MRG NEWSLETTER

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SPRING GENERAL MEETING

The date of the Spring General Meeting of the MRG has been set, for Sunday April 29. The meeting should be an all-day event, running from 9 am to 6 pm. The location is in Toronto, at the South Riverdale Community Health Centre, 126 Pape Ave. (near Queen St)

Another mailing with more details about agenda, times, etc. will be sent out in the first week in April. Members who have items which they would like to see on the agenda, or formal resolutions which they would like discussed and voted on, are asked to contact a member of the steering committee or mail them to the MRG post office box by April 1.

MRG PHONE NUMBER

While the Medical Reform Group of Ontario does not have an office, it does have an official telephone number: (416) 920-4513. This is the number of our Executive Secretary, Ulli Diemer. It is watched over by an answering machine when he isn't there. The MRG's address is the same: P.O. Box 366, Station J, Toronto, Ont. M4J 4Y8.

MEMBERSHIPS

A number of last year's members still have not paid their 1983-84 membership dues. If you are one of them, please send your dues in as soon as possible.

If you know of people who you think ought to be members, please approach them. Ulli Diemer or a member of the steering committee can arrange to have an MRG brochure or other literature sent to them.

MAILING LISTS

From time to time, the MRG is approached by other groups requesting permission to send promotional or fundraising literature to our mailing list, or asking to include such literature in one of the MRG's own mailings. One such request, from Amnesty International, was recently granted. The arrangement is that Amnesty will provide stamped, sealed envelopes containing their appeal to the MRG. We will then put the MRG mailing labels on them. In that way, the mailing list remains completely confidential. It is possible that other groups may be given the same privilege under similar conditions. The steering committee will make it clear to such groups that this kind of informal friendly co-operation does not necessarily imply that the MRG as an organization endorses or supports the group in question.

ONTARIO HEALTH PROFESSIONS LEGISLATION

The MRG Steering Committee recently made a submission to the Ontario Health Professions Legislation Review, which is studying the suitability of the present forms of regulation for the various groups of health care providers.

The position taken was that regulatory reform should make the system, and specifically the College of Physicians and Surgeons of Ontario, more responsive to the public interest. Self regulation with respect to qualifications, scope of practice, and continuing competence, is desirable for physicians. But in the areas of health care organization and delivery, professional interests conflict with public interests. Examples cited are the lack of definition of northern health care workers, the lack of support for delegating responsibility to other health professionals, and prohibiting physicians from co-operating with home births.

It is proposed that a separate regulatory body be formed by the Ministry of Health to deal with issues not solely related to physician activities. This committee would have wider representation and operate in a more open way.

The next step in the review process involves study and negotiation of proposals. The MRG has received copies of all the other submissions. It is an opportune time to consider our position on some of the issues we were not able to address in our initial submission, such as the role of other health care workers and heirarchy

CONTINUED ON P. 2

of health care, scope of practice issues and exclusive rights of practice, and the need for regulation of any form. The MRG surprisingly enough has no resolutions dealing with these health care issues.

Those interested in participating in a working group (Health Care Regulation), to initially educate ourselves, and then to attempt to address some of these issues, with the goal of refining our position for the review, should contact Paul Rosenberg in Toronto (489-1272); Clyde Hertzman in Hamilton (689-6480); or Ulli Diemer in Toronto (920-4513). Copies of the MRG's or other groups submissions are also available by contacting these people.

--Paul Rosenberg

ONTARIO HEALTH COALITION CONFERENCE FEBRUARY 24-25, 1984

The Ontario Health Coalition sponsored a conference on "Beyond the Canada Health Act--Our Health Care Future" on February 24-25 in Toronto. The conference was chaired by Michael Rachlis, director of the OHC and had a number of speakers including" Betty Jane Wylie, Robert Evans, Herb Breau, MP, Dianna Dick (Canadian Nurses, Association) Pran Manga, Sandy McPherson, Robert Rae, and John Frank. Representatives from the Ontario and Canadian Health Coalitions included the MRG, Canadian Nurses Association, Teachers Federation, Labour, Seniors', and other health care professionals. Also attending were representatives from the Ontario Ministry of Health, the University of Toronto Interns and Residents Association, City of Toronto Public Health.

It was a very interesting conference both in terms of the content of the discussions and the contacts made with other concerned groups.

--Fran Scott

PRESENTATION TO HOUSE OF COMMONS HEARINGS ON THE CANADA HEALTH ACT

On February 7 Michael Rachlis, John Frank, Joel Lexchin, and Fran Scott represented the MRG in a presenation to the House of Commons Standing Committee on Health and Welfare.

With short notice, a group of MRG members met to discuss plans and strategies on February 5. Michael Rachlis prepared a five-page brief which was circulated to committee members.

The Brief was presented by Michael and then the committee questioned the four of us for about 1½ hours. The committee consists of federal MP's from all three parties including the two opposition health critics. Monique Begin, as the minister responsible for the bill, cannot sit on the committee.

Questions covered many areas of health care and included such areas as:

-premiums as a barrier to accessibility;

-underfunding;

-the Canadian Nurses Association position;

-the problem of doctors leaving the country;

-the problem of geographic distribution of health care resources;

-the membership of the MRG and its relationship to the OMA/CMA;

-South Riverdale Health Centre and the organization of a community health centre.

One point raised in our brief was clarified:there will be no discretionary power of the government regarding extra billing/user fees.

While the questions were often difficult to answer especially if there had been no discusssion or resolution concerning the area (we attempted to identify such areas as personal opinions), we felt that the committee members were reasonably sympathetic to our position.

The complete text of the discussion (recorded in the minutes of the committee) is available in the MRG's files (call Ulli Diemer at 920-4513.)

Press coverage included CBC French radio and the Toronto Star.

AFterwards we went across to the Centre Block to meet with Monique Begin outside of the House of Commons. She thanked us for coming, expressed support for our position and clarified a few issues for us. Particularily she stated that Ontario would be adopting a method to record extra billing as used in other provinces.

We spent the evening visiting Sandy Hill Health Centre and then having supper with some of the Ottawa MRG people before flying back to Toronto.

--Fran Scott

THE CANADA HEALTH ACT

A Brief by the Medical Reform Group of Ontario, presented to The House of Commons Committee on Health and Welfare, Ottawa, February 7, 1984.

Preamble

A group of physicians and medical students founded the Medical Reform Group of Ontario in 1979 because they were concerned about the erosion of Medicare. In particular, they saw the increasing numbers of physicians who opted out of OHIP in 1979 as a threat to access to the health care system for poor and moderate income Ontarions. The MRG presented a brief to Justice Emmett Hall's Review of Health Services in April, 1980. It criticized the practices of extra billing, user fees, and the premium system of medicare entitlement. Since that time the group has presented briefs to a variety of task forces and commissions and participated in a series of conferences organized by the Ontario Ministry of Health to chart new directions for the health care system. Representatives of the MRG, in 1983 met with both Honourable Monique Begin and Honourable Larry Grossman (who was then Ontario health minister) as well as a variety of opposition spokespersons. Although the original focus of the group was public health insurance issues, the MRG has also been active in the fields of occupational health, community care of chronic mental patients, workers' compensation, and women's reproductive choice.

In keeping with our stands on medicare, the Medical Reform Group applauds The Canada Health Act because it reasserts the original principles of medicare. In particular it identifies extra billing and user charges as potential threats to reasonable accessibility. Also it asks for provinces to insure 100% of their residents (as opposed to 95% in current legislation).

I. Accessibility

A. Physician Extra Bills

However, we do have some concerns about the proposed legislation. The Act proposes withdrawing one dollar in federal transfers for every dollar of extra billing in a given province. We are concerned that some provinces, especially Ontario, may decide to accept this penalty as a "license fee" to continue their present practice. Section 15 states that;

> "the Governor in council may, by order, a) direct that any cash contribution or amount payable to that province for a fiscal year be reduced, in respect of each default, by an amount that the Governor in Council considers to be appropriate, having regard to the gravity of the default;"

We are concerned that the caabinet is given discretionary power not to penalize offending provinces. The regulations (p.9) require the provinces to submit estimates or statistics on the amount of extra billing. Unfortunately the information systems in Ontario do not allow this data to be collected. Therefore unless new systems are put in place the federal government will not be able to accurately calculate any penalty.

Although this committee will hear many organizations criticize the practice of physician extra billing, the MRG as a physicians' group would like to lend its voice to the struggle. Firstly, physicians do not always ensure that the person extra billed is of an upper income bracket. Secondly, although some physicians' organizations claim extra billing is a method of "injecting private money" into the health plan, the money goes to doctors not the health plan as a whole. Thirdly, there is no evidence that extra fees improve quality of care or indeed that the best doctors are the ones that extra bill.

The United Kingdom has a system of "Merit Pay" that the MRG would like Canadian Provinces to consider. Doctors within a given area and specialty decide which of their colleagues deserve extra pay. The amounts are, according to the Toronto Star, 8,000 to 44,000 Canadian dollars. This is a significant amount of money for a British doctor. The MRG agrees with other physicians' organizations that a flat fee schedule is unfair to better doctors, particularly those that spend more time with their patients. However, it decries opting out and extra billing i.e. taxing the sick, as a method for rewarding excellence. We believe that

many of Canada's best doctors operate within their provincial health plans. The MRG recommends that provinces which presently allow extra billing outlaw the practice in line with the Canada Health Act section 18. We suggest they investigate a "merit pay" system to reward excellence in the medical profession.

B. User Fees

The MRG is concerned that provinces may pay the penalties rather than eliminate charges for acute care hospitalization. We are also concerned that the regulations only require estimates of the amount of money raised in user fees.

II. Universality

The MRG is concerned that the regulations (p. 10) do not require the provinces to provide the numbers of residents who do not have eligible health insurance to the Minister of National Health and Welfare. A select committee of the Ontario Legislature discovered in 1978 there were over 12 million OHIP numbers for 8.5 million Ontarioans. Without a single identifying OHIP number it is virtually impossible to determine how many Ontario residents have not paid their premiums. We know from our experience that there are significant numbers of people in Ontario without valid OHIP. We have seen their suffering. We are told this is also a problem in Alberta and British Columbia, the only other provinces which have premium systems.

The MRG is concerned there is no stipulated penalty for lack of Universality. We fear Ontario, Alberta, and British Columbia will continue their premium systems. Premiums were recognized by the Parliamentary Task Force on Federal Provincial Fiscal Arrangements as:

> "...a regressive form of taxation and that their use for financing a service as basic as health care is regrettable."

The task force also stated:

> "Either through lack of knowledge, unwillingness to apply, or the difficulty in obtaining assistance, however, lower income groups often are not adequately covered".

The MRG recognizes the Provinces have the constitutional authority to levy health insurance premiums. However, we urge you to amend the Act in such a way that it can be more effectively determined how many persons are deprived (or believe themselves deprived) of health insurance benefits. This could be done by periodic surveys. We also urge you to amend the Act with specific significant penalties for provinces who do not measure up to the new definition of universality.

III. Private Insurance

The MRG recognizes the provinces have the constitutional authority to regulate insurance. Therefore, the Federal Government may not prohibit private insurance for physician extra bills and hospital user charges. However, the MRG notes that this practice has led to significant erosion of public health insurance programs and public fiscal control in other countries, particularly New Zealand. We also note that it has been well documented by Justice Hall and others that privately administered insurance is significantly less cost efficient than publicly administered plans.

The Future

The Canada Health Act attempts to protect the principles of Medicare. However, it unfortunately does not address the other problems of our health care delivery system. While recognizing this committee is reviewing the proposed Act the MRG would like to note its suggestions for improving our health system.

Science increasingly tells us that the roots of the common causes of illness lie in correctable social, economic, occupational, and environmental conditions. Unfortunately we spend almost all of our resources on diagnosis and cure. The MRG recommends that more money should be devoted to epidemiological investigation and eradication of the causes of disease.

The MRG believes the institutions and organization of the health care system must be changed. The valuable contributions of non physician health workers should be recognized and they should be used more appropriately. Both the public and all health workers should have more input into health policy and services.

The MRG believes that governments should explore different methods of funding health services. The predominance of fee-for-service as a method of paying Canadian physicians can no longer be construed as in the best interests of patients and physicians. Many physicians would welcome the opportunity to practice under a salary or capitation system. The MRG is also in favour of policy initiatives for the development of community health centres where physicians and other health care providers would deliver programs and services with input and advice from patients and lay community groups.

MRG FINANCES

A February interim financial report and projection for the MRG (Ontario) indicates that revenue for the fiscal year (Oct. 1 to Sept. 30) will be down about $3,000 from last year; the decrease being attributable primarily to a loss of "special" income (speaking fees, etc.). Memberships seem to be down slightly. Expenses are running almost exactly at last year's level. The projection shows that the MRG may face a small deficit for the year, in the neighbourhood of $600.

A budget and complete financial report will be available for the spring general meeting.

MRG NEWS BRIEFS

The MRG's pamphlet guide to the health care system is now written, and is in the editing stage.

Steering committee member Phil Berger spoke to medical students in Kingston and London on behalf of the MRG. John Frank will be speaking to the United Senior Citizens of Ontario in Windsor in August.

The MRG's Quality of Care Committee has ceased meeting. The Toronto chapter has been discussing some of the meetings with which the committee was concerning itself.

Bob James represented the MRG on a panel at a Hamilton meeting of the Registered Nurses Association of Ontario in December. (Medical Post, Dec. 13, 1983)

Poor showing

For all the hysterical cries of "slavery", only 250 doctors turned out for the Ontario Medical Association's protest meeting against the new Canada Health Act (OMA Calls Health Act A Federal Power Play — March 1). A fairly dismal showing.

Could it be that the rest of Metro Toronto's 4,000 doctors do not support the extreme position of the OMA leadership? Some of us, at least, are waiting for the leadership to abandon its adversarial posture and take actions that are in the best interests of the public and profession. Support for the original principles of medicare would be a good start.

Philip B. Berger, MD
Toronto March 8/1984

HEALTH NEWS IN BRIEF....

Medicare & Canada Health Act

The Canadian Medical Association characterized the proposed Canada Health Act as "rape" and "blackmail".

The Canadian Public Health Association urged that the penalties in the Act to discourage extra-billing be greatly increased.

The Canadian Association of Interns and Residents came out in opposition to the Act, because, they said, it threatened their right to choose where to practice. In fact, the Act does not address that issue at all.

In February, the CMA put forward the position that if the federal government goes ahead with the Canada Health Act, then doctors must be given the same bargaining rights as other civil servants and the right to strike.

On March 8 Health Minister Monique Begin announced some changes in the Act designed to soothe charges of federal intrusion into provincial jurisdiction. The changes would involve removing sections which describe the objectives of the bill in general terms.

Other Money Matters

Ontario Health Minister told a news conference that he feared that a ban on extra-billing might alienate doctors and cause some of them to move out of the province or the country.

British Columbia's Social Credit government imposed new health care charges in its budget, blaming the federal government's "mischievous" approach to medicare for rising costs. The new charge is a 4% surcharge on personal income tax in 1984 and 8% in subsequent years. Critics said the increase was labelled a health surcharge for propaganda reasons, to hide the fact that it was a simple tax increase

The Canadian Health Coalition told the Macdonald royal commission on the economy that unemployment and economic policies can have a devastating effect on health. The coalition quoted studies which showed that rises in suicides, hospitalizations for mental illnesss, alcoholism, drug abuse, and heart disease are directly linked to increases in unemployment. It noted that a 1981 federal health study showed that there is a "strong correlation between the level of income and the incidence of mortality." "The poor die younger," the coalition said.

Because of Ontario's anti-inflation legislation, hospital workers in Kapuskasing are being forced to pay back between 22 and 34 cents an hour, retroactive to June 1, 1982. The pre-rollback wage rate of the workers was between $15,700 and $17,000 a year, at that still among the lowest-paid hospital workers in the province. Press reports noted that the Inflation Restraint Board members who made the rollback order make between $200 and $300 a day as they ponder these matters.

Legal Issues

Justice Richard Holland of the Ontario Supreme Court suggested at a conference that a medical injuries compensation board be set up, which would have the power to set awards in medical malpractice cases, and thus eliminate the need for malpractice lawsuits.

The federal government introduced amendments to the criminal code aimed at reducing drunk driving. The law would force drivers to provide blood samples and would allow doctors or medical technicians to take blood samples from unwilling or unconscious drivers. The act also allows suspected alcoholics to be kept in custody for as long as 60 days for medical examination.

Another amendment to federal legislation provides the possibility of life in prison for physicians who knowlingly prescribe drugs to drug abusers. The legislation would make it illegal for doctors or dentists to prescribe a drug knowing it was to beused for non-medical purposes. Another provision would require anyone seeking a prescription from a doctor to say whether they have received any prescription for a drug from another doctor within the previous 30 days. Failure to do so could bring a prison term of up to seven years.

An Ontario Supreme Court judge ruled that the use of shock treatments on involuntary psychiatric patients is legal. Health Minister Keith Norton said that he is opposed to the practice, and is considering changes in legislation. He later announced that involuntarily committed patients will have the right to challenge their committal before a court. Patients and their lawyers must be given access to their medical records to prepare a case. Dr. Arthur Lesser, president of the Ontario Psychiatric Association, expressed concern that giving involuntary patients access to their records might harm their relationships with the family member(s) who had them committed.

Workplace Issues

The Atomic Energy Board of Canada asked uranium miners to donate parts of their bodies posthumously to science to study the effects of prolonged exposure to uranium. The request angered miners and union officials, who noted that the AECB has been telling miners all along that the levels of radiation to which they are exposed will have no effect.

An employee at the Workers Compensation Board became the first person to refuse t work in an environment he considers unsafe because of cigarette smoke. The man is allergic to cigarette smoke. His case is being heard by the health & safety branch.

ABORTION

Healthsharing, a women's health magazine, has proposed that first-trimester abortions could be taken out of hospital and performed by trained lay people in settings comfortable to women. The article suggests that feminists should fight physican control of abortions.

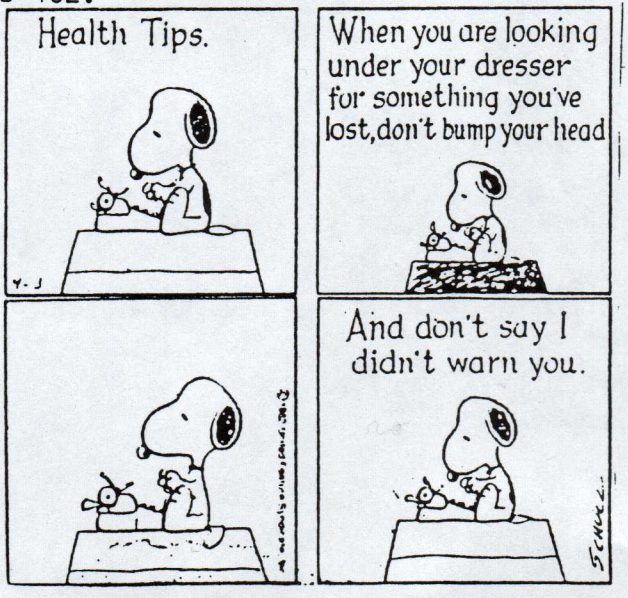
NURSING HOMES

NDP leader Bob Rae accused nursing home operators of union busting, using the technique of laying off all unionized staff and then hiring new, ununionized staff. In one example he called typical, 92 aides earning $8.40 an hour were replaced by non-union workers receiving $4.25 an hour.

NDP researchers also claimed that private nursing homes donated $100,000 to the provincial Progressive Conservative party last year, $12,425 going to Larry Grossman alone. The Liberals received $4,375, the NDP nothing. Larry Grossman, while not disputing the figures, said that Rae was showering himself with disgrace for mentioning the matter.

Midwifery Newsletter

ISSUE is the new newsletter of the Midwifery Task Force, which is "an interdisciplinary group dedicated to working toward the legal recognition of midwifery in Ontario." The first ISSUe contains reports from the various regions of Canada regarding the status of midwifery, reviews of books, and various news pieces and announcements. The group "supports the right of all parents to determine the circumstances in which birth takes place." Available from MTF, Box 489, Station T, Toronto, M6B 4C2.



REQUEST LETTER

The MRG received the following letter from Canadians Concerned about Southern Africa:

"Dear friends: On a recent cross-Canada tour, Susan Ngindinwa who is in charge of a large refugee camp for Namibian women and children in Zambia told us about some of the acute shortages in the camp.

One of the great needs in the camp is for sanitary supplies (e.g., bandages, disinfectants, etc.), non-prescription drugs, and lotions. We thought that perhaps some members of your organization might be able to donate materials such as these. Any assistance that you could providewould be greatly appreciated. We are hoping to send a shipment in late April.

If you require any further information, or would like to arrange for a pick-up please call Neil Naiman at (416) 656-6068." CCSA, Box 6468, Station A, Toronto M5W 1A0.

ONTARIO COALITION TO STOP ELECTROSHOCK

The Ontario Coalition to Stop Electroshock is seeking support in its campaign to abolish "Electroconvulsive Therapy". One of their aims is an immediate moratorium on the use of ECT without consent. They also want Keith Norton to initiate a public process of inquiry into ECT rather than his announced panel of experts.

The coalition has sent a number of documents on electroshock to the MRG with the expressed hope that members will take up the question and inform themselves about the medical, legal, and moral issues. Among the documents are a brief "Electroshock: A Cruel and Unusual Punishment" by Bonnie Burstow and Don Weitz; and a 17-page bibliography. These materials, as all MRG clipping and document files, are available through Ulli Diemer, (416) 920-4513.

The coalition suggests the following things that people can do to help it achieve its aims:

-Joining the coalition (OCSE, Box 7251, Station A, Toronto M5W 1X9; phone 465-1956.

-Donating money.

-Writing Keith Norton.

-Inviting a speaker to address a meeting.

Extra-billing is tax on sick, doctors' reform group says

By Bruce Ward Toronto Star

OTTAWA — Extra-billing by doctors is a tax on the sick disguised as a reward for medical excellence, a doctors' group has told the House of Commons committee studying the proposed Canada health act.

In a brief, the Medical Reform Group of Ontario said, "There is no evidence that extra fees improve quality of care or indeed that the best doctors are the ones that extra-bill."

Dr. Michael Rachlis, a group spokesman, argued that Canadian doctors should adopt a system of "merit pay" to replace extra-billing, which now amounts to an estimated $110 million in Canada.

Under a merit system, doctors within a given area and speciality would decide which of their colleagues deserve bonus pay, said Rachlis, who practises at a community health centre in Toronto's Riverdale area.

The group agrees with the Canadian Medical Association and other physicians' organizations that a flat fee schedule is unfair to better doctors, particularly those who spend more time with their patients, Rachlis said.

"But extra-billing is just taxing the sick," he said. "It's not a method for rewarding excellence."

Formed five years ago, the Medical Reform Group has about 150 members; 90 per cent are licenced physicians in Ontario. The Toronto group backs the banning of all extra charges, which include extra-billing and hospital user fees, as proposed in the health bill. User fees are not permitted in Ontario hospitals.

Rachlis cited his own experience as a doctor as evidence that extra charges hurt medicare.

He told of one patient who lost his job and was unable to continue his Ontario Health Insurance Plan premiums.

"He didn't see a doctor for three months and by then the diabetes he had contracted had become serious," he said.

Many patients whose OHIP coverage expires are not aware that they can still receive free medical services, he said. "If a person thinks he can't get service, he won't try to see a doctor."

In the group's rough estimate, there may be 15 per cent of Ontario's 8.5 million residents who do not have a valid OHIP number, he said.

"The numbers are significant. We have seen their suffering."

The group also argued in its brief that the penalty provisions in the act, which proposes withdrawing $1 in federal funding for every dollar of extra charges permitted by the provinces, might prove to be useless.

"Ontario may decide to accept the penalty as a cheap licence fee and go right on extra-billing," Rachlis said.

Federal officials estimate that extra-billing totalled about $50 million in Ontario last year.

The Commons committee also heard from a health economist who suggested closing a couple of Canada's medical schools to make the health-care system more efficient.

Paul Manga of the University of Ottawa suggested the medical school at Queen's University in Kingston could be easily shut down.

Rachlis