

# MRG NEWSLETTER

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## 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 (eg. 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 meeting 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 the idea that the MRG does not believe in self-regulation and that it questions some of the assumptions of how 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

#### MRG FINANCIAL REPORT, APRIL 29, 1984

	<u>Oct. 1, 1983 - April 29, 1984</u>	<u>Projection for entire year</u>	<u>1982-83 Totals (for comparison)</u>
<u>INCOME</u>			
Memberships	9,240	10,900	10,632
Miscellaneous	160	320	1,182
"Special fees"	--	--	1,850
<u>Totals</u>	<u>9,400</u>	<u>11,220</u>	<u>13,664</u>
<u>EXPENSES</u>			
Fees (H. Cash & U. Diemer)	3,972	7,932	8,460
Ontario Health Coalition	150	150	150
Ads (Sources & CMA)	285	285	--
Printing, Postage, Office Supplies, Phone, Bank charges, etc.	1,509	2,618	2,533
Answering machine	226	226	--
Travel expenses	269	269	--
<u>Totals</u>	<u>6,411</u>	<u>11,480</u>	<u>11,143</u>
<u>Net Surplus (Deficit)</u>	<u>2,989</u>	<u>(260)</u>	<u>2,521</u>



## 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.



# Reform MDS attack OMA over new act

by Pat Daley

The Ontario Medical Association has aligned itself with a "misleading and irresponsible" attack on the proposed Canada Health Act, the Medical Reform Group of Ontario has charged.

The OMA, a lobby representing most Ontario doctors, has endorsed a National Citizens Coalition advertising campaign that opposes the act's discouragement of extra billing by asking, "How would you like your open heart surgery to be performed by a public servant?"

Doctors who reject the campaign should dissociate themselves from the OMA endorsement and tell their patients, Dr. Philip Berger of the Medical Reform Group told an April 4 press conference. The five-year-old group of 150 doctors and medical students believes health care is a universal right, supports community and occupational clinics and opposes extra billing.

"Personal contacts" with the citizens coalition, the group's Dr. John Frank suggested, "made OMA leaders take the unfortunate step of aligning themselves with this unscrupulous campaign. The motives are openly political and patients are at a risk of becoming pawns."

"In particular the elderly, the chronically ill and those with acute symptoms," Berger said, "have been intimidated by home delivery of pamphlets and newspaper advertisements suggesting that their access to care will be blocked by the act — a frightening and false claim."

The reform group supports the act because, it says, clause 10 will guarantee health care to all Canadian residents, whether or not premiums are paid. However, Berger said, the act's penalties for extra billing may not stop the practice because wealthy provinces can afford them.

"We suspect the (Ontario) government will simply pay the penalty and allow opting out of OHIP," Frank said. "We as citizens will be paying for 15 per cent of doctors opting out."

In Tory Alberta recently, Premier Peter Lougheed told the legislature it would be worth paying \$14 to \$20 million a year in penalties because extra fees would keep people aware of the need to control health costs.

The right-wing National Citizens Coalition was founded by London, Ont. insurance salesman Colin Brown, initially to oppose indexed pensions for public employees. Relying heavily on newspaper ads, it has campaigned against Vietnamese refugee immigration and recent legislation regulating federal election advertising — under which its current campaign would still be legal.

Calling the coalition "extremist", the reform group's Dr. Gordon Guyatt said the ad "implies that physicians who have opted out are better" by saying the health act's passage would leave no opportunity for better doctors to charge more. Rather, Guyatt said, physicians have opted out over philosophical disagreement with OHIP or because "they simply want to make more money. It has nothing to do with competency."

The ad's claim that more than 1,000 doctors a year leave Canada is exaggerated, he said. The number is closer to 700 and is proportionately the same as before medicare.

And its suggestion that nobody would be left to teach medical students was "ludicrous", Guyatt said, because doctors teaching at university schools "are by and large full-time and are universally opted in."

Frank said the OMA had already conducted an internal mail campaign similar to the coalition's telling doctors the new act would make them public servants and urging them to inform patients their professional freedom was threatened.

The reform group believes most doctors disagree, citing a Canadian Family Physician poll in which half the respondents supported the new act. As well, Malcom Taylor, Michael Stevenson and Paul Williams of York University found in a recent survey of five provinces that half of former medical association officers — but only 31 per cent of association members — favoured returning to voluntary, commercial health care. Many Canadian physicians would be "very concerned" about having to consider "whether a patient can afford a test, like they do in the United States," Guyatt said.



# 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 "in-



Dr Philip Berger

timidating," 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 me 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 a consciousness-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."



## OTTAWA

## 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 aforemen-



Freamo: distrust would be detrimental to good medicine.

tioned 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 the 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.



# The Medical Post

Vol. 20 No. 8 \$27 per year The Maclean Hunter newspaper for the Canadian medical profession

Toronto, April 17, 1984

## Premium payment questioned

(from page 1)

medical coverage for a patient even without payment of premiums. "If you combine S. 12 (1) (a) of the act (the accessibility section) with the definition of 'insured person,' I think a province would be hard pressed to justify denial of health services to a resident who had not paid his premiums," he said.

Geekie added it will likely take a court challenge to provide an answer to the question of why anyone should bother to pay premiums if he or she is entitled to the insured services in any case.

The contentious interpretation is based on a reading of the universality and accessibility sections of the act, along with the definition of "insured person." Curiously, the definition of insured person makes no mention at all of payment or non-payment of insurance premiums. It confines itself to provincial residency requirements.

Provinces wishing to qualify for a full cash contribution from Ottawa must comply with both the universality and accessibility sections.

The amended universality section, S. 10, reads: "In order to satisfy the criterion respecting universality, the health care insurance plan of a province must entitle 100 per cent of the insured persons of the province to the insured health services provided for by the plan, on uniform terms and conditions."

At first glance, it appears a provincial government could make payment of premiums a 'uniform term or condition' and still be in compliance with the act. This option, however, appears to be severely curtailed by S. 12 (1) (a), the accessibility provision. It reads: "In order to satisfy the criterion respecting accessibility, the health care insurance plan of a province must provide for insured health services on uniform terms and conditions, and on a basis that does not impede or preclude, either directly or indirectly, whether by charges made to insured persons or otherwise, reasonable access to those services by insured persons."

## Loophole in Health Act may put an end to premiums

By JOHN SHAUGHNESSY

TORONTO—Premium-free health care for all Canadian residents looms 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, could find themselves powerless to prevent widespread non-payment of 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.

At a news conference in early April, Drs. Philip Berger and Debby Copes, members of the Medical Reform Group of Ontario, both expressed the view that, in effect, the Can-

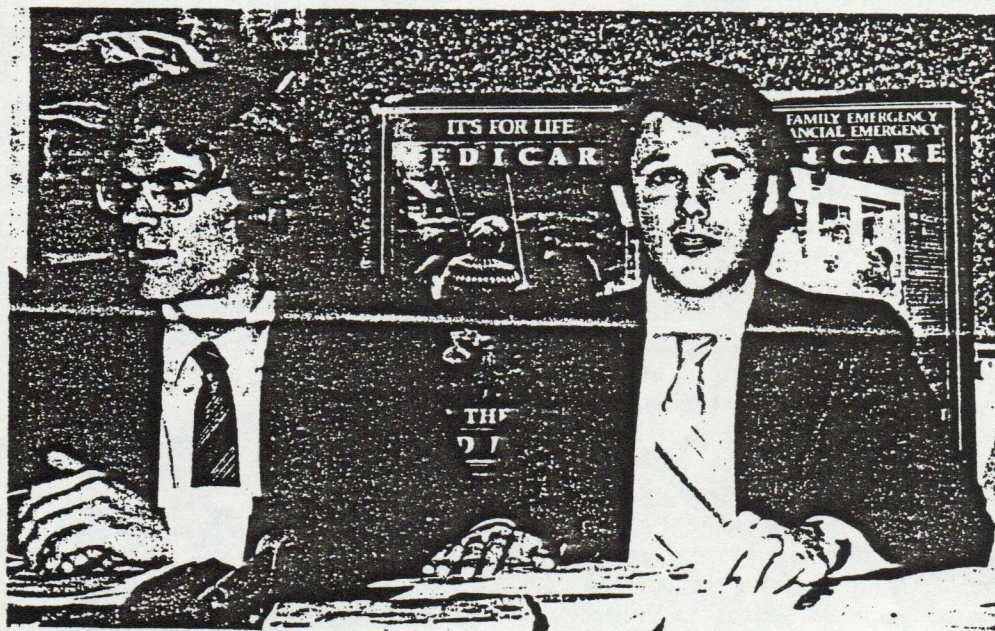
ada Health Act guarantees medical coverage for Canadian residents even if they haven't paid their health insurance premiums.

Others seem to share this view.

Carol Peacock, chief of media relations, public affairs directorate, Health and Welfare Canada told The Medical Post it was not the intent of the Act to do away with premiums. But she agreed that if people—out of spite or for any other reason—refused to pay health insurance premiums, they could not

be denied insured health services by the province 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 Geekie, communications director of the Canadian Medical Association, agreed that, in a round-about way, the Canada Health Act did guarantee (see Premium—page 94)



Drs Philip Berger and Gordon Guyatt of the Medical Reform Group.

### FINANCIAL PRIVILEGES THREATENED

## OMA mislead members; group says

By BAT 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 150-member group of doctors urged physicians who support the act "to speak up."

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

"What they mean to say if they were to be truthful is that the act threatens your doctor's financial privileges... The act is only directed

at removing the ability to have a guaranteed floor payment and a discretionary surcharge."

He said the act "actually has nothing to do with the professional freedom in the sense of how one practises medicine."

"To suggest this to the mass of busy practitioners who really will not have time to read the act and who are not skilled in interpreting legislation is a tactic which we see as a very unfortunate one..."

The reform group was more upset about the OMA executive's decision to ally themselves with the NCC, an anti-socialist group fighting the act.

"Several provinces, notably Ontario, are under tremendous pressure from a powerful, affluent and unscrupulous opposition as evi-

denced by the sad and shameful events of the last few weeks," Dr. Philip Berger said.

He said the coalition had mounted "a misleading and irresponsible campaign" against the act and said that "most tragic of all is that the OMA... has formally aligned itself with the National Citizens' Coalition campaign of fear."

The group said it was calling on all doctors to reject this campaign, disassociate themselves from OMA's endorsement and reassure their patients that care will not be denied when the act is passed.

Dr. Gordon Guyatt systematically attacked claims in the NCC literature that the quality of care will suffer when the act is law and that

(see 'Opted out'—page 94)

## 'Opted out doctors are not the elite'

(from page 1)

many doctors will leave the country or cease to become involved with medical education.

The NCC implies that physicians who are opted out are superior physicians, he said, which is simply not the case and is an "insult to the 85 per cent of Ontario physicians who practise within the Ontario Health Insurance Program."

"Opted-out physicians do not represent the cream of the crop or the elite."

The predicted exodus of doctors following elimination of the right to extrabill "is primarily being used here as a threat," Dr. Frank said.

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

"The United States is not the mecca for physicians that the OMA

sometimes tries to portray it," Dr. Guyatt said, because while physicians can make more money in the U.S. they also have to be concerned about their patients' ability to pay.

Asked about the reason for the alliance between the OMA and the NCC on this issue, Dr. Philip Berger said "we wonder if it is personal contacts that have made the official medical association leadership take

the unfortunate step of openly aligning themselves with an unscrupulous campaign aimed at threatening patients with a future reduction in their access to care."

Patients are in danger of becoming "pawns" in an openly political struggle, he said.

Responding to attacks against the reform group by some opted-out physicians, Dr. Guyatt said such ad hominem attacks were "very inappropriate."

The group commented favorably on an amendment to the health act that entitles 100 per cent of insured persons in a province to insured health services on uniform terms and conditions.

### Failure

Dr. Berger said this amendment "clearly implies that failure to pay premiums does not mean denial of coverage."

The group remains concerned that the provisions aimed at outlawing extrabilling "may be inadequate. Wealthy provinces can afford to pay the penalties..."

"We hope that the Ontario government will adhere to the spirit and intent of the Canada Health Act by banning extrabilling and officially ending the premium system of payment for health care coverage."

## Lobby has cost the CMA \$250,000

BRANDON (Staff)—The Canadian Medical Association (CMA) has spent about \$250,000 in its lobbying efforts against the Canada Health Act, CMA president Dr. Cliff Coffin told Manitoba doctors at their annual meeting here.

last year the CMA retained legal counsel and other consultants.

More MMA coverage  
see page 2

conducted opinion polls, presented a lengthy brief to a parliamentary

committee, met twice with provincial association presidents, and continually 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

underfunding which the CMA sees as the major problem with the health care system, and also not to eliminate extra billing.

Dr. Coffin said preliminary analysis by CMA staff which does not have "the stamp of CMA official policy," indicates the association was too slow in starting its campaign.