MRG NEWSLETTER

MEDICAL REFORM GROUP OF ONTARIO P.O. Box 366, STATION "J" TORONTO, ONTARIO M4J 4Y8

VOLUME 5, NUMBER 2 MARCH 1985

MEDICAL REFORM GROUP GENERAL MEETING

FRIDAY APRIL 26 + SATURDAY APRIL 27

The MRG Spring General Meeting has been set for the evening of Friday April 26 and for all day Saturday April 27.

Friday evening will feature June Callwood speaking on Violence and Women's Health at 8 p.m. at Hart House at the University of Toronto.

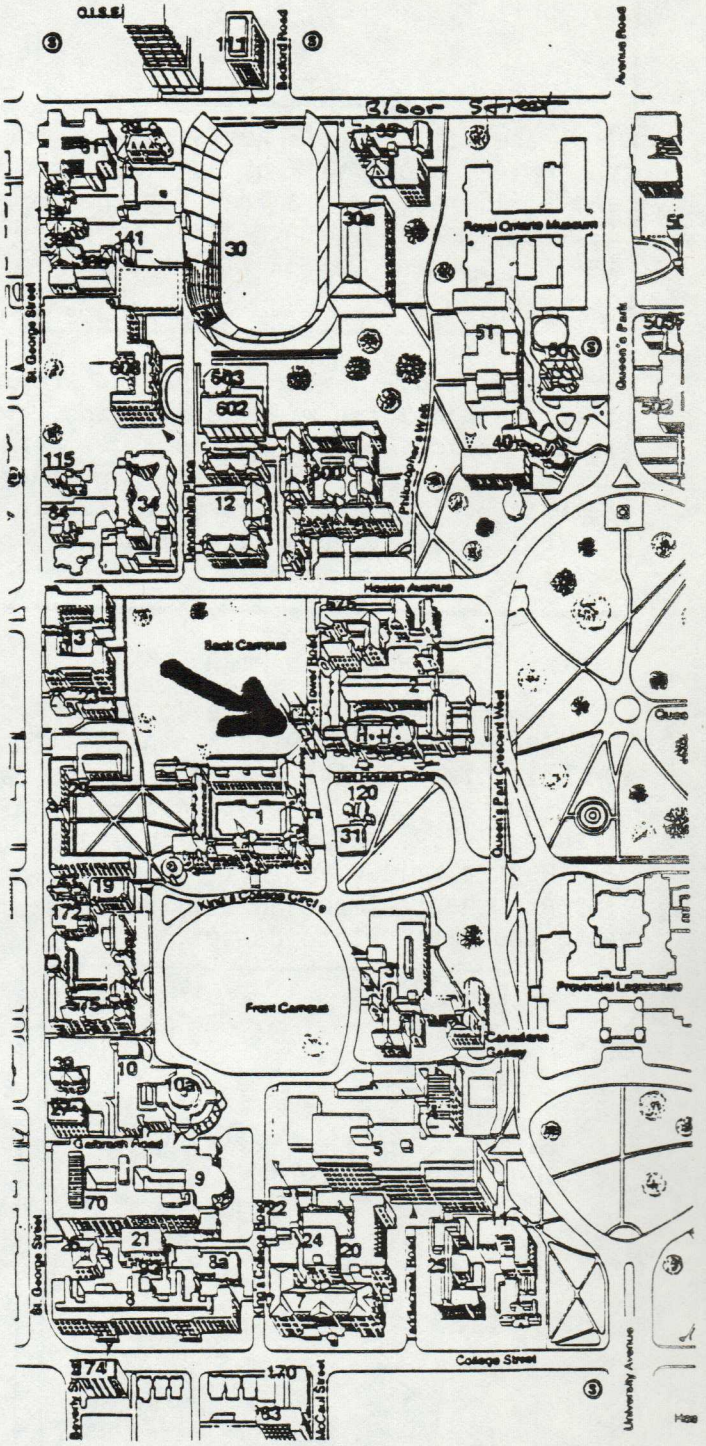
Saturday will be an all-day session on the theme of "Women and Health".

The following is the agenda for Saturday:

8:30	Registration
9:00	Panel: How Can We Improve Health Services for Women?
10:30	Workshops: 1) Women in Medicine/The Support Function of the MRG 2) The Medicalisation of Women's Problems
12:00	Business: -Budget -Chapter Reports -Ontario and Canadian Health Coalitions
12:30	Lunch
1:30	Business: -Resolutions: Capital Punishment
2:30	Steering Committee Report & Health Disciplines Review

The Saturday sessions will be at the South Riverdale Community Health Centre, 126 Pape Ave., Toronto. (126 Pape is about half a block north of Queen Street East.)

Hart House, the site of the Friday evening talk, 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.)



General Meeting

CHILD CARE?

The planning committee for the Spring General Meeting will attempt to arrange child care for the Saturday if there is sufficient interest. If you need child care, please call Ulli Diemer at 920-4513 by April 1.

REGISTRATION FEE

There will be a $5 admission fee for the Friday night talk by June Callwood, and a $15 registration fee for the Saturday meeting (lunch included). The fee for students is $2 Friday, $5 Sat.

STEERING COMMITTEE MEMBERS NEEDED

At least one member of the MRG Provincial Steering Committee will be stepping down at the Spring General Meeting. Members are urged to consider running for the Steering Committee. You may place your name in nomination and/or contact a member of the Steering Committee before the meeting.

TORONTO CHAPTER

The last meeting of the Toronto chapter was on February 14, with a panel discussion on Childbirth in the 1980's. On the panel were Murray Enkin, obstetrician in Hamilton, Freedman, F.P. doing obstetrics, and Vicki Van Wagner, mid-wife in Toronto. The next Toronto chapter meeting will be in May, with the date yet to be set.

"We treat illness here, Miss Rothbart. If you insist on being cured, you'll have to go to some quack."

NEXT MRG NEWSLETTER

The next MRG Newsletter will appear in the first week of April. If you have items to contribute to the Newsletter, please get them in by April 1. Mail them to MRG, P.O. Box 366, Station J, Toronto M4J 4Y8 or phone Ulli Diemer at (416) 920-4513 or 960-3903.

MRG members are generally encouraged to sumbit any information, opinions, or other items which they think would be of interest to other members. Book reviews are esp-ecially welcome.

PAID YOUR MEMBERSHIP?

The pace of membership renewals this year (and the amounts at which members are renewing) is well ahead of last year. Nevertheless, some members still have not renewed. If you are one of the tardy ones, please send your membership in now.

KNOW ANYONE WHO SHOULD BE AN MRG MEMBER?

New members generally find out about the MRG through word of mouth. If you know of other physicians (or medical students or others) who you think ought to be members, tell them about the MRG. Call Ulli Diemer at (416) 920-4513 or 960-3903 and he can arrange to have an informational packet sent to prospective members.

USE OF MRG MAILING LIST

From time to time, you will receive a mailing from an outside group which is sending materials to the MRG mailing list. These mailings are done in such a way that the mailing list remains completely confidential. Applications to do a mailing are considered individually by the Steering Committee and only those groups considered to be compatible with the goals of the MRG are approved.

QUESTIONNAIRE

All members of the MRG should have received a three-page questionnaire from Jim McDermid. Jim is an associate member of the group who has chosen to write his masters thesis on the MRG. He is asking for co-operation in his study by filling out the questionnaire. If you have misplaced your copy or if you wish to speak to Jim about his thesis he can be contacted at 68 Cavell Ave., Toronto M4J 1H6; (416) 465-4171.

WOMEN AND HEALTH CARE

As a background to the General Meeting on the topic of Women and Health, we are reproducing below two motions passed by the MRG on May 24, 1980:

WOMEN AND HEALTH CARE

Whereas the medical profession is not adequately meeting the needs of women, particularily in the areas of obstetrics and gynecology, counselling on sexuality, parenting, contraception, abortion, role conflicts, and health education,

Whereas we recognize that the medical profession has historically regarded women's physical symptoms with less rigour than those of men, and has tended to treat their psychological problems with psychotropic drugs rather than working with them to increas coping skills,

Whereas the medical profession has taken from women control of child-bearing, abortion, and birth control,

BE IT THEREFORE RESOLVED THAT:

1. Centres be made available and easily accessible for primary care including: contraception, abortion, pre-pregnancy counselling, prenatal counselling, natural childbirth classes and childbirth education, minor gynecologic problems, Pap smears, and breast examination
2. Abortion be removed from the criminal code and be recognized as a matter of a woman's person conscience
3. Free-standing (i.e. non-hospital abortion clinics be established in which women can obtain first trimester abortions quickly, safely, and in sympathetic environment
4. Any physician unwilling to be invovlved in abortion or abortion counselling be obligated to promptly refer a woman desiring these services to another physician or agency who will help her
5. Safe alternatives in childbirth be made available to women including in-hospital birth centres, out-of-hospital birth centres, and adequate supports for home birth
6. Breast-feeding and natural childbirth be actively supported by physicians involved in birth, and family-centred birth become the norm
7. Gynecologists, general/family practitioners, and other health care workers receive more training in office gynecology, sexuality, marital and sexual dysfunction
8. Family physicians, psychiatrists, and other health care workers receive more training in women's problems, women's roles in society today, and the conflicts women face in regard to their roles as mothers, wives, and workers
9. All sexist material in medical journal advertisements and in medical textbooks be eliminated.

WOMEN IN MEDICINE

Whereas we realize that although the number of women in medicine is steadily increasing, certain specialities tend to be male-dominated and faculty and administrative positions are largely held by men,

Whereas we recognize that medical education as it is presently structured renders child-bearing and the care of young children during internship and residency almost impossible,

BE IT THEREFORE RESOLVED THAT:

1. The Medical Reform Group of Ontario support the struggle of women to become full and equal members of the medical profession
2. Maternity/paternity leave and day care be made available to all interns and residents
3. A part time stream in medical schools and residencies be established for parents and shared internships and residencies be instituted.

THE REAL PUSHERS:
A CRITICAL ANALYSIS
OF THE CANADIAN DRUG INDUSTRY

Joel Lexchin, a member of the MRG Steering Committee, has authored The Real Pushers A Critical Analysis of the Canadian Drug Industry. The book examines the prescription drug industry in Canada and its impact on the health of Canadians. Dr. Lexchin focuses on three main areas: the government, the medical profession, and the predominantly foreign-owned drug companies themselves.

He concludes that the chief aim of the pharmaceutical companies is not to manufacture safe, effective and affordable medications, but to deliver profits to foreign head offices.

The Real Pushers will be on sale, at a special discount to MRG members, at the April 27 general meeting. It is $8.95 paper, $14.95 cloth in stores or from New Star Books, 2504 York Ave., Vancouver B.C. V6K 1E3.

MEETINGS, PUBLICATIONS, AND OTHER NOTES OF INTEREST *

POSITIONS AVAILABLE

The Biggar and District Medical Health Association of Biggar, Saskatchewan is looking for physicians to work in its Community Health Centre. They are seeking doctors "who are committed to health care reform and who wish to develop that reform through citizen/community sponsored health care associations and facilities."

For more information, contact the Biggar and District Medical Health Association, Box 1537, Biggar, Saksatchewan, S0K 0M0 or phone (306) 948-2848.

MRG PAMPHLET

The MRG's Guide to the Ontario Health Care System is now in the final stages of preparation. The Ontario Public Service Employees Union (OPSEU) has undertaken to distribute the pamphlet to its membership, thereby increasing the public exposure it will be receiving. MRG members will be notified when it is available.

HUMAN RIGHTS IN EL SALVADOR

MRG members will shortly be receiving a mailing from the Support Committee for the Non-Governmental Human Rights Commission of El Salvador. This group is looking for support for its work from MRG members. In addition, they are also interested in finding a doctor(s) who will consent to have her/his name appear on their letterhead. If you are interested in helping them in this way, contact Mary Boyce at (416) 928-0957.

Among the rights issues which the group addresses is "the persistent poor health and conditions of life for the vast majority" of the people of El Salvador. They point out that there has been a "total breakdown of the national system of health care" because of the violence in the country and that even so the budget of the Ministry of Health has been cut by 50% in each of the last two years.

FIRST AND FOREMOST IN COMMUNITY HEALTH CENTRES

The University of Toronto Press has published a book by MRG member Jonathan Lomas: First and Foremost in Community Health Centres: The Centre in Sault Ste Marie and the CHC Alternative.

The first half of this book traces the history of the Sault Ste Marie centre, established in 1963 as Canada's first community health centre. The second half raises questions about the alternatives to the current way of delivering health services.

The book is available for $27.50 in cloth or $12.50 in paperback, plus $1.50 shipping, from University of Toronto Press, 5201 Dufferin St., Downsview, Ontario M3H 5T8.

WHAT THE SYSTEM DOES TO WOMEN'S HEALTH

There will be a forum on this topic on Saturday March 23 at 7:30 p.m. at the International Student Centre, 33 St. George St. (near College). Admission $2.00. "This forum will explore the relationship between the oppression of women and the healthcare-for-profit system". Speakers are Joan Bodger, Anne Brunelle, Nikki Colodny, and Vickie Van Wagnar. Sponsored by the Socialist Workers Collective. For more information call 535-8779.

REPORT ON NATIONAL HEALTH EXPENDITURES

Health and Welfare Canada has released a report on National Health Expenditures in Canada, 1970-1982, with comparative data for the United States, provincial data, and sectoral analysis. It is available from the Health Information Division, Information Systems Directorate, Policy, Planning and Information Branch, Health and Welfare Canada, Ottawa K1A 0K9.

*The publishing of information in this section does not imply MRG endorsement of the group or activity. Notices will be published if they may be of interest to the membership.

MRG NEWSLETTER

If you have information or opinions which you think would be of interest to other MRGers, then put them in the Newsletter. Write to P.O. Box 366, Station J, Toronto M4J 4Y8 or call Ulli Diemer at 920-4513 or 960-3903. Represenatives of working groups and local chapters are especially encouraged to keep other members informed through the Newsletter.

GLOBAL HEALTH REPORTS

The second in a series of "Global Health Reports" from the Development Education Centre is now in production. It focuses on the South Pacific Islands, where industrialization, malnutrition, and nuclear testing are taking their toll on health. The report looks at causes and effects, and programs now being initiated to repair health through popular organizing. Issue #1 of Global Health Reports, on primary health care in Zimbabwe, is still available, and Issue #3 "will stand the Canada-Third World rleationship on its head and ask "what can we learn about health from the third world?"

Global Health Reports are available from DEC, 427 Bloor St. West, Toronto M5S 1X7, (416) 964-6560.

CARING FOR PROFIT

The Social Planning Council of Toronto has published a report entitled "Caring for Profit: The Commercialization of Human Services in Ontario". The report explores the philosophical and practical issues in for-profit service provision. It provides an overview of the literature on privatization and commercialization and examines the American experience. It also documents the scope of for-profit provision in Ontario's nursing homes, rest homes/retirement homes, hospitals, home support services, day care centres, and children's residences. It analyses the trends in Ontario and describes the issues and implications to be taken into account in future policy development. Availabe for $10 from Social Planning Council, 185 Bloor St. East, 3rd floor, Toronto M4W 3J3, (416) 961-9831.

HEALTH ACTION INTERNATIONAL

In India, Africa, and Latin America, estrogen-progesterone combination drugs, which the World Health Organization has recommended not be taken any more because of potential damage to unborn children, are widely available as over-the-counter drugs. Health Action International is attempting to take action of this, and is pursuing research on the availability of these drugs in both First and Third World countries. For more information, contact Virginia Beardshaw, HAI European Co-ordinator at IOCU, Emmastraat 9, 2595, EG The Hague, The Netherlands.

DOCTORS! A CALL TO ACTION!

As a member of the Ontario Coalition for Abortion Clinics (I am also a member of the MRG), I am organizing a Day of Action for physicians who agree that free-standing clinics providing medically insured abortions should be legalized. This Day will be at the Morgentaler Clinic during the last week in April.

Some doctors may be performing procedures under supervision. Most will simply be there to demonstrate to the government and the courts that there are many physicians who believe that the present law is inadequate. Whatever your criticisms of the Morgentaler Clinic, it is currently the only challenge to that law. As such it must be supported so that we can get medically insured procedures in free-standing clinics. That's exactly how it happened in Quebec.

I strongly urge you to give serious consideration to participating in this Day at the clinic.

Don't hesitate to contact me for further information. Also, if you know physicians who may be interested but do not receive this newsletter, please contact them or leave their names with me. Call me at home 463-7786 or work 364-3982. Please leave a message if you don't find me in.

Nikki Colodny, M.D.

HAZARDOUS EXPORTS

"Hazardous Exports: Here, There and Everywhere" is a report available from the Coordinating Committee on Toxics and Drugs, Learning Resources in International Studies, 777 United Nations Plaza, Suite 9A, New York N.Y. 10017, U.S.A. for $30. It illustrates instances of trade in toxic substances, for example chemical pesticides, especially in Asian countries such as the Phillipines, Bangldesh, and India.It includes an extensiv bibliography.

INFACT CANADA

INFACT (the Infant Formula Action Coalition) has changed its name, and broadened its focus, to become the Infant Feeding Action Coalition. The coalition will now focus on all the products within the scope of the WHO Code: infant formules, weaning foods, baby bottlies, and feeding practices. INFACT is at 10 Trinity Square, Toronto M5G 1B1, (416) 595-9819.

DES ACTION

DES Action is holding monthly support and information meetings at Women's College Hospital. Dates for the next meetings are Monday March 25; Monday April 22; and Monday May 27. Times are 7:30; locations within the hospital vary, so call the DES Action office at 968-2844 for details.

PATIENT drives around to cashier's window to settle bill after treatment at the drive-in doctors' office.

The Doctors' Office That's A Drive-In

. . . It Eliminates Cross-Infection From Other Patients

By ***BUD GORDON***

Five doctors in North Carolina have come up with a brand new idea in medicine — a drive-in clinic.

"We had two reasons for undertaking the project," said Dr. Henry Johnson. "First, we wanted to do away with the problem of patients cross-infecting each other in the waiting room.

"Second, we wanted to improve the actual mechanics of handling our patients. This meant eliminating the time a nurse had to spend leading them from room to room."

The project Dr. Johnson is so proud of is in Winston-Salem. It's a $110,000 pediatrics clinic with 16 individual examination rooms, each of which has an outside door.

A parent bringing his child to the clinic is directed to an unoccupied room by the cashier. He parks outside, walks in, then flips a switch which activates a light to inform one of the doctors that he's there. When the examination is over, the parent and child return to their car and pay their bill at the cashier's window.

"We've eliminated any chance of cross-infection," Dr. Johnson said. "And it now takes 30 to 45 minutes instead of an hour to examine and treat a child."

Mrs. Lucille Bost, the mother of a 13-year-old daughter, is typical of the satisfied parents who patronize the clinic.

"I like the extra privacy the system gives you," she said, "and in these days it's about the nearest you can get to a house call."

CMA POLICY ON ABORTION

A number of people have asked recently what the CMA position on abortion is. The CMA's policy statement on abortion follows:

The Canadian Medical Association recognizes that there is justification for abortion on medical and non-medical socio-economic grounds and that such an elective surgical procedure should be decided upon by the patient and the physician(s) concerned. Ideally the service should be available to all women on an equitable basis across Canada. The Association has recommended the removal of all references to hospital therapeutic abortion committees as outlined in the Criminal Code of Canada. The Criminal Code would then apply only to the performance of abortion by persons other than qualified physicians or in facilities other than an approved or accredited hospital. The Canadian Medical Association is opposed to abortion on demand on the use of the procedure as a method of birth control emphasizing the importance of counselling services, family planning facilities and services, and access to contraceptive information.

(This is a condensed policy statement)

FROM: The Patients Advocate, the newsletter of the Patients' Rights Association, #315, 40 Homewood Ave., Toronto M4Y 2K2:

GOOD COMMUNICATION IS ESSENTIAL

Sunnybrook Medical Centre has a patient information pamphlet called "We Wish You Well" which has much useful information. One section is headed "When Our Service Does Not Meet Your Expectations". It refers the dissatisfied patient or his/her family to the Director of Patient and Public Relations if discussion with the staff involved does not prove successful.

The pamphlet attributes most misunderstandings to a "lacl of good communications" and we are inclined to agree. Mr. Edward Pickering, the first Chairman of the Health Disciplines Board, now retired, expressed this thought in more than one of his annual reports. There would not be a complaint in many cases, he concluded, if a proper level of communication had been maintained.

Communication between the patient and the provider is essential to good and proper care. On both sides this must be clear, complete and couteous. The provider of care is under pressure and so are the patient and his/her family. For the latter the pressure may be greater because it is "all in a day's work" for the provider, it could be a crisis for the patient. Such pressure may account for many things that happen and is often put forward as an excuse for rudeness. It may be an excuse but it is not an acceptable reason. Is rude behaviour ever acceptable?

Our literature points out that the patient has a

continued.....

GOOD COMMUNICATION IS ESSENTIAL (continued)

responsibility to communicate fully with her/his health care provider and to treat with respect those involved in his/her care. We welcome Sunnybrook's recognition of an important component of the patient/provider relationship which, if respected by both, will help to eliminate a lot of dissatisfaction.

We notice that in explaining the need for students to deal directly with patients, Sunnybrook realizes that it may cause a problem for the patient. The suggestion is that he/she discuss it with the attending physician. We couldn't give better advice ourselves, keeping in mind that the patient has the right to decide.

THE ECONOMIC ILLUSION, by Robert Kuttner, Houghton Mifflin: Excerpts and comments by Robert Frankford.

"The upper-middle class makes more use of free medical care because they have more sophistication and more leisure than the working poor. Subsidised mass transit and commuter rail services heavily benefit the already affluent...A careful study by the English sociologist Julian Le Grand found that the expenditure per ill person was more or less equal across class lines, but since poor people suffer more ill health than do rich people, the intensiveness of medical care relative to need remained maldistributed in favor of the rich, by about two-to-one...

"A defender of the National Health system might point out, of course, that poor people still got much more health care than they would otherwise in the absence of the system, that leaving medical treatment to the vagaries of market-determined income would have produced far worse disparities; and therefore, that free health care nonetheless produced an important relative gain for the poor. And this observation goes to the heart of the political and fiscal paradox of the liberal welfare state: the principle of universal entitlement, though very costly fiscally, is necessary on both political and programmatic grounds.

"...To ;win broad popular support, social programs must be of high quality and must service the middle class as well as the poor.

"...The idea of universalism is easier to attain in the provision of social services. Probably the clearest example is health care. With the exception of the United States, virtually every industrialized country guarantees equal access to medical care as a citizen right, either through a compulsory state insurance system or through a national health service in which most medical personnel are direct employees

THE ECONOMIC ILLUSION (continued)

of the state. Socializing health care involves more than a distributional change in who receives services; it involves a major power shift. The relative political strnegth of doctors, private hospitals, and private insurance companies must be reduced substantially in order for socialized health care to function effiently.

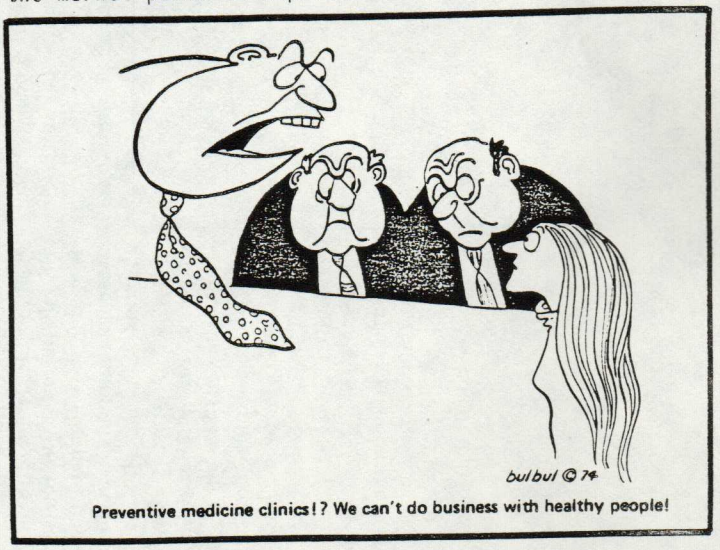
"...As the total cost of health care spirals, the issue is not whether to ration medical care, but how. In most of the Western countries, health care is now rationed according to other criteria than market demand.

"Socialized health care has both efficiency and equality benefits. The equality gains are obvious enough: the poor receive roughly the same medical care as the rich. But a comprehensive health-care system turns out to be more efficient as well. Britain, with the most completely socialized health system in the West, now spends the lowest fraction of GNP on health care of any major nation."

This is a useful and timely book. As Thomas Walkom points out in the most recent issue of This Magazine, conservatives seem to have captured the use of language about economics. Those who favour spending on social programs feel as if they have to apologise for the national deficit. Likewise, supporters of unions are accused of raising costs and damaging the economy.

Kuttner stands these assertions on their head. He feels that redistributive social spending is to everybody's benefit. Strong unions with well recognised roles in society have an anti-inflationary effect.

The book is written from an American perspective and looks particularily to the social democracies of Northern Europe to make its case. Canadians can feel gratified that they are closer to the egalitarian and redistributive economy that actually works better. Maintaining society's organisation of medicine, outside the market place is imperative.



Preventive medicine clinics!? We can't do business with healthy people!

Ontario group wants earlier, easier abortions

By PAT RICH

TORONTO—A group of 150 Ontario physicians has called for the establishment of free-standing abortion clinics because they say the current system is "unnecessarily dangerous."

The Medical Reform Group of Ontario made the proposal recently in the wake of the current controversy surrounding Dr. Henry Morgentaler and his attempt to establish such a clinic in Toronto.

In a news release, the group said the current system of providing abortions as stipulated in the Criminal Code "causes unnecessary delay, increasing the risks associated with the procedure."

They point out that currently the minimum wait for an abortion from the woman's first contact with a doctor is two to three weeks.

Using 1980 data, the group also states that "a Canadian woman is less than half as likely as her American sister to receive a low-risk, under-nine-week abortion. She is 40% more likely to have a high-risk, over-12-week abortion."

In the release, Dr. Debby Copes of Toronto said "delaying abortions past the first three months of pregnancy is especially risky and upsetting to the woman—and it is particularly the poor, very young women and those in rural areas who are likely to suffer because of these delays.

Unacceptable

Dr. Miriam Garfinkle of the group said it was unacceptable for the government to continue prosecuting Dr. Morgentaler for operating a free-standing clinic "despite four jury acquittals on the same charge."

In an interview with The Medical Post, Dr. Copes explained that the Medical Reform Group decided to state their case at this time because "the furor is mounting here. It's an issue because of Morgentaler.

"It's not that we haven't taken this position before or that other groups like the Coalition for Abortion Clinics haven't taken this position, but it seems to be more topical. It's hard to get people to pay attention if there's no general public pressure at the same time."

She said that on the abortion issue there are two places one can apply pressure—"one is on the federal government to change the Criminal Code and one is on the provincial government to use the available legal methods around the Criminal Code."

Given the proximity of the provincial Progressive Conservative leadership convention later this month, Dr. Copes said the Medical Reform Group judged it would be better to pressure the province at this time.

While the Ontario government has stated it has no intention of establishing free-standing abortion clinics, the Medical Reform Group has nonetheless outlined how this could be done without contravening the Criminal Code.

All that would have to be done, the group says, is to have such clinics designated as public hospitals under the Public Hospitals Act, and designated by the minister of health as being a hospital permitted to perform abortions.

Easy

Dr. Copes said it would be easy to establish therapeutic abortion committees for the clinics, as required under the Criminal Code, to meet two or three times a week to review the various cases.

Of course, Dr. Copes said, the Medical Reform Group would prefer that abortion not be in the Criminal Code at all.

"Ultimately, that's the change we would prefer."

Although uncertain about the exact terms of the current Canadian Medical Association (CMA) policy on abortion, she interpreted it as being in favor of abortion being a matter between a woman and her doctor.

"But they are not in favor of them being done outside of hospitals, so in that sense we don't think it goes far enough."

When last discussed at the CMA annual meeting in 1983, the association's abortion policy favored eliminating therapeutic abortion committees, supported the concept of abortions being performed only in hospitals by physicians, and asked for a definition of the term "health" as used in the Criminal Code relative to the legal grounds for a therapeutic abortion.

But at that time it was revealed that a survey of physicians by the CMA showed 47% of respondents favored performing first trimester abortions in approved clinics.

The Ontario Medical Association (OMA) has not commented on the current abortion debate in the province and has no intention of doing so, a spokesman said.

Given the divisiveness of the issue, Dr. Copes said this stand was "not surprising."

Blood testing an ethical trap

The Canadian Medical Association's support for legislation requiring physicians to take blood samples from suspected drunk drivers is a betrayal of current World Medical Association and United Nations ethical guidelines for physicians treating detainees (Force Blood Tests, MDs' Group Says — Jan. 30).

The CMA's suggestion, that physicians would not be performing a judicial act when taking blood if prior consent to take blood samples were a condition of obtaining a driver's licence, is a crude subterfuge.

Consent should be informed, freely given (without coercion or blackmail) and directed toward a specific medical event. Blanket authorization for blood-taking, obtained as a condition of licencing, is consent obtained by threat of penalty (withholding of a licence), and contrary to the spirit of informed, voluntary consent.

Philip B. Berger, MD
Toronto

Globe + Mail
March 9 1985

End predicted to medical extra billing

Ontario Health Coalition director Michael Rachlis predicted Friday the new provincial Tory leader would end extra billing by doctors by the deadline of June, 1987.

"Both official parties are on record as supporting the end of extra billing," said Rachlis, "I'd put my money on the new leader putting an end to extra billing through legislation by the end of June, 1987."

Rachlis, speaking at a press conference Friday said cabinet is split over the question because some are worried about programs suffering through diminished revenue, while others are worried about retaliatory action by the province's 15,000 doctors who oppose ending extra billing.

Rachlis said in Ontario, "it's as if the Canada Health Act was never passed. Things are worse now than they were before. Extra billing is costing the consumer $50 million a year and now we're losing another $50 million in transfer payments."

The health act, passed last December, penalizes provinces by deducting from health-care funding one dollar for every dollar collected in extra billing or hospital user fees.

Ontario is losing $4.4 million a month, but the money will be reimbursed if the province ends extra billing by 1987.

Rachlis also accused the Ontario government of not informing the public that under the health act everyone is entitled to universal medicare, whether they can afford to pay premiums or not.

Rachlis said informal surveys by the coalition show that between five and 10 per cent of Ontario residents don't have OHIP and don't know they can get premimum assistance.

Members of the Canadian Health Coalition have gathered in Ottawa for a two-day conference to plan strategies in an ongoing fight to preserve and improve medicare.

Ottawa Citizen

MRG: Enforcing Health Act eliminating premiums key

Looking ahead into 1985, Dr. Philip Berger, a member of the steering committee of the Medical Reform Group (MRG) predicts that much of his organization's time will be taken up with monitoring the enforcement of the Canada Health Act, which it feels is not strict enough in cracking down on extra billing by physicians.

Also during the next 12 months, the MRG will pressure the Ontario government to eliminate the current premium system of OHIP payments. "Only the three richest provinces in Canada (Ontario, Alberta and British Columbia) use the premium system," says Dr. Berger.

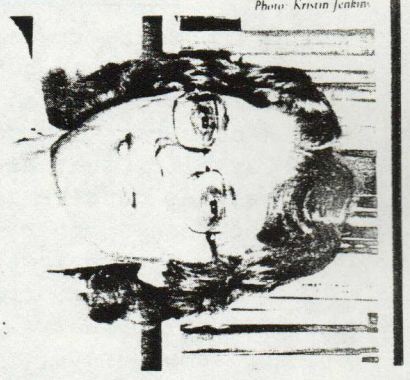
The MRG also plans to examine the impact of new federal government cutbacks on research grants in the field of epidemiology, an area it feels may be particularly threatened by current government policies. Another priority for the 150-member MRG is the lobby against physician participation in the death penalty through the administration of drugs. According to Dr. Berger, physicians in many areas of the United States supply their own medication for the administration of lethal injections to criminals sentenced to death.

"That, to us, is classic state medicine, not the medicare stuff...It's supposed to be considered a humane method of killing people when it's actually just a less messy method of killing people than shooting or hanging them."

Monitor progress

Also on the MRG's agenda for 1985 is the lobby for greater public participation in monitoring of the medical profession, either through the College of Physicians and Surgeons of Ontario or through another body. "The main theme will be greater public input and accountability to the public; there's a near absence of it now," says Dr. Berger. **PA**

Photo: Kristin Jenkins



Dr. Philip Berger

Ontario Medicine, Jan. 7, 1985

Health News Briefs

ALAN POPE NEW HEALTH MINISTER

Alan Pope has been named the new Minister of Health in Frank Miller's cabinet. Mr. Pope previously served as the Natural Resources minister.

Meanwhile the new Solicitor-General is John Williams. The Solicitor-General is responsible for the police. Mr. Williams is an outspoken anti-abortionist who criticized his own government in December, when he was still a back-bencher, for providing police protection to the Morgentaler clinic.

The new Attorney-General, Robert Welch, responsible for deciding on prosecutions, is regarded as more of a moderate on abortion. He has stated that he believes that the Morgentaler clinic is entitled to police protection.

MILLER FOR HEALTH DISCIPLINES REFORM?

"Asked whether he favours making greater use of nurse practitioners in the health care system, he (Premier Frank Miller) said, 'It was always ironic to me that if I flew up to (the far north) I found nurses without any doctors supervision doing everything required in a hospital with great ability. But at Toronto General Hospital, a nurse practitioner can't do anything. Yes, I favour nurse practitioners even though it will get me in trouble.'"

--Ontario Medicine, Feb. 18, 1985

PRO- and ANTI-CHOICE DEMONSTRATIONS

February saw major pro- and anti-choice demonstrations outside Dr. Henry Morgentaler's clinic on Harbord Street in Toronto. A number of church leaders, led by Roman Catholic Cardinal Emmett Carter, called for rallies outside the clinic to protest abortion. Other church leaders, meanwhile, spoke out against these demonstrations.

The anti-abortion protests peaked on Friday February 22 with a demonstration of about 3,000. On the following day, a pro-choice demonstration brought 5,000 into the streets.

SPEED UP PROCESS TO GET ABORTIONS, MILLER URGES

Ontario Premier Frank Miller says that he thinks Ontario hospitals ought to speed up the process of getting abortions. Miller said that he did not like the idea of clinics performing abortions, but he also said that he did not want Ontario women to have to go to the United States to get abortions because of delays at Ontario hospitals.

Miller said that he supports the federal law allowing abortions in a "safe, hospital atmosphere" when the health of a woman is threatened.

COMPULSORY BLOOD TESTS?

The Canadian Medical Association and the Canadian Bar Association have both come out in favour of compulsory blood tests on drivers suspected by police of having been drinking. The CMA wants legislation passed to protect doctors who take blood samples from patients without the patient's consent. The CMA also wants advance permission to take blood samples to be a condition of getting a driver's license in Canada. The CMA was testifying before the Commons Justice Committee, which is holding hearings on legislation to combat drunk driving.

The Bar Association passed a similar resolution at a meeting in Barbados, but only after a heated debate at which a number of lawyers denounced the proposal as a violation of civil liberties which would do little or nothing to deter drunk drivers.

(See also clipping, P. 8)

ILLEGAL BLOOD SAMPLES OK, TOO

The Manitoba Court of Appeal has ruled that illegally obtained blood samples can be used in drunk driving cases as long as it "does not bring the justice system into disrepute". The ruling is consistent with a Canadian judicial tradition that illegally procured evidence is legally admissible in court.

Health News Briefs

COURT BANS HYSTERECTOMY ON CHILD, 10

A B.C. Supreme Court justice has ruled against a hysterectomy being performed on a 10-year-old girl who is mentally handicapped. The girl's parents wanted the operation performed in order to eliminate menstruation because she has a hysterical fear of blood. The judge ruled that "a hysterectomy cannot be justified as a solution to the management problem of menstrual hygiene."

CIA OFFER TO EXPERIMENT VICTIMS

The United States Central Intelligence Agency has offered to pay $20,000 to victims of mind-altering experiments it funded in Montreal in the 1950's. Victims of the experiments have denounced the offer as an insult. The victims went to the Allan Memorial Institute in the 1950's for medical treatment but ended up being guinea pigs in experiments carried out on behalf of the CIA by Dr. Ewen Cameron. The patients were not told that they were being experimented on. "Treatments" for them included injections of LSD, intensive electro-shock, taped-recorded "psychic driving" messages played up to 500,000 times, drug-induced sleep for weeks on end.

DOCTORS PRESSURE COLLEAGUE

The Manitoba College of Physicians and Surgeons has pressured a Winnipeg physician into backing out of a speaking engagement at a holistic medicine conference. Dr. James Morison, registrar of the College, denied that the physician, Dr. Joe Cruickshank, a pain specialist, was forbidden to take part in the conference, but did confirm that he was called to a meeting and told that it would be very innappropriate to attend the conference and so appear to give credibility to "unproven theories".

SHOCK THERAPY SUPPORTED

The Ontario Medical Association and the Ontario Psychiatric Association have submitted a joint brief to a provincial government committee supporting the continued use of electro-shock therapy.

ANTIBIOTIC FOUND IN MEAT

New tests on some red meat products in Canada have revealed traces of the antibiotic chloramphenicol. Banned in the United States, it is still used in Canada to combat bacterial infections in animals because until recently no residue was ever found in testing. But more sensitive testing equipment has found that it is present. The anti-biotic has has been linked to aplastic anemia in people. The health protection branch of Health and Welfare Canada is considering what action, if any, to take in light of the new test results.

ALACHLOR BAN RECOMMENDED

Scientists working for the federal Department of Health and Welfare have recommended that Alachlor, one of the most commonly used herbicides used on corn and soybeans, be taken off the market immediately because it causes cancer. Alachlor is the single most commonly used agricultural herbicide in the United States, with 40 million kilograms sprayed each year, and is worth $400 to $500 million in sales to its manufacturer. Alachlor is one of the products cleared for use after tests at Industrial Bio-Test Laboratories in Chicago, which was closed after it was discovered to be regularily falsifying test results.

The recommendation Alachlor be banned was followed by an announcement from Agriculture Canada that it will continue to be used, but that it may no longer be sprayed from the air, or used on potatoes. A new label on its containers will warn farmers handling it to wear proper clothing, including rubber gloves and boots, when handling it.

SMOKERS ENDANGER OTHERS

Smokers subject fellow workers to cancer risks 100 to 250 times greater than acceptable environmental standards, an expert witness from the U.S. Environmental Protection Agency has told a public service hearing in Ottawa. James Repace said that his calculations, using what he called conservative estimates, show that a non-smoker working in an office will inhale smoke volumes equal to that of 1½ to 3 low-tar cigarettes per shift thanks to smoking fellow workers. He was testifying at a hearing for a federal public servant from Toronto who wants on-the-job smoking among federal public servants severely limited.

Health News Briefs

BUDWORM SPRAYING COMING TO ONTARIO

The Ontario government is planning to spray against spruce budworm this spring, and environmental groups are lining up to oppose it in what promises to be a replay of similar battles in the Martimes. The environmental groups are calling for new forest-management to control spruce and jackpine budworms. The sprays used against the budworm have been linked to a variety of health problems.

SICK EMPLOYEES BLAME CHEMICAL

Another worker says he has been poisoned and is unable to breathe the air in an Ontario factory, though its health and safety program has been approved by the labour minister. Steve Curic is asking the Workers' Compensation Board to confirm that he is the latest victim of an outbreak of isocyanate poisoning at the Inglis refrigerator factory in Stoney Creek. The board has already identified six serious cases of isocyanate poisoning at the factory, but all were confirmed before Labour Minister Russell Ramsay declared last spring that he was satisfied with new control measures at Inglis.

CP WOMEN FACE PAY LOSS

Several pregnant women who work at a large CP Air office near Toronto have been docked pay or sick-leave credits because they followed their doctors' advice and refused to work while their office was being painted in January. Despite union objections about the way the company proposed to do the painting, the painting went ahead and "numerous" workers went home early with dizziness or nausea. No windows were open during the painting. Several pregnant women working in the office, which employs 120, refused to report for work while the painting went on.

"HEALTH CARE ACCORD" A THREAT?

Guy Adam, the chairperson of the Canadian Health Coalition, has expressed concern about federal Health Minister Jake Epp's comments about a meeting he had with provincial health ministers. "Mr. Epp has agreed with provincial health ministers that the federal government will adopt a non-interference policy with reference to Canada's medicare system. It appears that Mr. Epp has forgotten that the Canada Health Act outlines the program criteria the provinces must follow if they are to receive federal funding for their medicare programs. Does this mean that the federal government will not interfere if some provinces decide not to follow the program criteria on non-profit administration, universality, accessibility, comprehensiveness, and portability?"

COURT CHALLENGE TO B.C. LEGISLATION

The Professional Association of Residents and Interns of British Columbia is spear-heading a court challenge to B.C. government legislation which severely restricts the right of doctors to choose where they will practice, and which restricts the admission of new doctors to the provincial health care system. Extra billing and opting out are illegal in British Columbia, so a doctor needs a billing number from the Medical Services Plan to be able to practise. The government only issued 100 new numbers last year.

NOVA SCOTIA SEEKS MEDICARE "ABUSERS"

The Nova Scotia medicare plan has asked physicians to co-operate in a crackdown on suspected overuse of medical services. It is asking doctors to report patients whos medicare records show an abnormal use of medical services. However, Dr. Merv Shaw, President of the Nova Scotia Medical Society, questions whether it is "a first step towards policing doctors and patients". Another spokesperson said that 'it's not our job to confront people who don't match the computer profile of how often their peer group utilizes medical services."

ALLERGY WARNINGS ON COUNTER DRUGS

Non-prescription drugs will soon take on a new look, with labels listing non-medicinal additives known to cause allergic reactions. The change was lobbyed for by a number of consumer groups.