!) to start up a Working Group on Quality of Care. This was warmly received.

CANADA HEALTH ACT: "Medicare & Funding Crisis"

Michael Rachlis gave an excellent overview of Medicare, universality of coverage, reasonable access, comprehensiveness, portability, public administration, monitoring and standards.

- Jurisdictional disputes have caused problems in re-writing the Act.
- Opting-out and extra billing have a bad effect re reasonable access and could lead to privatization and highly escalated costs.
- MR says the Minister is expected to bring in a "tough" Act - probably banning extra billing. He urged all members to send wires (Personal Opinion Messages) to Cabinet Ministers, the Minister of Health and the Prime Minister, urging banning extra-billing and all other user fees.

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In a final round-up, it was agreed by everyone that the Friday and Saturday meeting had been very good. Dr. Robert Chernomas was thanked for his presentation on Friday and for his input on Saturday during the discussion on the Canada Health Act. He said he was most impressed by Michael Rachlis' presentation on the Canada Health Act.

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THE MEDICAL REFORM GROUP OF ONTARIO

RESOLUTION ON: THE COLLEGE OF PHYSICIANS AND SURGEONS OF
ONTARIO AND USER FEES

WHEREAS the College is an independent body entrusted to serve
and protect the public interest

WHEREAS membership in the College is compulsory for all licensed
physicians

WHEREAS the College has traditionally canvassed the membership on
major issues affecting human health care

WHEREAS the imposition of user fees is a controversial issue of
great magnitude and major political importance

WHEREAS a substantial body of expert opinion based on scientific
evidence holds that user fees are in direct conflict with the
public interest

Be it resolved that in regard to the College brief, to the April
24-27, 1983 Ontario Council of Health conference:

- 1) the MRG affirm its opposition to user
fees, all deterrent fees and any measure
that leads to privatization of the health
care system
- 2) the MRG declare that the College has acted
contrary to the public interest by advocating
user fees
- 3) the MRG publicly declare its dismay and dis-
approval of the College position advocating
user fees
- 4) the MRG publicly state that the College has
acted undemocratically in not soliciting the
views of the College membership regarding
user fees, breaking with all tradition and
precedent of canvassing the membership on
issues of importance
- 5) the MRG demand that the College publicly and
immediately retract its position in support of
user fees
- 6) the MRG direct the provincial MRG Steering
Committee to take appropriate action in accord-
ance with these resolutions
- 7) the MRG adopt the pre-amble as part of its pos-
ition with regard to the College and user fees

PASSED April 23, 1983