MRG NEWSLETTER

P.O. Box 366, Station J, Toronto, Ontario M4J 4Y8 (416) 920-4513

Volume 4, Number 5 September 1984

MEDICAL REFORM GROUP GENERAL MEETING AND FIFTH ANNIVERSARY

FRIDAY SEPTEMBER 28, SATURDAY SEPTEMBER 29

This fall marks the fifth anniversary of the founding of the Medical Reform Group, and work is under way to make the Fall General Meeting the biggest and best ever. Please do plan to attend and take part. Features of the meeting include the following:

- A speech on Friday evening on "Health Issues for Ontario in the 1980's" by guest speaker Stephen Lewis. In the Debates Room of Hart House at the University of Toronto, at 8 p.m. on Friday September 28.
- An all-day session on Saturday September 29, from 9:30 a.m. to 4:30 p.m., at the South Riverdale Community Health Centre, 126 Pape Avenue, Toronto. (See below for agenda items) Plans are being hatched for a baseball game to follow the day's meeting, and lunch will be available at the Centre thanks to the MRG Catering Squad.
- Saturday evening will feature a dinner at a Chinese restaurant. We are booking a separate room, so we need to know in advance how many people to expect. Please plan to come, and call John Frank at (416) 536-3781 to let him know that you are coming.
- A display is being prepared covering five years of MRG history.
- A booklet is being prepared compiling all MRG policy stands and resolutions.
- Also available will be copies of a brief prepared on the MRG's behalf by Joel Lexchin and Bob Frankford, to the Commission of Inquiry on the Pharmaceutical Industry in Canada. This is substantial document dealing with many drug-related issues in depth: it will be sold to cover the costs of printing it. Available too will be copies of a draft paper by Gord Guyatt attempting to synthesize the MRG's approach to a number of health policy issues.
- Planned but not definitely confirmed as of the date of this newsletter is a discussion led by Carol Buck, on issues relating to funding of research.
- There will be a registration fee for the General Meeting: $25 for full members, $5 for students and associates.

Agenda Items for Saturday

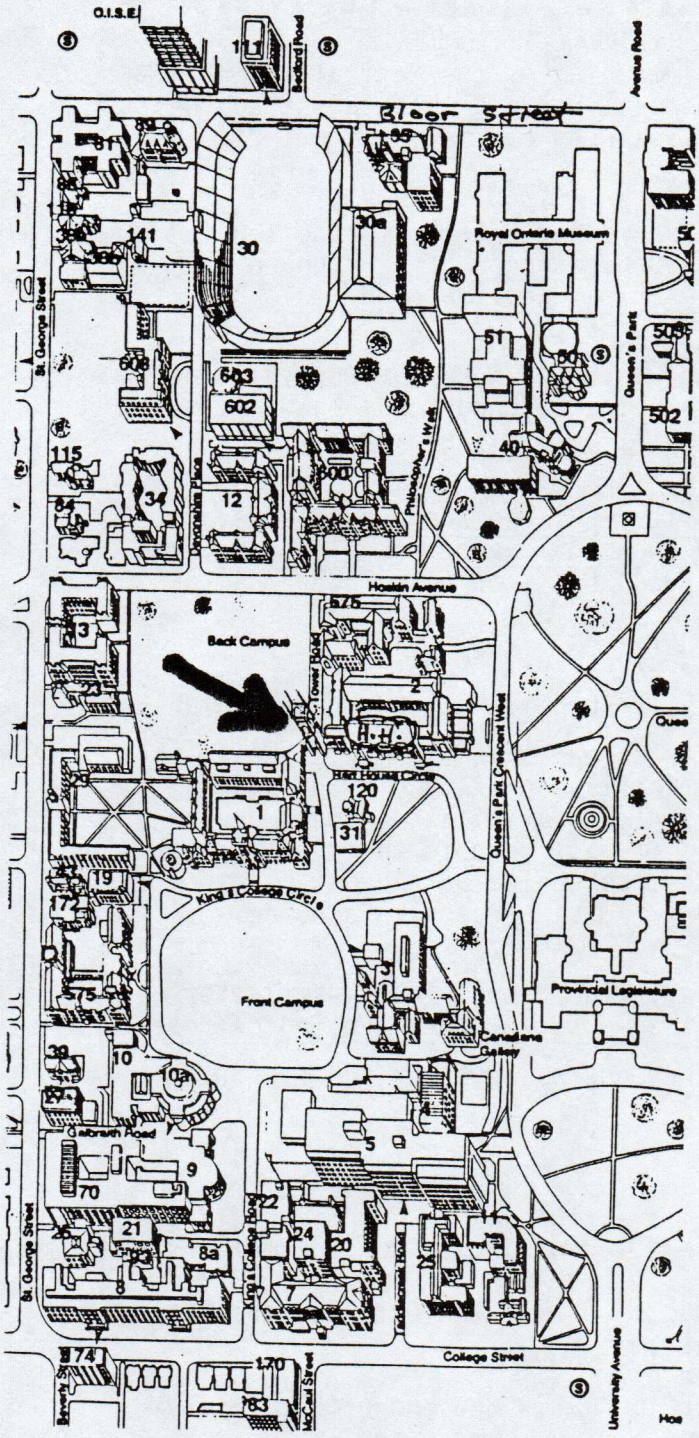
-Report from the Steering Committee on its activities in the past half year.
-Reports from MRG Chapters in Hamilton and Toronto, and from MRG members elsewhere.
-Reports and discussion on the MRG's involvement in the Ontario Health Coalition and the Canadian Health Coalition.
-Election of Steering Committee members.
-Discussion and adoption of a budget for 1984-85. One budget option may include an increase in membership fees.

The dates again: Friday September 28, 8 p.m. and Saturday September 29, all day.

HOW TO FIND THE MEETINGS

The South Riverdale Community Health Centre is at 126 Pape Ave., about half a block north of Queen Street East.

Hart House is on Hart House Circle on the University of Toronto campus. It is the equivalent of about a block south of Hoskin Ave., which in turn is one block south of Bloor. (See map.)



CANADIAN HEALTH COALITION NATIONAL CONFERENCE AND GENERAL MEETING

The Canadian Health Coalition (of which the MRG is a member organization) is holding a national conference and its annual general meeting in Ottawa on November 23 and 24, at the Talisman Motor Hotel, 1376 Carling Ave. The conference cost is $50. The conference brochure will be available soon. Advance registration forms are available through the CHC and will also be available at the MRG Annual Meeting. The CHC's address is 2841 Riverside Drive, Ottawa, Ontario K1V 8X7. Tel (613) 521-3400.

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

The Manitoba Federation of Labour (CLC) seeks a full time physician with training in the field of occupational medicine, to proactice in a union-sponsored, publicly funded occupational health centre. Duties include patient diagnosis and assessment, work with union groups and some educational activities. Position commences January to June of 1985. Salary $53,900 plus benefit as per collective agreement. Interested applicants should write, to Lissa Donner, Executive Director, MFL Occupational Health Centre, 98 Sherbrook Street, Winnipeg, Manitoba, Canada R3C 2B3, phone (204) 786-5881.

SENIOR PHYSICIAN

Required October 1984 for a busy community health centre in downtown Ottawa. Centretown is a multi-service centre sponsored by a community Board of Directors offering a range of health and social service programmes. Its philosophy emphasizes prevention, health promotion, and personal responsibility for health.

In addition to the practice of family medical care, the senior physicians will provide clinical leadership to staff within the Centre's primary medical programme. Other programme staff include 2 full-time physicians, a nurse practioner, 2 nurses and support staff.

The position includes a 35-hour work week, shared on-call duties, and an attractive salary and fringe benefit package. Requirements include a minimum of five year's experience in primary care.

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SENIOR PHYSICIAN (continued)

Family Practice Certification and bilingualism are definite assets.

Please apply in writing with recent resume to Health Services Co-ordinator, Centretown Community Health Centre, 100 Argyle Avenue, Ottawa, Ontario K2P 1B6.

AN APPEAL FROM SALVAIDE REGARDING PRIMARY HEALTH CARE IN EL SALVADOR

"The people of El Salvador are fighting for their lives. 50% of the children die before age five. 80% of the rural population lack drinkable water. Life expectancy would be 40, if it weren't for army attacks, "disappearnces', and indiscriminate aerial assaults which now include napalm and phosphorus fire bombs.

"The Salvadorans are fighting to take back control of their lives. Despite over $1 billion in U.S. 'aid' to prop up the military regime, the liberation forces--the Farabundo Marti National Liberation Front, have driven government troops out of several areas. These 'zones of popular control' are now governed by community assemblies and elected councils--for the first time. From the largest of the zones, the Chalatenango subregional popular government has put out an urgent appeal to Canadians to help launch a primary health program.

"The program has five components: basic nutrition, anti-malaria campaign, anti-parasite campaign, latrine construction, and education in hygiene and sanitation. 20 to 25 thousand people will benefit, including some 10,000 children. The goals of this initial program are simple. For many Salvadorans primary health is a matter of life and death.

"SalvAide, a group of Canadians, is raising financial and material aid for the Chalatenango program. The resources we gather will be channeled into the region through an international representative of the Popular Powers, which is an English translation of the new self-government's name.

"If you can help, or if you want further information, please write us at SalvAide, 2 Bloor Street West, Suite 100-345, Toronto, Ontario M4W 3E2.

DOCTORS AS TORTURERS IN URUGUAY: A CALL FOR INTERNATIONAL ACTION

The Medical Convention of Uruguary resolved in June to create a tribunal which will investigate "professionals who have participated in torture proceedings" in Uruguay. Taking this action constitutes taking a great risk in present day Uruguay. The Committee for the Defense of Human Rights in Uruguay is therefore calling on professional associations, human rights groups, and concerned individuals to indicate that there is international support for this action. They suggest writing to the Uruguayan National Medical Convention expressing congratulations, encouragement and support for the task they have set themselves of investigating those doctors involved in torture, and asking for exemplary sanctions. The address is Convencion Medica Nacional, Casa del Medico, Rio Negro 1529, Montevideo, Uruguay.

For more information contact the Committee for the Defense of Human Rights in Uruguay, P.O. Box 219, Station P, Toronto, Ontario.

EDUCATIONAL RESOURCES

The CUSO-Oxfam Labour Project (COLP) is offering a number of educational kits designed for use in a variety of educational seetings. One kit is the Health Care Industry Kit, "designed especially for use with health care workers and unions interested in how the health care system affects working people in Canada and the third world." The kit contains six programs, all with program outlines and background material: 1. Profit and health care in Saskatchewan; 2. Work and health in Canada; 3. Work and Health for Women; 4. Living and working conditions in South Africa; 5. Health for the people; 6. The right to health. The kit is 115 pages long and costs $5.00, from CUSO-Oxfam Labour Project, 136 Avenue F South, Saskatoon S7M 1S8.

PUBLICATION NOTICE

Available from Black Rose Books: Service and Circuses: The Reform of Health and Social Services in Quebec. By Frederick Lesemann. 175 pp, $12.95 paper, $22.95 hardcover. A translation of Lesemann's work on the transformation of health and social services in Quebec in the 1960's.

COMMUNITY HEALTH CENTRE PROJECT OF THE ONTARIO RURAL LEARNING ASSOCIATION

The Rural Learning Association is an organization which believes that "small communities in Ontario have undergone great changes in recent decades", and that "these changes have created social, economic and cultural needs." The Association believes that "the most effective approach to meeting these needs is through community-controlled services and programs." One of the Association's priorities is rural health care. The RLA is assisting rural organizations in study and action of locally-controlled health services. To this end, a series of four half-hour cassette tapes on community-sponsored community health centres is being made available. The first three tapes are based on the proceedings of a seminar on the subject; the fourth relates the experience of one rural community that has developed such a centre. The titles for the tapes are: "What are they"; "How do they work"; "How do we get started?"; "Lessons from one community". The tapes are available at a cost of $16.50 for the set or $4.50 individually. Write to The Ontario Rural Learning Association, P.O. Box 1204, Guelph Ontario N1H 6N6.

MRG-SPONSORED COURSE

The MRG has submitted a proposal for a course to be given by MRG members to second year medical students at the University of Toronto. The title of the proposed course is "Health Care Issues--A Critical Perspective." Objectives of the course include: "To sensitize students to the social, economic, environmental and political determinants of health; To examine the relationship between the medical profession and other institutions such as the state and corporations; To provide students with a critical analysis of their future role in Canada's health care system through an appraisal of the history and current status of the health care system; To study health care issues relevant to socially disadvantaged groups in Canada and abroad."

MAILINGS TO MRG MEMBERS

Since the last general meeting at which the issue of mailings by outside groups was discussed, the MRG steering committee has authorized two sets of mailings to MRG members, one by the Ontario Coalition of Abortion Clinics, the other by the organizers of a Women's Equality Conference.

MRG PHARAMACEUTICAL BRIEF

(Steering Committee)

The MRG has submitted a brief to the federal Commission of Inquiry on the Pharmaceutical Industry. It is a substantial document dealing in depth with a number of issues; it is available for $10 through the MRG, P.O. Box 366, Station J, Toronto M4J 4Y8.

PATIENT BEWARE

MRG member Cynthia Carver has published a new book, Patient Beware: Dealing With Doctors and Other Medical Dilemmas (Prentice-Hall Canada $9.95). (See "Not always what the doctor ordered" elsewhere in this newsletter.)

SENATE COMMITTEE

The MRG has been requested by the Canadian Senate's Standing Senate Committee of Social Affairs, Science, and Technology to sumbit a brief to it in connection to a review it is undertaking of Canadian health care policy. Steering Committee Member Gord Guyatt has prepared a draft submission, together with Clyde Hertzman, based on an earlier brief by Philip Berger. The draft is currently being revised. Copies of it will be available at the General Meeting for members to discuss and potentially approve as an MRG statement.

MRG FINANCES

A complete financial report and budget will be available at the General Meeting. The latest interim financial report indicates that the MRG will incur a deficit of about $1,000 over the fiscal year, which ends September 30. The deficit is being covered by a transfer of $1,000 from a $7,000 savings deposit which the MRG accumulated in previous years. The deficit is not due to a decline in memberships--these have come in at about the same rate as last year--but to a decrease in "other" income, such as speakers' fees earned in previous years and donated to the MRG's coffers.

MRG IN CANADIAN AND ONTARIO HEALTH COALITIONS

The MRG is a member organization of both the Ontario and Canadian Health Coalitions. The MRG's delegate to the OHC, Michael Rachlis will be reporting to the General Meeting. He also prepared a brief outline of issues relating to the OHC and the MRG's relationship to it which he presented to the July 19 Steering Committee meeting.

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MRG in CHC and OHC (continued)

The issues he raised included the following: The MRG does not have a formal procedure for selecting a delegate to the OHC and CHC. Should they be elected at General Meetings, or nominated by the Steering Committee? Should the delegate(s) become members of the Steering Committee? What kind of liaison should there be between the coalitions and the MRG, between the delegates and the Steering Committee? Both the OHC and the CHC are attempting to decide what direction to take and what priorities to set. What does the MRG think they should be doing?

MRG BROCHURE

The MRG has a standard self-descriptive brochure with which most members will be familiar. It is what is sent or given to prospective new members. Supplies of the brochure are almost exhausted, so it will need to be reprinted soon. If members have changes to the brochure which they would like to suggest, they should do so by early October.

ONTARIO MEDICAL STUDENTS' WEEKEND

The MRG has been invited to participate in the Ontario Medical Students' Weekend (sponsored by the student wing of the OMA) on February 8, 9, and 10 in Kingston. Specifically, we have been invited to conduct a workshop. The topics suggested by the Steering Committee were Medicare; Medicine and the State; the Canadian drug industry; and third world issues. Members who think they might be interested inhelping to represent the MRG at the weekend should get in touch with a member of the Steering Committee.

MRG FILES

The MRG has accumulated a collection of files in the course of the last five years on a number of health-related topics, including Medicare, Opting Out and Extra Billing; Financing of Health Care;Access to Health Care; Community Clinics; Workplace Issues and Environmental Issues; Health and Law, etc. These files are available for members to consult. Contact Ulli Diemer at 920-4513 or 960-3903.

MRG STEERING COMMITTEE

The following is a list of the current membership of the MRG Steering Committee:

Philip Berger
John Frank
Fred Freedman
Gord Guyatt
Clyde Hertzman
Joel Lexchin
Paul Rosenberg
Fran Scott
Don Woodside

MEMBERSHIP RENEWAL

The MRG's fiscal year, and MRG memberships, run from October 1 to September 30. Members who bring their chequebooks to the September 28-29 General Meeting will have an opportunity to renew their memberships there, thus saving the MRG and themselves a bit of time, and the postage and paperwork.

MRG NEWSLETTER

Members of the MRG are invited to submit information to this newsletter which they think would be of interest to other members. For example: reports from local MRG chapters; health related groups in which members are involved; book reviews; job vacancies; notices of events; letters and comments generally. The newsletter will normally appear in the first ten days of every second month. The next newsletter will appear in early November, then early January, March, May, etc. Send material to P.O. Box 366, Station J, Toronto M4J 4Y8 or call Ulli Diemer at (416) 920-4513 or 960-3903.

Good news, Medicare covers 50%—now all you owe is $8,432.52.

The following is a follow-up position paper presented by the MRG Steering Committee to the Health Professions Legislation Review (discussed at the Spring General Meeting):

SECOND SUBMISSION OF THE MEDICAL REFORM GROUP TO THE HEALTH PROFESSION LEGISLATION REVIEW

In your response to our first submission, you requested that we clarify and document certain of our positions. However, we felt it would be more useful in a brief for us to continue to develop themes and principles. We believe that the complex issues that have been raised can best be addressed in an open discussion format. In particular, we would like the Professional Legislative Review Committee to hold hearings on the major contentious issues. Those groups representing conflicting views could be invited to discuss and debate them with the possibility that concensus on the merit of certain arguments could emerge and practical implications identified.

In our second submission we would like to address two issues: discipline by the College of Physicians and Surgeons of Ontario (CPSO), and the extension of self-regulation to other health professions.

1. DISCIPLINE

As a result of interest among our membership, in April, 1984, we held a workshop on the issue of discipline by the CPSO. We took a case from the College Bulletin in which a rural physician was found guilty of professional misconduct in a situation in which the patient died. Although they acknowledged the difficulties of rural practice, the College Committee found the doctor at fault. We did not dispute the finding, but the mandate and focus of the Committee. In our opinion, the issue of individual responsibility, although important, was not primary. Such cautionary tales tend to shift the burden of compensating for system failures onto the individual practitioner.

We would prefer an investigative process into all the pertinent factors that led to the misadventure, which would make public recommendations to prevent such tragedies in future. In the example we studied the process should have identified the deficiencies in rural practice, on-call arrangements, the distribution of physicians, and led to action to remedy this. Naturally there must also be respect for the rights of those involved, and a place for findings of individual misconduct or incompetence.

As we stated in our previous brief, in matters of complaints and discipline, lay representation on the Complaints and Discipline Committees should be increased. We did not come to a conclusion about the proportions of lay and professional members.

In this respect we take note of the conflict of interest for the CPSO enunciated by the Patient's Rights Association brief, a conflict between the responsibility to ensure the competence of all licenced practitioners, and the obligation of the CPSO then to investiage the same practitioners for alleged incompetence or misconduct.

2. SELF-REGULATION

It is one of the fundamental principles of the Medical Reform Group that the health care system should be structured in a manner in which the equally valuable contribution of all health care workers is recognized. Our hierarchical physician-dominated medical structure has functioned fairly well in acute care, but it restricts the proper exercise of the skills of many other health professions, particularly in such fields as primary care, child health, chronic illness, mental health, and geriatrics. We stated in our previous brief that the CPSO in regulating physicians was inadvertently regulating other professions and the system as a whole. Scope of practice, the definition of medical acts, problems of delegation of responsibility, access to hospitals, and funding arrangements are all health policy issues which should be addressed on a continuing basis by a publically accountable body, composed of representatives of consumer groups, non-physician health workers, health institutions, as well as the CPSO.

The extension of College status to other professions would not serve the same function as this new body. In our previous brief we described the demise of the nurse practitioner training program. The nursing profession is self-regulating but this fact did not protect this innovative and useful program. Funding problems and scope of practice issues needed to be addressed in a forum in which the many parties with a real interest in the survival of nurse practitioners could have participated. The body we are proposing could have stimulated the necessary negotiations and monitored their resolution.

We note with sympathy the view of the Ontario Public Health Association that "Licencing arrangements should be similar for all health professional groups. Thus, either new groups ought to become more self-governing, or existing professions less so." Unfortunately, we see no reason to believe that either the proliferation of self-regulating Colleges nor their elimination would achieve the objectives of efficient coordination and adaptability of the health care system. In particular, we believe that Colleges as presently constituted tend to serve their members as much or more than the public good. An adequate solution to these problems will require a new regulatory mechanism with an emphasis on public participation and accountability.

Medical Reform Group
June, 1984

Not always what the doctor ordered

THE CONSUMER GAME:
ELLEN ROSEMAN

A FEW WEEKS ago, I came down with a fever and a sore throat. I spent an afternoon in bed, then came back to work. I still felt lousy.

Instead of taking more time off, I called my doctor and described my symptoms over the telephone. She prescribed an antibiotic and I started to feel better.

End of story? Not exactly. A few days later, the fever and sore throat returned. Not for long, just 24 hours, but enough to make me realize the bug hadn't been wiped out after all — and perhaps wasn't the kind that responded to antibiotics.

Dr. Cynthia Carver thinks my experience represents much that's wrong with modern medicine. Patients are too willing to ask for drugs, and doctors are too willing to prescribe them without explaining the risks and other treatment options.

If she were my doctor, she would have asked me to come to her office for a throat culture to see what kind of germs I had. If I wanted a drug, she would have told me the negative side-effects and what would happen if I did nothing. Then I could decide whether to accept the risk if any.

"You wanted your illness gone fast — I'm sympathetic to that," she says. "And you were prepared to take a medication even if it didn't do any good. But it could have done real harm — that's what you forget."

I was talking to Dr. Carver about her new book, Patient Beware: Dealing with Doctors and Other Medical Dilemmas (Prentice-Hall Canada, $9.95). A self-help guide with a difference, it tells you not only how to improve your own medical care, but how to bring about changes in the system as a whole.

Dr. Carver went into medicine at the age of 29, after her three daughters were born. Her experience of childbirth at a Boston teaching hospital made her an advocate of patients' rights.

"Patients were not treated unkindly, merely as indistinguishable members of the class of pregnant females," she writes. "We accepted total depersonalization as the price of modern medical care."

Working as a general practitioner in Toronto's Cabbagetown area, she found her patients, no matter what their income level, did not know enough about their health because their doctors weren't telling them.

"I'm convinced that you can explain 90 per cent of medical conditions in words that people can understand," she says. "But doctors aren't taught that patients have a right to hear these things or that it's important to tell them."

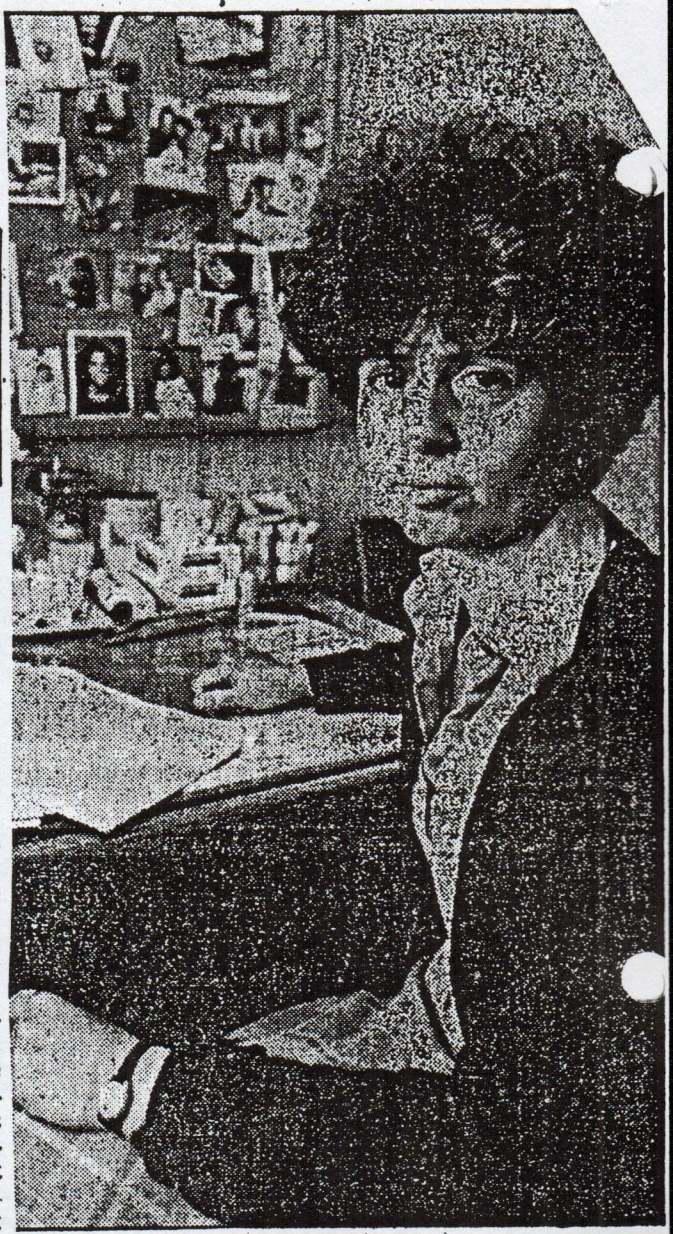
After 10 years in private practice, she decided to go into public health where she could have more of an impact. She earned a master's degree in the United States last year, and then moved to Regina, Sask., to work as assistant medical health officer for the city.

She feels that if doctors are not going to change their way of dealing with patients, it's up to consumers to educate themselves and demand a different kind of care.

"My own experience of being treated as a 'thing' rather than a human being occurred in the early 1960s," says Dr. Carver, now 43. (Her daughters are 18, 19 and 20.)

"My medical training, in which I saw my scene replayed by others, was from 1968 to 1972. Today patients still complain when they visit specialists or enter hospital of the same kind of dehumanization."

While admitting her bias as a general practitioner, Dr. Carver believes that people who go to specialists or specialty clinics receive the most aggressive or unnecessary treatment. She urges consumers to find a good GP or family doctor to act as a mediator for them should they develop anything serious enough to require specialist attention or hospitalization.



BARRIE DAVIS

"This person will be your ombudsman, will help you to understand diagnoses and treatment options and will aid you in evaluating which route to choose," she advises.

How do you find your ombudsman? Shop around, make appointments, ask questions. When a drug is prescribed, for example, ask to see the relevant section in the pharmacopoeia (the list of drugs, with their actions and reactions).

Some doctors willingly hand over the book or leave a copy in the waiting room for patients' use, while others say things like, "A little knowledge is a dangerous thing," or "You don't want to know all that, trust me."

Does your GP see you as an intelligent partner in the decision-making process? This is the key to whether you can work together when illness strikes.

Cynthia Carver is a member of the MRG.

HEALTH NEWS BRIEFS

Minimum Wage Boost May affect OHIP

NDP MPP Richard Johnston has pointed out that boosts in the Ontario minimum wage, which rises to $4 an hour on October 1, will be a mixed blessing for thousands of working people, for whom the increased income will mean that they will have to pay OHIP premiums for the first time. The new wage rate pushes them just past the point where they are eligible for full financial assistance in paying OHIP premiums.

"Private Medicare" in Alberta?

Alberta's Hospitals Minister David Russell has confirmed that the Alberta government is studying the possibility of tranferring the province's health insurance scheme to the private sector. Commenting after a secret memo was leaked to the press, Russell said that "The question now is can we get someone to run it better for us by providing improved services and lower costs." He said that it will be at least a year before a decision is made.

Medical devices' financing criticized

The Ontario March of Dimes has criticized the Ontario government for failing to make good on a promise to finance assistance devices such as artificial limbs and wheelchairs for all adults. A spokesperson said that handicapped adults often face long waits in getting devices such as wheelchairs because the charitable agencies don't have enough money to pay for them. At present, the government pays 75 per cent of prosthetic and assistance devices for children. It promised two years ago to extend the program to adults, but did not say when it would do so.

Chronic bed waiting fee

The NDP's provincial health critic, David Cooke, says that some Ontario hospitals are charging sick and elderly patients in active-care beds user fees of more than $100 a week while they wait for chronic-care or nursing home beds to become available. Because the province provides hospitals with full financing for all their active-care beds, the user fee represents pure profit for the institutions which levy it, according to Mr. Cooke. "This profit will mean that the hospitals actually benefit from the shortage of chronic-care beds, nursing home beds and the lack of community alternatives", he said.

HOSPITALS CUT SERVICES TO TIGHTEN BUDGETS

The chairman of the Kitchener-Waterloo Hospital Commission says that the hospital is being forced to close beds because of budget restraints. At Kitchener-Waterloo Hospital, 41 surgical beds will not be used from July 1 until March, 1985. "Patients are waiting five months for an electromyography test, over 13 weeks for physiotherapy and some children with behavioural problems up to six months to be assessed and therapy begun," said Glenn Bier. The bed closings are expected to save the hospital $785,000.

OHIP to increase?

Ontario Health Minister Keith Norton says that the province will have to consider increasing OHIP premiums to pay for revenues lost if the federal government enforces the penalty provisions of the Canada Health Act. Ontario had $4,444,000 deducted from its first monthly grant after the legislation took force.

Ontario plans move on extra-billing

Health Minister Keith Norton says that some changes to the provincial health system are likely, probably this fall, as a result of the Canada Health Act. He said the province is studying options ranging from retaining the present system to banning extra-billing and user fees.

Australian medicare dispute

Australian doctors in New South Wales have stopped treating patients over a dispute over medicare. About 5,000 doctors are particpating in the walkouts, while 800 doctors employed directly by the state are treating emergency cases.

Provincial responses to Canada Health Act

A number of provinces have now taken steps to avoid the penalties of the Canada Health Act. Quebec has banned user fees in chronic-care facilities. Nova Scotia has banned extra-billing. Manitoba plans to introduce legislation in the spring abolishing extra medical charges. The Alberta government is urging doctors to stop extra-billing.

CMA studies court challenge to Health Act

The Canadian Medical Association decided at its meeting in Edmonton in late August to instruct its board of directors to "take all reasonable steps to preserve the professional freedom of the medical profession through the courts". Many speakers at the meeting argued that the issue is not one of extra-billing or making money per se, but rather one of protecting professional freedom of doctors to deal directly with their patients.

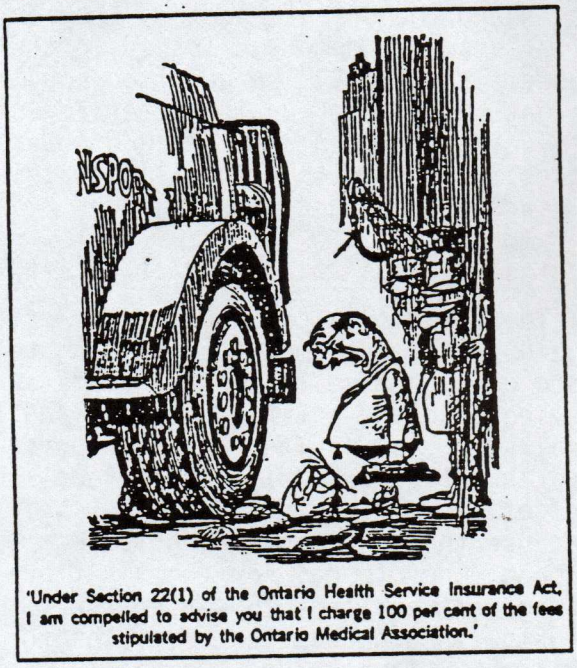
Health Ministers cheer Tory victory

Provincial ministers of health, seven of them Progressive Conservatives, welcomed the victory of the federal Conservatives in the federal election at their recent meeting in Calgary. Alberta Health Minister David Russell, the chairman of the meeting, said that there was optimism that "there will be significant changes" under a Mulroney government, even though the federal Conservatives supported the Canada Health Act. One specific change the ministers hope to see is an end to penalties against provinces that allow extra-billing and user fees.

James Nielsen, the B.C. minister of health, said that "we're going to be asking him (the yet-to-be appointed minister of health in the new government) to reflect on the damage the Canada Health Act has done to the system."

Report criticizes Alberta government for health spending

A report by two health care economists, Robert Evans and Morris Barer, argues that the provincial government is largely to blame for rising health care costs in Alberta. The report says that Alberta should stop blaming the public for rising costs and instead look at its own "relaxed" attitude to health spending. Alberta Health Minister David Russell has already dismissed the report, which he says he hasn't read.



'Under Section 22(1) of the Ontario Health Service Insurance Act, I am compelled to advise you that I charge 100 per cent of the fees stipulated by the Ontario Medical Association.'

CMA Task Force

The Canadian Medical Association's Task Force on the Allocation of Health Care Resources, set up in 1982 largely to bolster the CMA's contention that the health system is underfinanced, has concluded that shortage of money is not a major problem in the system. Task force chairwoman Joan Watson acknowleded that the report might not be pleasing to the CMA. However, "I can't imagine they spent $500,000 [the cost of the task force] just to bury the report." The task force took up topics such as the care of the elderly, arguing that old people could be better looked after if funds were redirected from

nursing homes to community services that would enable them to remain in their own homes. Another recommendation of the report is the establishment of a Canadian health council to allow consumers a voice in a joint forum with governments and health care providers. Consumers polled during the task force's travels put a need for greater responsibility from their doctors and other health-care workers at the top of a wish list that also included better care for the elderly, midwives, better ambulance services, more health ombudsmen, and a patients' bill of rights. The report also suggested that costly high technology could be allocated more rationally and economically.

Anti-smokers look to medical officers of health

The Non-Smokers' Rights Association is planning a strategy to ask medical officers of health to order the elimination of second-hand smoke inside some buildings such as office buildings. The powers of the MOH's has recently been expanded under the Ontario Health Protection Act. MOH's are empowered to order the elimination of workplace health hazards. Dr. Trevor Hancock, associate MOH in northern Toronto, says that second-hand smoke is an issue "splitting offices across Metro". He predicts that the new authority given the MOH's will be challenged in the courts. He believes that the issue must be attached on two fronts: through dialogue and co-operation between smokers and non-smokers, and by adopting legislation based on the right of people to have a pollution-free workplace. Gar Mahood of the Non-Somkers' Rights Association, says that it must be realized that "the smoker creates the problem and therefore should be occasionally inconvenienced."

Stouffville health survey shelved

The Ontario government has backed out of its promise to conduct a health survey of residents around a Stouffville dump which the residents fear is contaminating drinking water. High levels of PCB's have been found in surrounding wells, and the dump's owners have already paid 16 nearby residents for an alternative water supply. According to health minister Keith Norton, the proposed study did not have "sufficient merit".

Union says injured workers intimidated

According to the Confederation of Canadian Unions, employers are using intimidation and reprisals to keep injured workers from claiming benefits. John Lang of the CCU cited cases before an Ontario legislature committee in which, he said, injured workers had been demoted to lower job classifications after being injured, or were grilled extensively by management after seeking compensation.

CMA seeks changes in security legislation

The Canadian Medical Association plans to ask the federal government to change the recently passed Canadian Security Intelligence Act because of its potential for "misuse and abuse" of information in citizens' medical records. Prior to the legislation, medical records could only be obtained legally with a court order which gave patient and doctor the right of appeal. The safeguard no longer exists

Gerald Green suspended and fined

Dr. Gerald Green, a Toronto practitioner of "holistic" medicine, has been found guilty of professional misconduct by the discipline committee of the Ontario College of Physicians and Surgeons, fined $1000, and had his license suspended for five months. He is appealing. He was found guilty of having sent patients for unnecessary tests and of charging them excessive fees. The tests included hair analysis and Vitamin C and Vitamin B tests.

Queen's doctor guilty

Dr. Ruth Wiens of Queen's University was found guilty of assault and given an unconditional discharge after ordering students to perform to perform rectal examinations on reatrded youths without obtaining their or their parents' permission.

Electroshock controversy

Opponents of electroshock therapy have criticized the composition of a provincial review committee of the treatment. Two psychiatrists who support ECT have been appointed to the committee. There are no representatives from health consumer groups.

Plan to discharge retarded criticized

Dale Martin, a Toronto alderman, has criticized an Ontario government plan to get the mentally retarded out of institutions and into the "community". According to Martin, the plans amounts to a manoevre to shift costs onto municipal governments. He says the province is not preparing to provide support services. He says that he and other aldermen support the move in principle, but that they want adequate support services established first. The plan calls for about 1,000 residents from six institutions to be discharged by 1987, saving about $23 million for the government. Supposedly they are to go to group homes, but according to the Metro Toronto Association for the Mentally Retarded, it already has over 400 people on a growing waiting list for such homes, with the result that discharged patients often wind up living at home with parents often ill-equipped to take care of them.

Medical charges assailed

August 10, 1984

By The Canadian Press

By refusing to ban extra-billing by doctors, the Ontario Government will squander $53-million in the next year that could be used to create jobs by expanding existing medical services, says a coalition of groups concerned about health care.

"This is an alarming cost, which translates into higher taxes, increased Ontario Health Insurance Plan fees or a reduction in vitally needed health-care services," Claudette Foisy-Moon, chairman of the Ontario Health Coalition, said yesterday.

Ontario should not only ban extra-billing but eliminate health-insurance premiums, she said at a news conference attended by Robert White, Canadian director of the United Auto Workers, and Clifford Pilkey, president of the Ontario Federation of Labor.

By allowing doctors to charge patients more than the health insurance plan will reimburse, Ontario will lose about $4.4-million in federal transfer payments in August for the second straight month under provisions of the Canada Health Act.

Under the act, the federal Government has the power to withhold $1 in grants for every $1 patients must pay doctors or hospitals above provincial medicare rates.

Seven provinces will lose a total of $9.5-million in August for allowing extra-billing or hospital user fees. Hospital user fees are not allowed in Ontario. If the provinces stop the extra charges by July 1, 1987, they can get the money back, but without interest.

Ms Foisy-Moon said extra-billing threatens the principle of equality of health care and imposes financial barriers on many families.

READER IS AMAZED

Reform group overpublicized

THE MEDICAL POST, JUNE 12, 1984

To the Editor:

Although the media have some responsibility to reflect the different viewpoints in society, I never cease to be amazed at the extent of publicity and media exposure received by the so-called Medical Reform Group. This applies not only to publications like yours, but also to radio and TV interviews.

I'm told on good authority this group represents no more than 150 members, of whom two thirds are not even practicing physicians—they're interns and residents.

It's an interesting coincidence that, in the same issue on page 95, publicity for our upcoming conference had to appear in the form of a *paid* advertisement. Don't the 14,000 Ontario Medical Association, the 30,000 National Citizens' Coalition and the 2,000 odd independent physicians of Ontario rate the same front page, free dissemination of their views as the miniscule Medical Reform Group?—**Dr. W.E. Goodman**

EDITOR'S NOTE: Yes they do an have. Dr. Goodman will forgive u for jogging his usually good mem ory if we point out a good two third of the previous front page (April 3 was given to stories emanating fron a press conference held by doctor supporting the Association of Inde pendent Physicians and the Na tional Citizens' Coalition. Ther was also a news story on the coali tion's marriage with the OMA. Bu as Dr. Goodman himself points ou we "have some responsibility to re flect different viewpoints."

We have never tried to interfer with Dr. Goodman's efforts to ge his views across and remind him h has used our columns several time to not only express himself but pub licize his pet medico/political or ganization. Surely we can't be faire than that.

MEDICAL REFORM GROUP

Berger has his say

To the Editor:

Dr. W.D. Goodman's impression (see The Medical Post, June 12) of the Medical Reform Group of Ontario's membership is about as accurate as the analysis of the organization he represents—the Association of Independent Physicians (AIP).

Contrary to his claim (ostensibly on "good authority"), practising physicians represent over three-quarters of the MRG's membership. The rest is composed mainly of medical students and health care workers sympathetic to MRG views.

Although the MRG is small in number, its positions reflect the sentiments of the Canadian public an are consistent with the decision of 8 per cent of Ontario doctors to opt-i OHIP.

The MRG's viewpoints hav evolved from the compassion an sense of justice of the membership— inchoate values of medicine notabl absent in the pronouncements of th AIP, Ontario Medical Associatio and National Citizens' Coalition.

It is these values that deservedl generate the extensive media interes and publicity which the MRG ha received.—**Dr. Philip Berger, Medi cal Reform Group of Ontario, Toron to, Ont.**