MRG SPRING GENERAL MEETING

The MRG's Spring General Meeting took place on Sunday April 29, 1984, at the South Riverdale Community Health Centre in Toronto. A total of about 25 people attended. Attendance was lower than it has been at some other general meetings; feedback received from some members indicated that having the meeting on a Sunday made it more awkward to attend, especially for people from outside of Toronto and Hamilton. The Steering Committee will take this into account in planning the Fall General Meeting, which will celebrate the MRG's fifth anniversary.

The meeting began with a report from the Steering Committee, presented by Fran Scott. (This report is reprinted elsewhere in the newsletter.) Reports were heard from the Toronto and Hamilton chapters and from sub-groups and committees working on particular issues. Joel Lexchin reported that the MRG's pamphlet, a guide to the health care system in Ontario, has been written and given a first edit. Publishing arrangements (e.g. should the MRG publish it alone, or in co-operation with a publisher or an advocacy group?) are still to be worked out.

Joel Lexchin and Bob Frankford have been working on issues related to the impending review of the federal Pharmaceuticals Legislation. Drug companies have been pressuring the government for legislative changes favourable to them. The MRG took a position against this, and has written a series of letters outlining its views. An inquiry has now been set up to consider how the legislation should be changed, and Joel and Bob have been charged with preparing a brief on behalf of the MRG.

The Toronto Chapter report, presented by Fred Freedman, indicated that the chapter had been active around the abortion issue, putting forward the objective of medically covered abortion on demand. The chapter held a series of meetings on the Quality of Care which were well attended and lively. However, there was less interest in a committee which was set up around Quality of Care issues and the committee was eventually disbanded after meeting several times.

The Toronto chapter also held an educational on the concept of self-regulating professions, related to the Health Professions Legislation Review.

It was reported that small groups of MRG members in Ottawa and London meet informally from time to time.

The Hamilton Chapter report appears below:

HAMILTON CHAPTER REPORT

SPRING GENERAL MEETING

The Hamilton group has met twice with an additional Steering Committee meeting recently. The prior meeting was at Nick's house and was planned as an informal social meeting to plan the future of the Hamilton group. The second meeting was very well attended, where Clyde led a discussion about the Health Profession Review. There was an attempt by the Steering Committee to be involved in the Medical Students Weekend held at McMaster in February 1984. However, when we approached the organizing committee they declined our offer to run a workshop or a booth. The medical students in the MRG participated in the conference and were able to discuss the MRG's views with the speakers and other students. This was received well by the other students at the conference.

The next meeting is planned for May 15 where Jonathan Lomas will discuss "when does a public system become private".

--Presented by Fran Scott

HERMAN

This is new... mega puncture.
An MRG Financial Report covering the period October 1, 1983 to April 29, 1984 was presented—it too appears in full elsewhere in this newsletter. The essence of the report is that income from memberships will be also exactly the same for this fiscal year as for the last, but that miscellaneous income and fees (eg. fees for speaking) are substantially down. Expenses too will be almost identical to last year's, with the result that last year's $2500 surplus will become a small deficit of about $260 this year. However, the MRG still has $6700 in savings from past surpluses.

The first portion of the general meeting ended with announcements of upcoming meetings and publications on health-related issues.

SHOULD THE MRG ENDORSE?

The next item of business at the general meeting concerned the question of whether the MRG should endorse other groups and causes. (See the discussion paper on this in the April 1984 newsletter.) A number of different points of view were expressed in the course of a lively discussion. Eventually, the following motion was passed unanimously by the general meeting:

"Any official MRG endorsement whether for medical or non-medical organizations should be done by the MRG membership only at semi-annual meetings with strict time limits (one hour per meeting) for discussion, and with one month's prior notice to the general membership."

A second motion regarding mailings for other organizations was also passed:

"The Steering Committee is authorized to use its best judgement and discretion to mail out materials from other organizations which the Steering Committee believes are credible and whose goals fall within the mandate of the MRG. It will be made clear that such mailing does not imply that the MRG endorses them."

HEALTH PROFESSIONS REVIEW

Clyde Hertzman reported on behalf of the group which has been dealing with the Health Professions Legislation Review, summarizing the MRG's submission to the first phase of the review and developments to date. He then introduced a set of problems/questions which he had devised as a basis for small-group discussion, and the meeting then reconstituted itself into smaller discussion groups. The groups came together afterwards to compare conclusions and to plan further activities.

It was decided that the working group, in consultation with the Steering Committee, will write a short brief and summary from presentation to the next phase of the Review. The basis of the brief will be that the MRG does not believe in self-regulation and that it questions some of the assumptions of health care systems and delivery should be organized.

It was also suggested that a spokesperson from the Ontario College of Physicians and Surgeons be invited to attend an MRG chapter meeting.

Further discussion of MRG future directions and concerns was re-directed to future chapter meetings.

Note that in the case of the Toronto Chapter, it has been decided to not hold meeting during the summer months. The next chapter meeting will be in September.

STEERING COMMITTEE REPORT

SPRING GENERAL MEETING

Members of the Steering Committee:
Philip Berger, Paul Rosenberg, Fred Freedman,
Gord Guyatt, Don Woodside, Joel Lexchin,
Clyde Hertzman, John Frank, Fran Scott.

Barb Lent from London resigned as a steering committee member because of the difficulty in attending meetings and is now considered a regional correspondent.

Bob James resigned after the October General Meeting.

Ulli Diemer became the new executive secretary in December 1983 and has a phone number and answering machine for the MRG.

The Steering Committee has met five times since the last general meeting. There have been four mailings to the general membership during that time.
The following activities have involved the Steering Committee:

-- Brief prepared by Paul and Clyde on the Health Professions Review was submitted. Copies of all other briefs were received. Paul and Clyde led local educationals in Toronto and Hamilton.

-- Brief prepared by John, Joel, Fran and Michael Rachlis was presented to the Standing Committee on the Canada Health Act in February 1984.

-- Press conference concerning the Canada Health Act and the involvement of the OMA with the National Citizens' Coalition was held on April 4.

-- Pamphlet organized by Joel is now complete and being typed.

-- An ad was placed in the CMAJ on Feb. 15, 1984 soliciting new members.

-- There was participation in the Ontario Health Coalition Conference in Feb. 1984.

-- Gord spoke at a St. Laurence Forum on the new CHA.

-- Philip spoke to medical students in Kingston, London and Winnipeg.

-- Joel and Bob Frankford corresponded with Judy Erola concerning the Pharmaceutical legislation and will present a brief at an inquiry which was called.

-- Planning at the Spring Meeting -- which involved a preliminary discussion and a proposal for a resolution on endorsement of other groups prepared by Philip.

-- Plus much other correspondence as well as requests for speakers. The Steering Committee has had difficulty filling all these requests.

Finally it was felt that the new secretary, Ulli, has done such a good job at the mailings that the membership had been kept well informed of the activities of the MRG.

-- Presented by Fran Scott

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**MRG FINANCIAL REPORT, APRIL 29, 1984**

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Net Surplus (Deficit) 2,989 (260) 2,521
Opposition to OMA scare tactics urged on 'decent' doctors

The Canadian Labour Congress blasted the Ontario Medical Association for spending hundreds of thousands of dollars in a media campaign using scare tactics to get Canadians to oppose the proposed new Canada Health Act, which will discourage extra billing by doctors and the need for other out-of-pocket expenses by patients, on March 29.

The CLC was referring to full-page advertisements in several dailies, as well as radio commercials and other material — some of it in collaboration with a group calling itself the National Citizens' Coalition — suggesting that the legislation, expected to be adopted by Parliament shortly, is bad for Canadians.

"The scare tactics used by the medical association in its attempts to frighten people into opposing the Canada Health Act are nothing short of obscene," said CLC President Dennis McDermott on behalf of the CLC Executive Council, which met in Ottawa the week of March 26.

"Evidently the officials in the medical association are prepared to go to any length in trying to scare us off the health act by pretending they are concerned with the legislation's effect on the health of Canadians. In using these kinds of tactics, the association, which claims to speak on behalf of physicians, shows its contempt for the intelligence of the average Canadian who knows very well that in fact its major concern is with the income of its members who will be prohibited from over-charging us beyond the medicare rates.

"The medical association should know Canadians aren't that naive," McDermott said.

McDermott said he was happy to note that the Medical Reform Group of doctors has voiced its opposition to the medical association's campaign.

"This proves that all doctors don't approve of what is being done in their name," he said.

"There must be some other decent doctors left out there who are upset by such costly hypocrisy," McDermott said.

"Let's hear from them!"

POSITIONS AVAILABLE

York Community Health Services is looking for a temporary full-time locum for three weeks in July and two weeks in August. Call Catherine Oliver at 653-5400 or 532-8276.

There is an opening for a Refugee Camp Physician in the Eastern Sudan for a six-month term. The position is in a camp of 6,000 Ethiopian refugees. Overseas experience is desirable. Apply with curriculum vitae to

Canadian Physicians for African Refugees
P.O. Box 395, Station F
Toronto, Ontario M4Y 2L8

BOOK ON THE DRUG INDUSTRY

MRG member Joel Lexchin has written a book on the drug industry: "The Real Pushers: A Critique of the Canadian Drug Industry". It is published by New Star Press and will be available in July.

"PATIENT BEWARE"

MRG member Cynthia Carver has published a new book, "Patient Beware", a consumer-oriented guide to making the best of the health care system.

ACUPUNCTURE CONFERENCE

China's Second National Conference on Acupuncture, Moxibustion, and Anaesthesia will be held in Peking from August 7 to 10. Mr. Henry Jaya Kody, of the Toronto Scientific Acupuncture Centre has been authorized to introduce as participants personnel in the health disciplines who may be interested in attending. The closing date for application is set at June 30, but an extension to July 10 is being sought. Cost including plane fare would be about $3000, and a visa would be required. Mr. Jaya Kody (who spoke to the Toronto Chapter of the MRG in March) can be reached for more information at 416-964-2922.

HEALTH NEWS BRIEFS

HEALTH ACT BECOMES LAW

The Canada Health Act officially became law on April 17, 1984. As of July 1, provinces that continue to sanction extra medical charges stand to have their federal medicare grants reduced, at the ratio of a one dollar penalty for every dollar patients are forced to pay out of their own pockets.

EXPANDED ROLE FOR PHARMACISTS?

The Canadian Pharmaceutical Association has suggested that its pharmacist members be allowed under certain circumstances to prescribe drugs and do basic procedures such as blood pressure tests.
over new act

Attack OMA
Reform MDS

Portia Clarion
GP fights bill that gives file access

By KEN POLE

OTTAWA—Toronto GP Dr. Philip Berger has renewed his efforts to stop the federal government's proposed new security agency from having access to medical records. He is also worried that many of his colleagues don't seem aware of the possible dangers.

It's a campaign he began last summer—after the first draft of legislation to establish the Canadian Security Intelligence Service was unveiled. In the face of widespread criticism, that bill (C-157) was allowed to die in December, but was re-introduced three weeks later as C-9, incorporating a series of changes recommended by a special Senate committee.

Dr. Berger's first appearance on Parliament Hill was as a witness before that special committee in September, and he explained he initially tended to dismiss civil rights activists' criticisms of C-157 as "knee-jerk." When he began delving into it, however, he became increasingly convinced the open-ended bill was an invitation to "tyranny."

As a physician who shares a practice with three others in an area with a relatively high ethnic population, he was worried not only about the general issue of doctor-patient relationships, but also about the particular issue of refugee patients who were dissidents in their homelands.

"Even though the current government might not be interested in most of these people, the bill provides for their being defined as 'threats to the security of Canada' and the government could use the proposed act at any time to swoop down," he told the Senators. "The entire concept of confidentiality will undergo drastic changes. Current concerns about patient confidentiality will seem trivial."

One of the 40 odd changes incorporated in C-9 is a requirement that search warrants be obtained only with the written consent of the solicitor-general or a federal court judge. The bill's forerunner was drafted in such a way that its critics suggested it gave the CSIS virtual carte blanche as far as medical records were concerned.

Dr. Berger, however, remains unhappy with these "safeguards," as the government describes them.

Testifying before the Commons' justice and legal affairs committee, he said he still finds the bill "intimidating," particularly from the viewpoint of a doctor whose practice includes political refugees. It still constitutes a serious threat to the sanctity of the patient-doctor relationship.

While acknowledging that the incidence of medical records being requested by the agency would probably be small, he said it is not difficult to imagine circumstances under which more "serious invasions" of a doctor's files could be carried out.

He said he is so concerned about the implications of C-9 that he has established a set of "unidentifiable" files for those of his patients he considers possible targets for CSIS investigation if the bill is approved by Parliament.

"That's one example of how it has affected, personally," he said, explaining he has memorized the information necessary to find these particular files when treatment is necessary.

He urges the CSIS to "stay away from the bedside of Canadian patients" and says the government should err on the side of privacy by specifically exempting medical files. If it didn't, "I, for myself, would never release records to a security service employee who wanted them to substantiate anything."

He conceded afterward in an interview that he really couldn't predict how he would behave when actually confronted by CSIS personnel. He told the committee most physicians would be "distracted" if file data were used to assist the prosecution of a patient. "...I think doctors would be violating the principle of confidentiality, at least as it now stands in Canada, if they release that information without the consent of the patient."

Former Liberal cabinet minister Bud Cullen said "we've put in a lot of checks" on possible abuse, and pressed Dr. Berger to concede C-9 had been improved "significantly" from C-157. Dr. Berger, however, remained skeptical. "I'm not comfortable with ministerial discretion as a safeguard," he said, warning that Canada is not immune to corrupt governments which might abuse the law.

Stressing he was not against the concept of a civilian intelligence agency, he nevertheless felt that "the more safeguards and the more checks we put in now, the less fear I will have that undesirable developments will occur in the future."

Dr. Berger rejected a suggestion by British Columbia Progressive Conservative MP Don Munro that he was on a crusade. Citing guest editorials he had written for The Medical Post and the Canadian Medical Association Journal, he said he saw his role as "an awareness-raising one, an awareness-raising one." However, he said flatly: "I am not on a crusade."

He simply felt obliged to tell the silent majority in the medical profession about the potential dangers of C-9. "I think that among physicians, there is a general ignorance in these matters. They are not well informed; they do not necessarily read the legislation or see the implications."
Proposed security bill threatens patient confidentiality says CMA secretary-general

Some parts of the federal government's proposed bill to establish the Canadian Security Intelligence Service threatens the confidentiality of Canadians' medical records and are against the best interests of both patients and their doctors. That was the essence of a letter from CMA Secretary-General Mr. B.E. Freamo to the chairman of the House of Commons committee now studying Bill C-9.

Mr. Freamo pointed out several areas of the proposed legislation that would be of particular concern to the public:

• Under section 16 there is absolutely no protection for patients against having their records examined or having their physicians provide information about them over and above what appears on the record.

• Section 19 appears to provide unlimited disclosure of patients' medical information as the Security Intelligence Service sees fit.

• Section 23 of part 2 of the proposed bill authorizes the holder of a warrant to enter any doctor's office and take any patient's records found there.

• Section 24(b) can be interpreted as directing physicians to release patients' records, if the physician believes "on reasonable grounds" that the investigator has a warrant. In other words, search and seizure may be carried out if the physician is led to believe that one exists.

"I must express to you in the strongest possible terms the CMA's concerns over the potential misuse and abuse of the information in medical records if the aforementioned sections are retained in the bill", says the letter to Mr. Claude-André Lachance. "Physicians may be reluctant to commit to writing information provided by a patient on a confidential basis if either the doctor or the patient believes such information can be obtained, used or disseminated by the Service."

Mr. Freamo's letter adds strength to the efforts of Toronto general practitioner Dr. Philip Berger who has been trying for some time to stop access to medical records under the new bill. Dr. Berger has appeared before a special committee looking into Bill C-157, the forerunner of Bill C-9, as well as the House of Commons justice and legal affairs committee. As a physician in an area with a high ethnic population, he says that he is concerned not only about the general issue of patient confidentiality, but also about patients who were dissidents in their homeland.

Mr. Freamo said that patients may be reluctant to provide all relevant details of their illness to a doctor, thus affecting their chances of recovery. "This aura of distrust would be detrimental to the practice of medicine and certainly not in the best interests of the patient."

Mr. Freamo requested that the chairman remove or at least modify the sections in question to reflect the concerns of medical practitioners for the rights of their patients.

MPs' remarks anger CMA

OTTAWA (Staff)—There was an angry outburst at the end of a Commons committee hearing recently when two MPs suggested neither the Canadian Medical Association (CMA) nor its provincial affiliates seem interested in protecting doctors' files from the proposed new Civilian Security Intelligence Service.

Progressive Conservative Don Munro (Esquimalt Saanich, B.C.) started it by asking Toronto physician Dr. Philip Berger (who was testifying against Bill C-9) whether he had aired his misgivings to the CMA or the Ontario Medical Association (OMA), or whether either organization had talked to the doctor about "going public."

Dr. Berger replied he had met with CMA officials and that they were "clearly interested" in the issue.

Munro then asked why neither the CMA nor the OMA had come forward to testify. Dr. Berger said the committee would have to ask the associations, adding that most physicians "would rather stay out" of the dispute.

The issue might have died there except for Ontario Liberal Bud Cullen (Sarnia-Lambton), who was "surprised" the CMA and OMA had not testified. "I just assumed that the OMA and CMA... would be down here like gangbusters, the way they were on medicare," he said, referring to the Canada Health Act which became law a month ago.

After the committee, John Bennett, the CMA's director of professional affairs, angrily denounced any suggestion that the association wasn't interested.

"I suggest you should do your homework," he snapped at New Democratic Party MP Svend Robinson, adding the CMA had written to the committee to "express our concerns" both on C-9 and its defunct predecessor, C-157.

The committee clerk, however, said he could find no letters from the CMA or any of the other associations.
Loophole in Health Act may put an end to premiums

By JOHN SHAUGHNESSY
TORONTO—Premium-free health care for all Ontarians seems as possible as a possibility under current interpretations of the new Canada Health Act.

Provinces, already faced with Ottawa's direct attack on extra billing and users fees, can find themselves powerless to prevent widespread non-compliance with health premiums by provincial residents.

Groups directly involved with the Canada Health Act agree it does not prohibit the provinces from charging health insurance premiums. But some hold the view that under the Act provinces cannot deny insured health services to residents who have not paid their premiums.

All provinces are in early April, Dr. Philip Berger and Gordon Guyatt, members of the Medical Reform Group of Ontario, both expressed the view that, in effect, the Canada Health Act guarantees medical coverage for Canadian residents even if they haven't paid their health insurance premiums.

Others share the same view.

Chairman, chief medical officer, public affairs director, Health and Welfare Canada told The Medical Post it was at the time of the Act to do away with premiums. But she agreed that people—out of spite or for another reason—refused to pay health insurance premiums, they could not be denied insured health services by the provinces in which they resided.

Anne Marie Montgomery, supervisor of media information for the Ontario Ministry of Health, said the Ontario government does not see anything in the Act to prevent collection of premiums, but Doug Geoghegan, communications director of the Canadian Medical Association, agreed that, in round-about ways, the Canada Health Act did guarantee (see Premium—page 94)

FINANCIAL PRIVILEGES THREATENED

OMA mislead members; group says

By RAT RICH
TORONTO—The Medical Reform Group of Ontario has accused the Ontario Medical Association (OMA) of misleading its members about the content of the Canada Health Act.

In a news conference called primarily to protest the OMA's alliance with the National Citizens' Coalition campaign against the act, the spokesmen for the 130-member group of doctors urged physicians who support the act to "speak up."

Dr. John Frank quoted from recent OMA literature that doctors which says the new act "threatens doctors' professional freedom."

"What they mean to say is that we should take the OMA's advice about the act."

Mr. Frank was a member of OMA executive committee which was set up to silence the OMA's sanctions against doctors who refuse to accept the new act.

"Several provinces, notably Ontario, are under tremendous pressure from a powerful, affluent and unscrupulous opposition as evidenced by the sad and shameful events of the last few weeks," Dr. Philip Berger said.

He said the OMA had ignored a "misleading and irresponsible campaign" against the act and that most of the facts that are now being used to justify the act are largely false.

"The problem with the OMA's campaign is that it is based on the assumption that the OMA has more time than it really has," Dr. Frank said.

"And in that sense the size of the act is being deliberately exaggerated."

"The United States is not the model for physicians that the OMA sometimes tries to portray it."

"Guyatt said, because while physicians can make more money in the U.S., they can be concerned about their patients' ability to pay."

"In the case of the alliance between the OMA and the Canadian Medical Association on this issue, Dr. Philip Berger said, "we wonder if we are not being attacked.""}

Lobby has cost the CMA $250,000

BRANDON—(Staff)—The Canadian Medical Association (CMA) has spent about $250,000 in lobbying efforts against the Canadian Alliance Act, CMA president Dr. Jack Coates told Maclean's in an interview on February 16.

The CMA has been lobbying governments, professional associations and other organizations to support its position on the Alliance Act. The CMA has also conducted opinion polls, presented a lengthy brief to a parliamentary committee, met twice with provincial association presidents, and continuously lobbied members of parliament.

All of this was done in an attempt to have the legislation changed so that it would address the issue of funding which the CMA sees as the major problem with the health care system, and also to eliminate the provisions on user fees.

Dr. Coates said preliminary analyses completed by the CMA have "the stamp of CMA official policy," indicates the association is more likely to support the Alliance Act than in previous years.

"We hope that the OMA government will act in the best interest of the patient and the interest of the Canadian Health Act by banning extralineal and offshore financing to ensure that the premium system of payment for health care coverage works."