MRG Newsletter

Medical Reform Group of Ontario P.O. Box 366, Stn. J Toronto, Ontario M4J 4Y8 (416) 920-4513

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MRG SPRING GENERAL MEETING

The MRG Spring General Meeting will be held on Saturday May 3 at the South Riverdale Community Health Centre, 126 Pape Ave., Toronto.

The theme of the meeting is "Overseas Medicine: What lessons can be drawn from Third World experience in health, politics, and health care? Is it worth going overseas and how does one go about it?"

PROPOSED AGENDA

9:30 - 10:00 Registration and coffee

All day: Submission of entries to Most Outrageous OMA/AIP Quotation. Contest for the First Annual William Goodman Award. Bring your favourite OMA letter, press clipping, etc.

10:00 Opening Plenary
Panel discussion: Health, Politics, Health Care: Lessons from the Third World
Panelists: MRGers recently returned from overseas.
Speakers: Roseanne Pellazari (Peru), Don Woodside (Lesotho), Don Boudreau (Nicaragua), Doug Sider (Mozambique)

10:45 Small workshops

11:30 Plenary report back on workshop sessions

12:00-12:30 Business, steering committee report, financial report, chapter reports

12:30-1:30 Lunch

1:30 -2:00 Remaining business
Update of extra billing battle and discussion
New Steering committee members
Judging of outrageous Quotation Content

2:00 Educational about pharmaceutical marketing in Third World
Panel: Responding to drug marketing in Third World; and Video--to be announced

Resolutions from membership

4:00 Baseball (tentative). Bring your bat.

PROPOSED RESOLUTION FOR SPRING GENERAL MEETING

WHEREAS profit oriented marketing by industrial corporations within the health care systems conflicts with the best interest of consumers,

AND the World Health Organisation has been addressing concerns about the marketing of various substances (including infant formula, pharmaceuticals and tobacco) and has adopted an International Code of Marketing of Breast Milk Substitutes and is now considering guidelines for pharmaceutical marketing in line with their rational use of drugs programme.

AND the medical and pharmaceutical professions in Canada lack the resources including independent sources of information for the rational use of pharmaceuticals, appliances and other industrial products

AND governments have an obligation to ensure the appropriate allocation of resources within the health care system

BE IT THEREFORE RESOLVED THAT

The Medical Reform Group calls upon the Government of Canada to actively support a program for the rational use of pharmaceuticals by the World Health Organisation and take steps to implement it within Canada.

All levels of government in Canada must actively implement decisions of the World Health Organisation that will lead to the above aims, noting in particular the Code of Marketing of Breast Milk Substitutes.

PROPOSED RESOLUTION (continued)

The medical and pharmaceutical professions have the obligation of ensuring that treatment is rational and that there are no inherent conflicts of interest to professionalism in particular through marketing and promotion.

MEDIA COORDINATOR'S REPORT

Most of the energy of the group has involved Bill 94, the Health Care Accessibility Act. The major action was a press conference held Tuesday March 25 at Queen's Park. Many of us have used the Canadian Medical Association Task Force Report on the Allocation of Health Care Resources in preparing briefs, speeches, etc. We have been struck by how sensibly the report approaches the complex issues of health care funding, technology assessment, and care of the elderly. The OMA's advertising contradicts major findings of the CMA Task Force and it was felt that the ads needed response for two reasons.

1. The OMA claims that extra billing is a "smokescreen" for the "real" issues affecting health care and yet they are misleading the public.

2. The situation offered an opportunity to educate the media and the public on other issues than extra billing.

Fran Scott, Mimi Divinsky, John Frank, Philip Berger, Shawna Perlin, Gord Guyatt, Robert Frankford and myself were involved in various strategy sessions or preparation of the press release. Philip and Mimi appeared at the press conference. Coverage was excellent in quantity and fair to excellent in quality. The item appeared in the Globe, the Star, at least 7 TV stations, as well as radio stations and newspapers all over the province. The media has a complicated story to handle but there were particularily good items on CKVR (Barrie) and Global TV, that I saw. Copies of the CMA Task Force Report may be obtained from the Canadian Medical Association, P.O. Box 8650, Ottawa, Ontario K1G 0G8. If you talk to Ulli Diemer (416) 920-4513, 960-3903, he can order them in bulk.

Otherwise, Mimi did a commentary for Rogers Cable TV and an interview with NOW magazine. Bob Frankford did an open line program in Sault Ste Marie. Doug Sider did interviews in Barrie. Philip Berger and I have been in regular contact with the Globe, Star, and Toronto TV stations.

-- Michael Rachlis

MEDIA COORDINATOR'S REPORT (Continued)

HAMILTON MEDIA REPORT

The Hamilton MRG continues to get media attention. Bob James spoke (in French) on Radio Canada in early February and conducted interviews criticizing the OMA's poster for doctors' offices on CHML/CKDS and CHAM on Friday February 21. Gordon Guyatt appeared for a full hour on CHML's Tom Cherrington show on February 17 and on CHCH TV on the 21st, the latter appearance again around the issue of the OMA's poster. In addition was on an hour long talk show on Owen Sound's radio station CFOS Monday March 10 and appeared on CTV's national W5 program in a feature about the Health Care Accessibility Act on Sunday March 9th.

The Hamilton Academy of Medicine held an "information session" for the general public at the Hamilton Convention Centre on Wednesday, March 5th. The panel's speakers included Chris Ward from the Government and three OMA speakers. Four MRG members including Don Woodside, Bob James, Mark Cornfield, and Gordon Guyatt spoke from the floor. The event was covered by the media and Mark Cornfield appeared on CKOC Radio and CKCO Television.

ADDENDUM: OTHER MRG PUBLIC APPEARANCES

Philip Berger debated in Parkdale with OMA representative Dr. Ian Sanderson and appeared in another debate with OMA ex-president Dr. Geoff Issacs at Upper Canada College. Tomas Ferreira has appeared on Portugese radio in Toronto. Mimi Divinsky spoke to two NDP riding association meetings, and at a public forum on March 10. Doug Sider spoke in Barrie. Fran Scott spoke to medical students at the University of Toronto, and Michael Rachlis spoke to medical students at McMaster.

MRG GETS NEW MEMBERS

The extra billing controversy has attracted some new members to the MRG. In the last eight weeks, 11 physicians and 7 associate members joined the MRG for the first time.

UPDATE ON EXTRA BILLING

April 7, 1986

There seems not to be a day that passes without some front page news on extra billing. Yesterday it was that the OMA had walked out on the negotiations because only Murray Elston and Ian Scott had appeared at a bargaining session. Today it was that 973 doctors billed OHIP for more than $250,000 in 1984. Following is a quick summary of where things stand as of 2300h.

The OMA seems rather keen to talk to the government, although they demand the premier's presence. Health Care Accessibility week in Toronto, Ottawa, and Hamilton was much less militant than in Cornwall, Chatham, and Timmins. In fact, this is one of the ironies of this very bitter debate. Most doctors who extra bill are in larger, southern cities but most of the militancy is in small, rural and northern centres. Various members have suggested theories to explain this.

One explanation is that doctors in smaller centres have little direct experience with extra billing except for occasional patients referred to larger centres. On the other hand their areas may have a a real deficiency in certain resources. Some of these doctors are seen by their communities as advocates for better health care. Another explanation is that some doctors in larger places, particularly Toronto, are concerned about losing patients to other doctors if they walk out.

It is difficult to guess what the negotiation process might produce. However, it is generally felt that the government has a problem in orchestrating a face saving scenario for the leadership of the OMA, especially Earl Myers. It seems extremely unlikely that the government will even move as far as the Quebec model and yet Dr. Myers has referred to bill 94 as a worse law "than anything behind the iron curtain." He has made it very difficult for himself to sign anything with the government.

The legislation has received first and second readings and is being examined clause by clause in the Standing Committee on Social Development. It is expected that it will return to the house by the end of April and then receive third reading and Royal assent. The MRG presented to the committee and the text of our brief may be found elsewhere in this newsletter. A committee of Philip Berger, Fran Scott, and Michael Rachlis have been following the issue and strategy is undertaken in consultation with the steering committee and other interested members. Mimi Divinsky, Doug Sider, Gord Guyatt, Bob Frankford, and others have leant their time and talents in speaking on behalf of the group. Members with views or time to share are urged to contact anyone on the steering committee.

-- Michael Rachlis

MRG PRESS STATEMENT: DOCTORS CONDEMN ONTARIO MEDICAL ASSOCIATION FOR MISLEADING PATIENTS

--February 20, 1986

The physicians of the Medical Reform Group of Ontario today condemned the Ontario Medical Association for distributing a false and misleading poster which they encourage physicians to post in their waiting rooms.

The misleading statements in the poster include a contention that the proposed Health Care Accessibility Act will give government total control over the health care system and will deny physicians the right to make a contract with their patients. After the Act is passed physicians in private practice will still have total control over their working hours, the number of patients they see, and amount of time they spend with their patients and the tests and treatments they order. Physicians will still be able to opt out of the Ontario Health Insurance Plan and negotiate issues such as method of payment, and telephone and appointment availability with their patients.

The OMA's poster makes statements about Ontario's health care system which are inaccurate. Data from Health and Welfare Canada shows that Ontario ranks eighth, not last, in health care expenditures relative to gross provincial product. Ontario ranks fifth, in health care expenditure per capita, indicating an appropriate focus on out patient versus hospital care.

The OMA should apologize for their attempt to mislead the people of Ontario and should withdraw their poster.

-- February 20, 1986

WOMEN AND THERAPY

A four day conference on Women and Therapy is being held May 20-23 at Victoria College, University of Toronto. To goals of the conference are "to find positive responses to social conditions and personal situations which influence the mental health of women; to improve counselling effectiveness; to grow professionally and personally. For more information contact Women and Therapy Conference; 3 Cameron Court, Toronto, Ont., M4G 1Z7.

FAMILY PHYSICIAN

Family physician, full time salaried position for popular Ottawa Community Health Centre July 1 or August 1. Required: Bilingual; family medicine experience; skill and interest in

FAMILY PHYSICIAN (continued)

preventative health care and community health promotion and education; occupational health. Setting: A team oriented primary health care centre with four physicians, two nurse practitioners, three nurses, three social workers and support staff. Offered: Competitive salary, no overhead; generous vacation and other benefits.

Send detailed resume now to: R. Paul Welsh, Executive Coordinator, Sandy Hill Health Centre, 250 Somerset East, Ottawa, Ontario K1N 6V6.

DOCTORS FOR CHOICE

Doctors for Choice: Where Do We Go From Here? A panel of pro-choice physicians from across the country will be speaking as part of the CARAL Annual Meeting on Saturday May 3, 3 pm. At the Ryerson Learning Resources Centre, Room L72, 350 Victoria St., Toronto. On Sunday May 4 at 10 am there will be an informal gathering of interested physicians at the Morgentaler Clinic, 85 Harbord St. All supportive physicians are urged to attend to meet the panelists. More information call CARAL 961-1507.

POSITION SOUGHT

Female family physician with CCFP and additional training in Emergency medicine is interested in starting or joining a family practice in Metro Toronto. Available July 1, 1986. Full-time or part-time offers welcome. Please call Shawna Perlin at 416-523-1880 or write to 1964 Main St. W., #905, Hamilton, Ontario, L8S 1J5.

LOCUM

Family physician locum; full time, for popular Ottawa community Health Centre. May 1 to July 1 or August 1. Salaried position; family medicine with focus on prevention as well as curative primary care. Team orientation with physicians, nurse practitioners, nurses, social workers.

Send resume immediately to:

LOCUM
Sandy Hill Health Centre
250 Somerset East
Toronto, Ontario K1N 6V6

MRG PRESS STATEMENTS

MRG PRESS STATEMENT: FEBRUARY 24, 1986

The Medical Reform Group of Ontario is shocked that physicians in Sarnia have chosen to protest the Health Care Accessibility Act by disbanding their only Therapeutic Abortion Committee. The public is called on to look long and hard at the motivation of those in our caring profession who act to punish their women patients in this way. We condemn the arbitrary use of any patient group as a weapon in the battle that now rages between the Ontario Medical Association and the provincial government.

MRG PRESS STATEMENT: MARCH 4, 1986

The Medical Reform Group reaffirmed its support today for Bill 94 which would outlaw physician extra billing. Speaking before the Legislature's Social Development Committee, Dr. Philip Berger said that members of the group had seen senior citizens and welfare recipients extra billed. While acknowledging that some physicians had been scrupulous in their extra billing behaviour, Dr. Berger said that physician's economic rights to set their own fees must be subordinated to the public's right to access to medical services without financial barriers.

The Medical Reform Group also called for a Royal Commission on the funding of health services which would allow the public to become educated on this complicated issue. Other recommendations included a call for the government and the OMA to establish a fair fee negotiation process and some simple measures to facilitate medical practice such as plastic OHIP cards.

The Medical Reform Group was founded in 1979 and has fought to preserve and expand medicare.

MRG PRESS STATEMENT: MRG CALLS OMA AD CAMPAIGN MISLEADING (March 25, 1986)

The Medical Reform Group of Ontario today asked the Ontario Medical Association to cease their misleading advertising to their members and the public. Dr. Philip Berger, a Toronto family doctor and spokesman for the group called upon the leadership of the OMA to provide accurate information and to accept the proposed ban on extra billing. Berger

OMA AD CAMPAIGN (Continued)

said that properly conducted studies have shown that extra billing does deter some patients from seeking medical care and is not a "smokescreen" for other issues as the OMA has claimed. The OMA has asserted that the "real" problems are underfunding and lack of chronic care beds and high technology equipment.

Berger charged that the OMA has buried a Canadian Medical Association report on the funding of the health care system because its conclusions contradict their own. Joan Watson, a form host of CBC's Marketplace, chaired the task force which reported in 1984. Two of the five commissioners were doctors while the others were Roy Romanow, former Attorney-General of Saskatchewan and the Hon. Pauline McGibbon, formed Lieutenant-Governor of Ontario. The task force concluded that, given the health system's existing inefficiences there was no evidence for the CMA's and OMA's claim that there was "dangerous underfunding". The task force did find evidence of maldistribution of resources and personnel within the present system.

The commission found that Canada's rate of institutionalization of its elderly was 80% higher than the United States and 90% higher than Great Britain. It recommended that Canada develop alternatives to what it referred to as "the callous practice of warehousing the elderly." CMA Taks Force (P. 37). Finally, the task force found much of our highly-touted, high technology is insufficiently evaluated and inappropriately used.

The CMA report cost over $500,000 but the OMA has refused to spend the estimated $50,000 to distribute copies to its membership. Dr. Berger said that a member of the MRG who is also a member of the OMA had sent $100 to the OMA asking them to distribute the CMA task force report but his cheque was returned. Dr. Berger said further, "Medicine, and the science upon which medicine is founded are premised on the pursuit of knowledge. This fundamental tenet of medicine applies to basic scientific research, accurate diagnoses of patient problems, and epidemiological analyses of health care systems. Whatever the area of medicine physicians must consider all available evidence and then present their impressions honestly and clearly to their patients or the public. The OMA leadership has strayed off the course of scientific inquiry and search for

OMA AD CAMPAIGN (continued)

knowledge. Its current advertising campaign reflects badly on the ethics and the practice of medicine."

Berger called upon the OMA to withdraw its advertising campaign and correct its misinformation.

The MRG also reaffirms its opposition to the OMA's call for physicians to discuss the proposed ban on extra billing with their patients. The group feels it is unethical for doctors to initiate political discussions with their patients.

-- March 25, 1986

(A summary sheet on the CMA Task Force appears in this Newsletter on pages 7-10)

HAMILTON CHAPTER REPORT

The Hamilton Chapter of the MRG has had an active and interesting year thus far. In the fall, we had meetings on the Canada Health Act, the politics of AIDS, and the Grange Commision -- Inquiry or Inquisition? In the new year, our discussions included community health centres, pros and cons and practicalities, and the company physician and industrial medicine; and a film and panel on women discussing nuclear issues and the peace movement. This latter meeting was hosted jointly with the Hamilton Chapter of Phsycians for Social Responsibility.

Plans for the rest of the year include a meeting on the politics of psychiatry and tentatively on the Upper Ottawa Street Dump and environmental hazards. We have been pleased with the growing attendance at our monthly meetings and are especially happy to see a strong core of medical student participation. We welcome Barbara Reback to our steering committee and encourage more people to become involved.

--Shawna Perlin

ADVOCACY GROUP

The Social Planning Council of Metropolitan Toronto is forming a coalition for poor children and their families. It will have church groups, social policy people, etc. The MRG has been contacted to see if anyone in the group would attend a few meetings. They are also interested to see if the MRG would support any policy they might develop. Any member interested should contact Michael Rachlis at 466-0093.

THE MRG MEMBERS GROUP INSURANCE PLAN

After several months' research and negotiations the MRG is now able to offer its members a group insurance plan through Great West Life and the brokers Trudy and Everett Baker. The plan has the following features in its disability and office overhead expenses packages:

-higher monthly benefits than the OMA offers
-option of monthly premium payments (OMA requires 1 lump sum yearly, or two payments with interest)
requires 1 lump sum yearly)
-more options making the plan more suitable for individuals' special needs
-the plan is non-cancellable by the company
-definitions of partial and complete disability and members' occupations are very favourable
-pregnancy and delivery related disabilities are insured (not so with the OMA)
-costs of comparable disability and overhead packages (including OMA rebates and membership fees) are virtually the same as the OMA's
-personalized service through the Bakers who will help you assess your present and future insurance needs is available
-even members currently uninsurable by other companies are guaranteed some coverage ($1500/month benefits)

The package may not be of use to some members but anyone interested should disucss their coverage with Trudy or Everett. Heavy users of other OMA services may find the OMA cheaper over all.

Would all interested members (24 signed at the fall general meeting) please complete the questionnaire which is enclosed with this newsletter and return it as soon as possible in the enclosed envelope. To maintain our group discount at its maximum we need to have as many members as possible sign up quickly.

P.S. Great West now is offering a 60 day elimination period on disability as well as the others listed.

--Submitted by Gary Burrows and Doug Sider

MRG summary sheet for CMA Task Force Report on the Allocation of Health Care Resources

The Canadian Medical Association, in 1983, claimed that the Canada Health Act, which the Federal Liberal government was preparing at the time, did not address the important issues affecting the health care system. The CMA asserted that physician extra billing and other user charges were not a problem while underfunding, lack of chronic care beds, and poor access to new high technology equipment were the "real" problems.

The CMA established a task force in that year to investigate the allocation of health dollars and manpower in light of an ageing population and increasing dependence on medical technology. The chairperson was Joan Watson, the noted consumer reporter and former host of CBC's Marketplace. The other members were the Hon. Pauline McGibbon, former Lieutenant-Governor of Ontario, Roy Romanow, former Attorney-General of Saskatchewan, Dr. John O'Brien Bell, and Dr. Leon Richard. Both of the physicians were former presidents of the CMA. The Task force travelled the country and heard briefs from hundreds of individuals and organizations. The CMA estimated the cost of the Task Force was over a half-million dollars. The Task Force reported to the CMA council in August of 1984. The Council referred it to the Board of Directors for further study. The CMA has taken no further action.

After spending over $500,000 on the Task Force the CMA decided to charge its members $15 for the report (for five or more copies the second and subsequent copies are $5). According to the CMA as of March, 1986 approximately 9000 copies had been distributed with many going to non-physician organizations and some going out of the country. There are 45,000 physicians in Canada. At this point very few physicians remember the report or its contents. The Medical Reform Group wishes everyone concerned with health care could read the report. This is not because it is the only such report or even the best. However we feel it is very high quality as well as readable and concise. It also reflects the concerns of consumers and providers of health care. We feel it is significant that it was published by the Canadian Medical Association which along with the Ontario Medical Association must share the responsibility for not sending it to their membership. The members remain, to a great extent, ignorant of the true issues affecting the health care system. They are understandably concerned about their patients and do not have time to analyze the issues in detail. That is what the Task Force did. The blame for the widespread ignorance of the profession lies squarely with the leadership of the Medical Associations.

Copies of the report may be obtained by writing: Reports, Canadian Medical Association, P.O. Box 8650, Ottawa, Ontario. K1G 0G8.

The Funding of Health Care

The Task Force found that it is extremely complicated to assess the proper amount for a country to spend on its health care system. There are the pressing demands for scarce resources from other sectors of society. Some of these sectors may in fact produce more health than the health care system. For example a program to reduce drinking and driving through the attorney-general's department or providing better housing for those on social assistance may produce more "health" than a new transplant program. The examples are ours but the Task Force did recognize, as many physicians' groups appear not to, that we live in a society with a fixed number of resources. Canada is wealthy compared to other countries but even here we must balance the needs of one part of society and the needs of the rest.

The Task Force did find evidence of some inefficiencies within the present system. Professor Robert Evans of the department of economics at the University of British Columbia reported that the average length of stay in a Canadian hospital after an uncomplicated delivery was 5 days while it was 2 days in many parts of the U.S. He said further that the average length of stay in Canada after a myocardial infarction (heart attack) was approximately two weeks in Canada and one week at Duke University Medical Center. Given the evidence of existing inefficiencies the Task Force could not say there was overall underfunding of the health care system. To quote the Task Force:

"To establish that the Canadian health care system is underfunded requires convincing evidence that:

* spending more money will indeed provide a measurable improvement in health, and that
* this improvement is greater than that which could be achieved by spending the money in some other way." (p.104)

"We cannot assess the extent of existing inefficiencies, and because there is no guarantee that putting more money into the system is necessarily the best way of improving health, the Task Force cannot make a clear cut recommendation. Indeed the Task Force suspects that the method of organization might be the main culprit. A more equitable distribution of resources may be the solution to the problem." (p.112)

"Because the evidence is contradictory and inconclusive, the Task Force does not support the contention that there is underfunding generally in Canada." (p.116)

The Care of the Elderly

Many organizations and individuals, physicians and others, have claimed that we need more institutional beds for the elderly. Stories of "bed-blockers" preventing needed admissions abound. These unfortunate elderly in acute care beds have been blamed for deaths of younger people and a whole range of other problems. The Task Force found that Canada has one of the highest rates of institutionalization for its elderly of any country in the world. Its institutionalization rate of 9.45% for people over 65 is 58% higher than Australia (6.0%), 80% higher than the U.S.(5.3%), and 90% higher than Great Britain (5.0%). This does not take anything away from the problem that a doctor working in an emergency department faces but these figures do point to a fundamental problem with the way we deliver health care, especially to our elderly.

The Task Force commissioned the prestigious consulting firm of Woods Gordon to investigate the impact on the health care system of our ageing population. The consultants looked at the effects on the system if there were no changes in our present delivery methods and the effects if there were certain specific changes in health care delivery methods. They found if there were no changes Canada would need to construct one thousand new 300 bed chronic care facilities. As of 1981, according to Statistics Canada there were less than 500 facilities with over 100 beds.

The scenarios which they investigated included decreasing the new rate of institutionalization to 6.0% (the same as Australia), decreasing the inpatient utlilization of mental health facilities to the levels in Saskatchewan as of 1981, and decreasing the average length of stay of non-elderly by one day. Although it would not be easy to change the system quickly, all of these scenarios are distinctly possible. These changes would reduce the demand for new chronic care beds by 60% by the year 2021. To quote the Task Force:

"All four scenarios demonstrated that future increases in utilization (and revenue requirements) due to the ageing of the Canadian population, could be substantially modified by shifting a portion of the demand to lower cost alternatives." (p.28)

The Task Force was adamant about the need to reduce, not increase the number of elderly in institutions.

"...if we continue to put old people in institutions at the rate we do now, the costs will not only be prohibitive, but we will perpetuate the callous practice of "warehousing" the elderly. Old people do not want to live in institutions." (p.37)

The New High Technology

We are fascinated by new technology. The Task Force reminds its readers that this fascination is not new. The same process we have undergone in the past decade with the CAT scanner was passed through with the stethoscope in the early 1800's. What is different is the resources that the new technology can consume. The Task Force found that both the consumer and provider of health care are sometimes "mesmerized" by new things and that oftentimes our machines are not all we think they are. The Task Force found that new technology is poorly evaluated and in fact may not always be doing good. To quote from the Task Force:

"It seems we are exposed to at least some, if not considerable, risk from untested technology." (p.52)

"Although some modern technologies can indeed achieve remarkable results, it would appear that there are others which may in fact be useless or even harmful." (p.66)

There was a recent example of this problem. A Canadian group reported their results of a multi-continent study of a surgical procedure that was claimed to prevent stroke (EC/IC bypass). They found that the operation provided poorer results than non-surgical treatment. Prior to the release of the study findings there were surgeons who were concerned there were not enough facilities to provide the operation. Unfortunately, the Task Force comments that proper evaluation is expensive itself but can we afford otherwise?

The Task Force also found that "old" technology contributed greatly to the cost of health care. The use of routine blood and urine tests has increased dramatically and the Task Force pointed to physicians to control these costs. To quote from the Task Force:

"...since it appears that the 'everyday' technologies are contributing disproportionately to the overall cost, we urge that means to control their use should be investigated, such as by placing responsibilities on the practising physician, and monitoring clinical practices." (p.67)

The Task Force did not say that physicians were at fault for the problems associated with the use of technology but they clearly saw that physicians had the major responsibility to assess it and use it wisely.

PROGRESS ON RATIONAL USE OF DRUGS

Responding to calls for changes in the use and marketing of pharmaceuticals the World Health Organisation sponsored a conference of experts in Nairobi in November 1985. Participants came from governments, the health field, industry and consumer representative organisations.

There have been fears in the past that industry held too much sway over governments and W.H.O. An international code for the marketing of pharmaceuticals has been suggested for a number of years and it has always been clear that industry, along with the U.S. and some other governments would strongly resist this - possibly to the extent of the U.S. withdrawing from W.H.O.

The conference appears to have avoided such confrontation and ended with a fair amount of agreement. The approach was to take a positive line in favour of rational prescribing and distribution together with impartial information. There are calls for the reduction of the number of drugs being marketed and the feeling of the Director-General of W.H.O. is that better information about drugs will reduce the number being marketed.

There is much to be said in favour of the positive, rational prescribing approach for the benefit of health in Canada as much as in less developed countries. There is virtually no domestic source of unbiased information and if the recommendations of the Nairobi conference are endorsed by the representatives of all countries at the government level it can be used to make the Canadian government take some positive steps.

Health Action International (HAI) the international consumerist network has welcomed the outcome of the conference. The International Federation of Pharmaceutical Manufacturers Associations - the voice of the multinational corporations - gave low key support, presumably relieved that there will be no restrictive universal code against irresponsible marketing.

MEDICAL LOBBY FOR APPROPRIATE MARKETING OF DRUGS

A simple and effective way of challenging the marketing claims of the multinational drug companies has been developed from Australia. An international postal network of doctors sends well documented letters to the companies documenting their varying claims for the use of different drugs in different countries. One of the most distasteful practices of the companies has long been their exploitation of Third World countries with the encouragement of irrational use of dangerous and obsolete drugs.

M.R.G. members and others might wish to join the network. The organisation sends a letter monthly that can be signed and sent on to the company.

Recent issues have included Organon's promotion of anabolic steroids for weight gain in impoverished countries, Sandoz' promotion of Sandomigran for weight gain in poor countries and Wyeth's approach to the marketing of breast milk substitutes.

MLAM has a highly respectable board of internationally known medical authorities. Its address is:

Medical Lobby for Appropriate Marketing
22 Renaissance Arcade
Adelaide SA 5000
Australia

--Submitted by Bob Frankford

PRESS RELEASE:
COALITION WARNS MULRONEY TO RESIST DRUG INDUSTRY PRESSURE

Consumers could be forced to pay hundreds of millions of dollars more in drug bills if the federal government gives in to pressure from the multinational drug industry, a coalition of national organizations has said.

"After five years of intense pressure from multinational drug companies, we are concerned by reports that your government is on the verge of introducing legislation which could drestroy the system (that holds down drug prices in Canada)," said a letter to Prime Minister Brian Mulroney.

Reports suggest that the new legislation will allow multinational drug companies (many of them American) to charge whatever prices they want without competition for eight to 10 years.

"On behalf of the ordinary Canadians who will bear the burden of higher drug prices and health care costs," said the letter, "we call on you to resist the pressure from the drug companies and the American government."

Noting that Canada's prescription drug system saves consumers, provincial health care plans and taxpayers hundreds of millions of dollars each year, the coalition warned that the system would be jeopardized by any change in the 1969 amendment to the Patent Act which allowed cheaper generic drugs on the market.

Echosing Dr. Harry Eastman's 1985 federal commission report on the pharmaceutical industry, the letter noted that the amendment has saved Canadians mo ney "without any negative impact on over-all profitability or employment in the industry." Eastman estimated that the amendment saved consumers $211 million in 1983.

"There is absolutely no evidence to suggest that the best interests of Canadians will be served by granting extended price monopolies to drug companies," added the letter.

The letter was signed by the Consumers' Association of Canada, the Canadian Labour Congress, the National Action Committee on the Status of Women, the Canadian Council on Social Development, the National Anti-Poverty Organization, the National Pensioners and Senior Citizens Federation, the Canadian Health Coalition, and the Canadian Federation of University Women.

LETTER TO COLLEGE OF FAMILY PHYSICIANS

To: Dr. C. Gutkin, President, Ontario Chapter, College of Family Physicians of Canada, 4000 Leslie St., Willowdale, Ontario

Dear Dr. Gutkin:

I am in receipt of your letter dated January 22, 1986. As well, there were enclosures of your letter to the editor of some newspaper, and a reprint of Barbara Amiel's column from the Sunday Sun.

I am writing to let you know that I do not wish to be counted among the people you claim to represent. Since I have been in practice (about 12 years now), and in three provinces of this country, I have consistently felt that the practice of extra billing was detrimental to the health of my patients. I have consistently felt that the medical profession by choosing to fight on this particular battleground, was demeaning itself. It was acting in a way which in my opinion was unprofessional, and which only served to anger the public. In this province in particular, the Ontario Medical Association has been bull headed about its negotiations with the government. It has been deceitful at times, and has on more than one occasion undermined an agreement worked out in good faith with the government.

I understand the concerns that the Ontario Medical Association and the College of Family Physicians, have about the intransigence of the government side of the question. However, I wish that the Medical Association would work to set up a better negotiating process, and not work to fight this particular bill.

Another and perhaps more important issue for me is whether or not my College of Family Physicians, to which I belong of necessity in this area, should be involved in political acts. To my mind, the College serves much as many other Colleges in Canada, as a licensing and medical education college. It was not constituted to act in the political arena with the government. It was formed as a way of protecting the rights of Family Physicians within the profession. As such, I feel that you have overstepped the bounds of your authority, and of the chapter of Family Physicians of Canada. I do not agree with this practice, and would ask that my College cease and desist from this.

Yours sincerely,
R.A. James, M.D., C.C.F.P.

Against . . .
Dr. Barbara Lent

By Dahlia Reich
of The Free Press

London Free Press,
February 10, 1986

At 25, Dr. Barbara Lent, a London family physician, was one of the oldest students in her medical school class. While working on a doctorate in psychology at the University of Western Ontario, she decided to start all over again.

"I saw as a psychologist that patients had to come to me through a physician and that the physician was there at the front line and was the gatekeeper to the system. I wanted to participate in that function."

For Lent an important aspect of that function includes providing equal access care and in 1978, her last year in medical school, she signed her name in agreement to the following statement: "Health care is a right and the universal access of every person to high quality, appropriate health care must be guaranteed. The health care system must be administered in a manner which precludes any monetary or other deterrent to equal care."

It was among the principles endorsed by the Medical Reform Group of Ontario (MRG), the voice of about 150 socially concerned physicians and medical students who endorse that principle. The group had just been formed and Lent was among its first members.

The MRG wants nothing to do with the battle lines drawn by the Ontario Medical Association in its protest against the government's proposed ban on extra billing.

Members say they will not sign a pledge indicating they are willing to participate in a mass opting out of the Ontario Health Insurance Plan and they will not break the law if the ban is passed in the legislature.

On the issue of extra billing, Lent and the other members of the MRG are on the government's side. It must be abolished.

"I really like being a doctor," Lent said. "I like interacting with my patients. I can't imagine why physicians want to deal with their patients about money," Lent said. "I don't want my patients to have to decide whether or not they're going to come to see me on the basis of whether they have money in their pocket."

Welfare recipients, senior citizens on fixed incomes and mothers on mother's allowance are the obvious victims of extra billing but there are others, Lent said. The average family also suffers.

"I wouldn't want some complicated problem to arise where a family will have some unexpected financial charges and they decide after the fourth or fifth visit they just can't afford it anymore and stop coming."

One 80-year-old patient of Lent's was extra billed by a specialist and as a result refused to return and neglected his problem. She compares the situation to the tendency of individuals to defer dental visits because of lack of money.

"Even middle income people defer visits to their dentist because they don't have the money at that time. If they defer dental visits, they would defer medical problems as well."

Although Lent is happy working within the medicare system she admits there are problems and thinks a review of the whole system needs to be done. But while the association says extra billing should not be banned until such a review is completed, Lent believes there is enough evidence to warrant extra billing be dealt with as a separate issue.

"When you are in communities where 100 per cent of one particular specialty is opted out, some people are restricted in their access to that specialty. Even though only 12 per cent of physicians are opted out and only a small percentage of those extra bill, those statistics ignore the real issue which is that the opted out physicians are in particular geographic areas and in particular specialties."

Those specialties include orthopedics, anesthesia, ophthalmology and obstetrics, among others. Although extra billing isn't a serious problem in London, where opted-in doctors can be found in most specialties, in other communities, patients may not have a choice. In Toronto, for example, a pregnant woman may have difficulty finding an opted-in obstetrician.

"What's been neglected in this whole issue," she continued, "is it's not that patients aren't paying for health care services already. In Ontario we pay a lot of money for health care. We pay for it through our taxes, we pay for it through premiums. We do pay for medicare already, so why do we have to pay a third time to individual doctors?"

She said doctors are a privileged group with a great deal of freedom and the ban on extra billing is not a threat to the profession. "What's really important is how doctors interact with their patients and what they do. We have almost no interference with what goes on between a doctor and patient. Basically, we have a free hand to do whatever we want to do and that's what's really important."

Where the government does interfere, however, Lent said physicians should remind themselves that hospitals and support staff are provided free so they can do their job, the public helps pay for their education, and OHIP guarantees them payment for the patients they treat.

"I don't think that it's unreasonable to expect in exchange that the government has some say in how physicians are paid, and some say so that everybody has accessibility to the doctors that they're going to need."

"The more physicians posture themselves as small business entrepreneurs, it's going to have a detrimental effect on our relationship with our patients. We're going to lose some of the respect and status that we have in this society."

Reform group accuses doctors of burying negative report

BY LINDA McQUAIG
The Globe and Mail TUESDAY, MARCH 25, 1986

Although the Ontario Medical Association is waging a campaign against what it describes as underfinancing of the health-care system, the group has ignored a report done for its parent organization disputing the argument.

The OMA is focusing its attack on "underfunding" as the central theme in its fight against the Ontario Government's plan to bar extra-billing by doctors. The association argues that it is underfinancing — not extra-billing — that denies patients access to the health care system.

A 1984 report by a task force set up by the Canadian Medical Association refused, however, to support the contention despite strong submissions from both the CMA and the OMA.

The Medical Reform Group, an association of doctors opposing the OMA's stand on extra-billing, accuses both bodies of burying the report because it does not support their argument.

"Thank God they don't practice medicine the same way they conduct their politics," said Dr. Philip Berger, a Toronto physician and spokesman for the Medical Reform Group. "When a doctor sees a patient, he doesn't discard a major piece of evidence just because it doesn't fit in with his hypothesis.

"What we need is honest, full information," Dr. Berger said. "The CMA has produced an excellent document. They should not smother it, even if it runs counter to their political purposes."

The CMA task force, which consisted of doctors and prominent political figures, spent 18 months investigating the allocation of health-care resources. At a cost of $500,000, the panel held hearings across the country and commissioned studies by the Toronto management consultant firm Woods Gordon.

It reported that it could not support the doctors' position, "because the evidence is contradictory and inconclusive."

It also said "there is no guarantee that putting more money into the system is necessarily the best way of improving health."

The task force suspected that organization of the system may be the main culprit; its report raised questions about the effectiveness of some costly new medical technologies and suggested ways to save money without reducing the quality of care.

With former CBC broadcaster Joan Watson as chairman, the task force included former Ontario lieutenant-governor Pauline McGibbon, former Saskatchewan attorney-general Roy Romanow and two prominent members of the CMA — Dr. John O'Brien-Bell, a member of the board of directors, and Dr. Leon Richard, a past president.

OMA spokesman Lynne Beckett said yesterday her organization disagrees with the task force's findings.

The Medical Reform Group has been trying unsuccessfully to get the OMA to provide a copy of the task force report to each doctor in Ontario.

The task force reported that the biggest savings would come from transferring more senior citizens to home care. It noted that while 9.45 per cent of Canada's elderly are in some kind of institution, only 5 per cent of the elderly are institutionalized in the United Kingdom, 5.3 per cent in the United States and 5.9 per cent in Australia.

Doctors' group supports ban

London Free Press January 21, 1986

The Ontario Medical Association is confident most Ontario physicians will participate in the protest against the ban on extra billing, but one group of doctors won't have anything to do with it.

"I can't support this protest at all," Dr. Barbara Lent, a London family physician said Monday. "Extra billing has a negative impact on health care and I think it's appropriate for the government to call an end to it."

Lent is a member of the Medical Reform Group of Ontario, an organization representing 150 doctors and medical students who believe "health care is a right that must be guaranteed without financial or other deterrents."

She was commenting on the decision by the association to promote a mass opting out of the Ontario Health Insurance Plan to protest the government's proposed ban on extra billing. The association also decided to ask its members to break the law and charge patients a nominal fee above OHIP rates if the law is passed in the legislature. The reform group supports the ban.

"Older patients are often embarrassed to ask not to be extra billed so sometimes they don't ask," Lent said. "And often what happens is they just don't go." She said some of her patients have been in such situations and have neglected to go to opted-out specialists.

"If I call and ask (the specialist), he won't bill the patient extra but I don't always know that the patient can't afford it. Often the patient doesn't tell me and they're less likely to tell a consultant they see less often. I don't think it happens often but I think it happens and it's not supposed to happen at all."

She added that government intervention with regards to extra billing is not a threat to the medical profession.

"As a society, we've decided that health care is a right to which we are all entitled. The government has a role to play in ensuring the public's best intrests are met."

She said if physicians portray the medical profession as a business, "we're going to lose the respect and status that we have in this society."

"I'm really happy to be here under OHIP. I think it's just fine. I want to deal with patients in terms of their health problems and I don't want to have say after I've seen them 'that will be $13.10.' I'm a lot happier just to deal with them in terms of their health problems."

Meantime, a meeting is set for London and area doctors Thursday night at University Hospital to plot the local strategy of protest toward the proposed ban. Doctors will be given a chance to sign pledges to opt out of OHIP. The pledges will be forwarded to the Ontario Medical Association in Toronto.

Extra-billing stand draws MDs' ire

By ANN SILVERSIDES
Globe and Mail

The Ontario branch of the College of Family Physicians of Canada has angered several of its members by publicly opposing proposed legislation that would ban extra-billing.

The doctors say the college, which is a certifying body for family practice specialists, should not be involved in political action and that members were not canvassed for their views.

"Here is a body that I am obligated to join for professional reasons that is taking a political stance that I disagree with," said Dr. Fred Freedman, a doctor in family practice in Toronto, who yesterday received a letter from the college informing him of the stand.

About 12 per cent of Ontario doctors extra-bill, but most of those who do are specialists — only 4 per cent of general practitioners charge above Ontario Health Insurance Plan rates.

Dr. Freedman said in an interview yesterday that the option of resigning in protest from the college was not viable, since the academic credentials conferred by the college — credentials that enable him to teach medicine part-time — depend on college membership.

The college grants family practice specialty status to those who complete a set of exams. But in order to retain the specialty designation — which allows doctors to put initials after their names indicating that they are members or fellows of the college — doctors must be active members of the college.

Dr. Calvin Gutman, president of the 3,400-member Ontario chapter of the college, said the college "did not come to the idea to take this stand easily. We don't usually take political stands." The college is "primarily oriented toward the development and maintenance of standards relevant to the training and practice of quality family medicine," Dr. Gutman stated in the letter to members.

But he said in an interview yesterday that there is nothing specifically prohibiting the college from taking a stand on such a controversial political issue and that "we are bound to upset a few people no matter what we do."

The college first announced its support for the Ontario Medical Association, a professional and lobby association for doctors, in its fight against Ontario's proposed Health Accessibility Act in a press release last week.

Several doctors interviewed received the college's letter, dated Jan. 22, yesterday along with a reprint of a Toronto Sun column by Barbara Amiel, which advised doctors that striking is the only logical reponse to the legislation.

Dr. Gutman said the motion supporting the OMA "was debated long and hard," and that the vast majority of the more than 900 people who attended the college's Nov. 28 annual meeting supported it. "We took our direction from the membership."

But one doctor who attended the meeting, who did not want to be identified, said there had been no notification that the motion would be on the agenda.

"The person who introduced it apologized for bringing it to the floor so late. Only one person spoke for the motion, no one spoke against and it was passed," the doctor said.

Dr. Gutman said the college membership "philsophically disagrees with inappropriate extra-billing. We do not condone some of the situations we have heard about. ... We do get feedback from our patients about the occasional inappropriate charge."

Dr. Gutman said people should have a choice of doctors, and that there should be more regulation of extra-billing and more disciplinary action taken against doctors who do not, for instance, give prior notice of a charge above the OHIP rates.

Dr. Fred Freedman is a member of the MRG.

London Free Press, January 29, 1986

Extra billing worry for seniors

Sir: As a patient of Dr. Barbara Lent, I would like to applaud her for her stand on extra billing. (*Doctors' group supports ban on extra billing*, Free Press, Jan. 21). In the past five years, since moving to London, I have seen Lent on numerous occasions for a fair number of illnesses and injuries. During each visit, I was given nothing less than excellent care and advice, and left the office feeling that my problem was of genuine concern to her. Knowing that help was available, no matter how much money was in my wallet, was a comfort in itself. When my family or myself are in need of medical attention, it's nice to know that I don't have to check my bank book before calling for an apointment.

Before moving to London from Mississauga, I was seen by many doctors who did "extra bill." In one instance I was billed extra five times in a period of nine days. First by an anesthetist then by a neurosurgeon, for a necessary surgery. Eight days later, I was again billed by the surgeon for an office visit and suture removal. The next day I underwent emergency surgery for a post-operative complication, and was again charged by the same anesthetist and surgeon. I'm sure many people have been in a similar situation.

When Lent spoke of the embarrassment of older patients having to ask not to be billed extra, I think she spoke for many people. When you are on a fixed income, sometimes pride is your only real possession. I'm sure it's not a pleasant situation when you have to be stripped of it in order to receive necessary medical attention.

I strongly agree that health care is a right to which each and every person is entitled. We can only hope that more physicians will speak up for and defend our rights in this matter.

London — CAROLYN DYKEMAN

Doctors in Ontario show rare unity in extra-billing battle

By PAT RICH

TORONTO—Physicians in Ontario appear to be uniting in their opposition to legislation introduced last month which would ban extra-billing in the province.

The Ontario Medical Association (OMA) will not decide until Jan. 18 in a special general council meeting what specific action to take to fight the bill which calls for fines of up to $10,000 for physicians who continue to extra bill.

But spokesmen for both the OMA and the Association of Independent Physicians (AIP)—which represents opted-out doctors—told The Medical Post doctors calling their organizations have been almost unanimously opposed to the legislation. And they also said their stance against the bill has been praised by members of the public.

"I have never had a sense of doctors being so incensed before," said Dr. Joan Charboneau, president of the AIP in Ontario.

She said she has been "snowed under" by hundreds of letters from physicians suggesting ways of fighting the legislation.

While she said she has not received any calls from the public critical of the AIPs stance, she said she has had many letters from the public in strong support.

"I think that the $10,000 fine has finally reached some members of the public and (let them see) what really is happening here in terms of repression."

The AIP is in the midst of an advocacy advertising campaign opposing the legislation and Dr. Charboneau also said she anticipated meeting with the OMA to plan what combined action can be taken.

"Of course, if they're planning a major concerted effort we definitely want to support them to the best of our ability."

Personally, Dr. Charboneau said a careful look at the proposed legislation has left her convinced it is as "disgusting" and "dastardly" as when she first saw it.

Lynne Beckett, assistant communications director for the OMA, said the association had been receiving similar calls from doctors and the public opposed to the legislation.

"We've been receiving very, very supportive calls from the profession," she said. "I have not personally had one negative phone call from the profession," she added.

She noted that physicians appear to be "interested and very aware" of the issue and said opted-in doctors have been calling to volunteer their services in opposing the bill.

Prior to the Jan. 18 meeting the OMA has limited its action to a press conference called immediately following the legislation (see The Medical Post, Jan. 7) to express the association's concerns, and mailings to the membership which have included a copy of the proposed bill and Health Minister Murray Elston's comments to the Legislature at the time of its introduction.

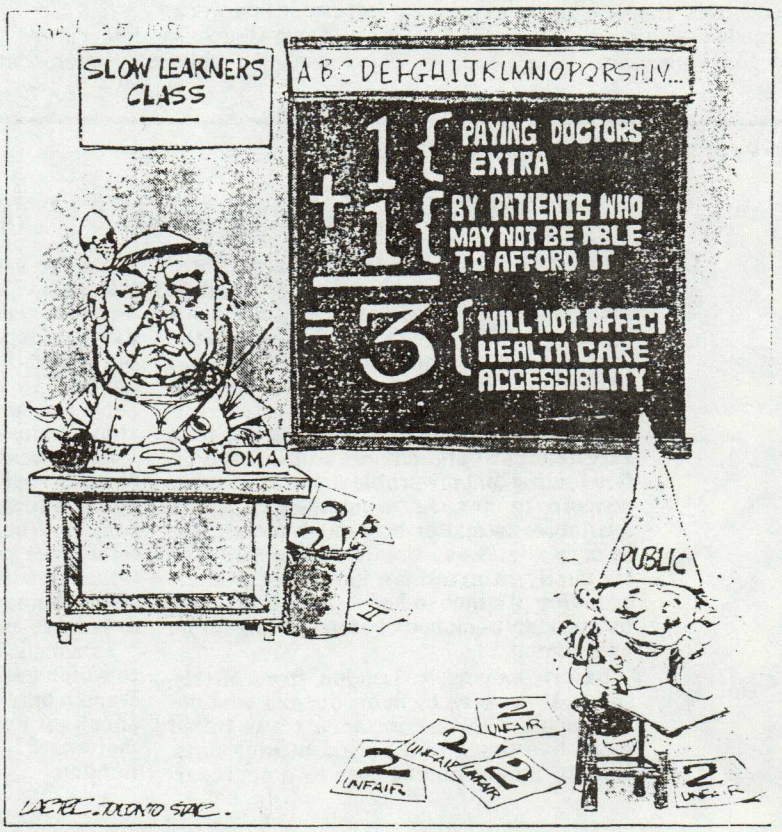
A spokesman for the Medical Reform Group of Ontario, a small but high-profile group of physicians who favor the elimination of extra-billing, predicted opposition to the legislation will "fizzle out."

Dr. Philip Berger said he has had few calls since the legislation either backing or opposing the group which was widely quoted at that time for its support of the move. He said he was most concerned about the language used by physicians opposing the legislation.

"Most doctors, perhaps the majority of doctors, support the right to extra bill," he said, "but they certainly do not support irresponsible rhetoric and dramatic action."

"The crazy talk of the leadership reflects badly on the vast majority of doctors who are responsible people," he said. Dr. Berger said he found "personally and conceptually offensive" such phrases as "terrorizing the profession" and "Sovietizing the health-care system" used by opponents of the legislation.

Dr. Berger said the reform group does not plan to become heavily involved in the ongoing debate surrounding the bill other than to make a presentation to the parliamentary committee reviewing the legislation.



Many area MDs back call for defiance

By CHRISTINE COX
The Spectator

MANY HAMILTON area doctors are expected to back a planned "civil-disobedience" campaign to protest the provincial government's proposed ban on extra billing.

Representatives of the Ontario Medical Association have voted on sanctions including a "health care accessibility week," during which they would not be on call from 5 p.m. to 7 a.m. for seven days. No date has been set.

If the legislation on extra-billing goes through, the OMA also will ask its 17,000 members to break the law by charging a nominal fee above the Ontario Health Insurance Plan schedule. Another tactic which might be used is to opt out of the OHIP plan en masse.

Dr. Angelo Zizzo, a delegate representing Hamilton physicians at the OMA meeting Saturday in Toronto, said doctors consider the proposed legislation "very restrictive to our professional freedom and to our bargaining position with the government."

A physician who opts out of the provincial plan, which will be allowed under the bill, would charge his patients directly and they in turn would collect the money from the insurance plan.

Under the provincial government proposal, a doctor who charges more than the OHIP schedule would be liable to fines as high as $10,000. Right now only about 12 per cent of the province's doctors — most of them specialists — extra bill.

Insult

At a Hamilton Academy of Medicine meeting attended by about 250 doctors earlier this month, a motion was passed opposing the Health Care Accessibility Act. It was seen as unnecessary and an insult to the medical profession, said Dr. Zizzo, a past-president of the academy.

A second motion passed gave support to whatever direction the OMA decided to take.

"If this bill goes through, we are going to be worse than most Communist countries," said Dr. Zizzo. "Doctors felt they should show their displeasure . . . we feel we have to stand up to the government."

An opted-out physician himself, Dr. Zizzo said he restricts extra-billing to those who can afford it, and gives out free medication (from samples) to ease the burden of prescription costs.

Although physicians want to maintain their bargaining power and freedom, they do not want to endanger the quality of health care, or place a financial burden upon patients, he stressed.

The president of Ontario Medical Association, Dr. Earl Myers, says he is prepared to go to jail over the issue.

"If a law is bad, the only way to protest is to break it," he told a weekend news conference.

But not all doctors agree with the OMA stand. The Medical Reform Group of Ontario, which represents about 150 physicians and medical students, believes the OMA's attempt to block the Health Care Accessibility Act is "ill-advised and counter-productive."

Dr. Gordon Guyatt, a Hamilton spokesman for the reform group, suggested the OMA should respect the will of the people of Ontario. Polls have repeatedly shown 70 to 80 per cent of Ontario citizens want an end to extra-billing.

His group believes the OMA should accept that the proposed legislation is needed to guarantee equal accessibility to high-quality health care.

Extra-billing threatens the poor, the elderly, people on welfare and on those on fixed incomes, he said. "All of those people have problems getting high-quality health care when there is a high incidence of extra-billing."

Dr. Guyatt disputes the OMA's claim that extra-billing doesn't hurt anyone. He cited an Alberta study showing doctors had extra-billed welfare patients, and an Ontario study which showed in areas with a high incidence of extra-billing, about 20 per cent of the poor families interviewed had delayed seeking medical care, or had not sought it, knowing they would be extra-billed.

Legislation restricting extra billing has already been passed in Quebec, Nova Scotia, Manitoba and Saskatchewan.

With reports from The Canadian Press.

". . . okay, now let's see if we've got it straight . . . I'll give her two less of these and one more of my blue ones . . . and you'll give her one less of your pink and yellow ones, two more of the little red and white ones and we'll take her off the big dark blue ones altogether, right . . . ?"

OMA asked for apology over 'false' poster on extra billing

Toronto Star

The Medical Reform Group of Ontario has demanded an apology from the Ontario Medical Association over what it calls a "false and misleading" poster protesting the provincial government's proposed ban on extra billing.

Reform group spokesman Dr. Gordon Guyatt said today the poster which local doctors began receiving a few days ago should be withdrawn and the association "should apologize for misleading the people of Ontario."

But the OMA has "no intention" of apologizing and plans to continue circullating the posters as part of extensive protests it has launched across the province. The posters portray a doctor as a puppet and ask if "the government should have total control of health care."

Dr. Guyatt said he disagrees that the Health Care Accessibility Act, which received second reading in the provincial legislature earlier this month, will give the government total control over health care and will remove a doctor's right to make contracts with his patients.

"After the Health Care Accessibility Act is passed, physicians in private practice will still have total control over their working hours, the number of patients they see, the amount of time they spend with their patients and the tests and treatments they order," he said.

"Physicians will still be able to opt out of OHIP and neggtiate issues such as method of payment and telephone and appointment availability with their patients."

But Mr. O'Keefe dismissed those claims "as just ludicrous" because opting out doesn't "give you any right at all."

"They're talking about the physical aspects of the doctor's practice, but the principles will be stepped upon," he said in a telephone interview from Toronto.

Dr. Guyatt also criticized some of the statistics quoted in the text of the poster which claims Ontario ranks last among Canadian provinces in money spent on health care relative to the size of the economy.

"The impression that Ontario is grossly underspending relative to other provinces is just not true," he said, adding that raising the underfunding issue is "an attempt to distract people."

"Ontario ranks fifth in health care expenditures per capita indicating an appropriate focus on outpatient versus hospital expenditures," said Dr. Guyatt, a member of the 150-member reform group which believes doctors should accept the proposed legislation to guarantee equal accessibility to high-quality health care.

Labor, women, elderly to rally in support of extra-billing ban

March 3, 1986

By Denise Harrington
Toronto Star

About 35 labor, women's and seniors' groups plan to line up against Ontario's doctors today and declare their support for the government's plan to end extra-billing by doctors.

Representatives of the groups, led by the National Action Committee on the Status of Women, are to hold a news conference at Queen's Park this afternoon to condemn the practice and the protest by the province's doctors against the proposed ban.

"It's a vote of support from, I think, a substantial cross-section of the Ontario public saying it's time to settle this," Doris Anderson, the committee's past president, said in an interview.

"The doctors haven't got the message and we're saying it's time to get it."

The organizations oppose doctors charging their patients more than medicare rates because the practice creates two levels of medical services — one for those who are well off and another for those who are poor, Anderson said.

"The poor in this country, as we all know, are largely women with kids," she said. "We're opposed to extra-billing because we think it's a particular hardship on the family, particularly single mothers with kids."

The committee, a nationwide coalition of women's lobby and labor groups, had been "on the sidelines" of the issue in Ontario because it was working on other issues, Anderson said.

But the recent resignations of doctors from Sarnia's only hospital therapeutic abortion committee convinced women they had to voice their protest, she said.

The doctors quit the committee as part of a protest over controversial legislation that would ban extra-billing whether doctors opt in or out of the Ontario Health Insurance Plan. The bill carries maximum fines of $10,000 for doctors who defy the ban.

The Ontario Medical Association encouraged doctors to quit all voluntary health committees, except for hospital abortion committees, to protest the bill. But association officials would not condemn the Sarnia doctors' action.

"It was the Sarnia incident that sparked this (protest) because it made a lot of women very angry," Anderson said.

Among the groups to be represented at today's news conference are: the Ontario Nurses' Association, the Ontario Workers' Health Centre, the Metro Labor Council, the Ontario Federation of Labor, the United Auto Workers, the Toronto Rape Crisis Centre, the Ontario Committee on the Status of Women, the Ontario Secondary School Teachers' Federation, the Ontario Coalition of Abortion Clinics, the International Women's Day Committee, the United Senior Citizens of Ontario, Persons United for Self-Help, the Consumers Association of Canada, the Metro Social Planning Council, the Medical Reform Group, Action Day Care and NAC.

OMA plans Health Care Accessibility Week and asks members to disobey pending law

The Ontario Medical Association (OMA) council says doctors have voted to opt out en masse from OHIP to protest the government's proposed bill banning extra-billing.

And the association is also asking doctors to charge a token amount above the OHIP rate, if the bill is passed — in effect, breaking the law.

"We are definitely talking about civil disobedience," Dr. Earl Myers, president of the OMA, told a press conference that followed the five-hour OMA meeting on January 18. "This is an unjust law and the only way you can handle an unjust law is not to obey it."

According to Dr. Ted Boadway, director of professional services with the OMA, area presidents have been given pledges for their members to sign, saying they will bill their patients in excess of OHIP, if the law is passed.

Dr. Myers said he was sure doctors would go along with the plan.

"The premier doesn't believe doctors are upset," said Dr. Boadway. "We have to convince him he's not going to have his way."

Both Dr. Myers and Dr. Hugh Scully, chairman of the board, said they would go to jail if they had to.

The OMA is also planning a "Health Care Accessibility Week" during which doctors will be on call or hold office hours only between 9 a.m. and 5 p.m. Dr. Boadway said it may not be held the same week in every community and each area will try to highlight the problems of access to health care in their particular region.

Calling the proposed legislation antagonistic and unproductive, Dr. Myers called on Premier David Peterson to review the whole health care system including new programs for the aged; the allocation of resources for cancer patients, the mentally ill and others; preventive medicine; financial and billing arrangements; and the organization of the Ministry of Health.

And Dr. Myers said the OMA wants the government to withdraw its proposed ban on extra billing until the review is finished.

The law is worse than those behind the Iron Curtain, Dr. Myers told the press conference. "The ban on extra billing is something we will not tolerate. There will be no tradeoff."

Dr. Philip Berger, a member of the Medical Reform Group, said it was "drastic action" to say a professional association is going to break the law.

"No other professional association or union would tolerate leaders making this kind of decision without a full airing of the issue," he said.

"These people don't reflect the view on how to go about dealing with it (the proposed legislation)," he added. "Most doctors will not close their offices; most won't break the law."

Dr. Berger said that he was told to leave the press conference, although members of the press had asked him to be there to comment after the announcements.

Dr. Philip Berger

And Dr. Berger said he finds it personally embarrassing when patients think he's part of a group that plans to break the law.

Dr. Howard Eisenberg, who chairs the OMA's section of independent physicans, said the OMA is "solidly behind" his group on the issue and that physicians are "outraged."

When asked if perhaps a referendum should be held on the issue, he added that the OMA decision-making process is democratic.

"I don't think any one of us feels we want to take drastic action," he said. "We feel it may be the last opportunity to stop socialistic government."

"If we don't do anything, we're dead as professionals anyway. This way, we have a fighting chance."

Dr. Eisenberg added that there was overwhelming support for the measures at the meeting and Dr. Scully said 90 per cent were in favor.

Kathleen Harford

Doctors' groups split over extra-billing law as MPPs start hearings

BY DUNCAN McMONAGLE
The Globe and Mail March 5, 1986

Ontario doctors gave three radically differing prescriptions to a Legislature committee yesterday to solve the problem of extra-billing.

On the first day of public hearings into Bill 94, which would prevent physicians from charging patients more than fees listed in the Ontario Health Insurance Plan, the social development committee heard from some doctors who support the ban, some who want to modify it and one who opposes it and suggests a lottery to raise money for hospitals.

Although the arguments were sharp at times, there was little of the heated rhetoric that has characterized the dispute between the minority Liberal Government, supported by the New Democratic Party, and the 17,000-member Ontario Medical Association. The OMA, which adamantly opposes the legislation, will appear before the committee in two weeks.

At the Queen's Park hearing yesterday, opponents and supporters of the legislation claimed wide public support for their positions.

The Ontario chapter of the College of Family Physicians of Canada, with about 7,000 members, suggested a limited ban on extra-billing.

Under the chapter's proposal, people 65 or older and those on welfare would receive a health-care accessibility card which would forbid doctors to extra-bill them.

Dr. Calvin Gutkin, president of the chapter, said the suggestion was made because "the need for a wounded profession and a cornered Government to compromise is obvious."

Bill 94, the college said, goes far beyond what is necessary to solve the problem of accessibility to health care for some groups, and "has insulted and infringed upon the freedom" of physicians.

NDP health critic David Cooke said an accessibility card would be a "welfare card," but Dr. Gutkin said it would be no different from the card that identifies people for whom prescription drug prices are subsidized.

Health Minister Murray Elston, who heard the family doctors' presentation, told the committee the Government insists on the principle of banning extra-billing.

The 160-member Medical Reform Group told the committee that it supports the ban even though it "infringes on the economic rights of physicians."

The group, about 135 of whose members are doctors, suggested that the Government and the OMA agree to binding arbitration for fee negotiations, with the Legislature giving up its right to veto the decision.

Also, a royal commission should be established to investigate heath-care financing and consider alternatives such as community health centres, the reform group said.

The most radical presentation, in the most vivid language, was made by Dr. Garry Willard, chief of surgery at Etobicoke General Hospital.

Dr. Willard likened the confrontation between the Government and the OMA to the train crash last month at Hinton, Alta., which killed 23 people.

"You've got Government coming down the track this direction and you've got the medical profession coming down the other way," he said. "The people who were killed are the public."

Dr. Willard advocated a return to private health insurance to supplement OHIP and a lottery to raise money for hospitals and special medical programs.

He warned of "what is in store for the public if state-controled medicine takes root — mediocrity, lack of incentive, bargain-basement medicine, infringement on civil rights and destruction of (a) doctor's direct accountability to his patients."

Doctors' view of civil servants insulting, union president says

BY SUSAN DELACOURT
The Globe and Mail March 25, 1986

Doctors opposed to a ban on extra-billing are threatening patients and insulting thousands of health-care workers in the province, the president of the Ontario Public Service Employees Union says.

The union, which represents about 15,000 health-care workers in Ontario, is angry about the doctors' view of civil servants as clock-watchers "who do the least possible for their money," OPSEU president James Clancy said at a news conference yesterday.

He was responding to remarks made by Dr. Earl Myers, president of the Ontario Medical Association, who said last week that the province's health-care system would inevitably deteriorate if doctors acted like civil servants.

Mr. Clancy said comments such as this anger and frustrate the union members.

"We've had enough of doctors looking down on us in hospital wards and we're not going to put up with it in public debate."

If doctors were like civil servants, they would not be allowed to speak out against the Government, he said.

Mr. Clancy invited people to compare the record of OPSEU members on defending health care with that of the doctors, who put patients at risk "to protect their salaries and privilege."

If the doctors have their way, Mr. Clancy said, the public will lose more than $50-million in federal transfer payments, which are denied to provinces that do not ban extra-billing by doctors.

Lincoln MDs will stage first protest

By DANA ROBBINS
The Spectator

ST. CATHARINES — Doctors in St. Catharines, Grimsby and Thorold will be the first in Ontario to temporarily cut back services as part of a protest against a proposed ban on extra billing.

Dr. Heime Geffen, president of the Lincoln County Academy of Medicine, said yesterday that 200 Lincoln doctors will participate in a "health care accessibility week" Feb. 16 to 23.

Dr. Geffen said doctors will be available to patients only between 9 a.m. and 5 p.m. during that period, although extra doctors and nurses will be available at area hospital emergency wards.

Doctors will also refuse to accept appointments on those days, said Dr. Geffen, and anyone wishing to see them will have to wait in line. Exceptions will be made for patients who are seriously ill, he said.

The Ontario Medical Association last week approved a number of sanctions, including an accessibility week, to protest the provincial government's move to ban extra billing by its 17,000 members. An OMA spokesman said yesterday the timing of the 9-to-5 protests are being left in the hands of individual association branches, but it appears Lincoln will be the first.

The announcement, however, has sparked criticism from the Medical Reform Group of Ontario, representing about 150 physicians and medical students. Hamilton spokesman Dr. Gordon Guyatt said the decision reflects the OMA's willingness to involve patients in a "strictly monetary" dispute.

Important lever

"I think it's unfortunate the OMA would chose to inconvenience patients in this fashion," he said. "(It's) a very sad story and does not reflect well on the medical profession."

Dr. Geffen said the decision to stage a health care week was made Wednesday at a meeting attended by about half of the area's 200 doctors.

The freedom to extra bill gives doctors an important lever in their dealings with the provincial government, he said. And that ensures that the health care system remains accessible to everyone.

Dr. Geffen said that by cutting back on services for a week, doctors will give patients a taste of the level of health care they could expect if extra billing was banned.

"When this extra billing is banned, we'll have no safety valve," he said. "It's not meant as a punitive measure. We want to show the public that health accessibility is a much larger problem than extra billing."

Dr. Guyatt disagrees.

"That's very silly," he said. "It's not a question of government interference. There would be no more government control as a result of this legislation then there is now. There is absolutely no way this legislation changes the practice of medicine."

Dr. Geffen rejects any suggestion that the proposed action will affect the level of health care or places patients in the middle of the dispute.

"This isn't a massive walkout where people will be left high and dry," he said. "We want patients to ask why we're doing this to them; we don't believe it will be a risk to anyone's health."

The Globe & Mail, February 5, 1986

Medical Reform Group

Dr. Morton Rapp (letter — Jan. 8) says he is unaware of the fact that the Medical Reform Group has publicly "revealed" its membership figures. We have — at MRG meetings and press conferences.

For the record, the MRG membership consists of 105 practicing physicians, 22 post-graduate physicians and medical students, and 39 supporting members, mostly allied health-care professionals. Only physicians and medical students may vote on resolutions or be elected to the steering committee.

The MRG does not claim to represent the views of the medical profession, but we are reassured by the fact that our position on medicare represents the opinion of the vast majority of Ontario's people.

M. Divinsky, MD
Secretary, Toronto Chapter
Medical Reform Group

The Globe & Mail, March 24, 1986

I read the ad placed by the Alberta Medical Association (Feb. 26) with some skepticism, especially the line "Canadian physicians have long supported the tenets of Medicare — universality, accessibility, availability."

Not long ago my family physician referred me to a specialist who extra-billed. I was unemployed, and I wrote a letter to the specialist complaining of his extra-billing (of which I was notified only when I appeared for my appointment). Unbeknownst to me, the specialist passed on my letter of complaint to my family physician, who harangued me in his office when I saw him for my next check-up, and told me that he would no longer be treating me or my family. Can you blame me if I think physicians are a bunch of hypocrites?

C. Kozak
Guelph, Ont.

Ban doctors' extra billing

Hamilton Spectator, February 10, 1986

YES

By DR. GORDON GUYATT

THE ONTARIO government's decision to eliminate extra billing has generated outrage and resentment among many Ontario physicians. These doctors point out, quite correctly, that they will no longer have the freedom to independently decide how much to charge for their services. Physicians who view themselves as independent businessmen see the Health Care Accessibility Act as an intolerable assault on their professional freedom.

In very many ways, however, physicians are not, and cannot be, independent businessmen.

First, it is public funds that pay almost all of the costs of their medical education. (Tuition fees charged to medical students cover less than 5 per cent of the university's — and the state's — total cost of training a doctor.)

Second, they are granted a monopoly on the practice of medicine by the state. Nurses, physiotherapists, chiropracters and the like cannot set out their shingle as physicians.

Third, public funds pay for the hospital and many of the laboratory facilities that physicians rely on in their practice. Doctors do not pay rent to the government for their use of these facilities.

Fourth, the public health insurance program virtually assures physicians of an excellent income by guaranteeing that any service the doctors deem necessary is reimbursed.

An essential service

Fifth, and most important, health care is an essential service. If health care were simply another commodity like the shoes one buys at the store or another service like the haircut one obtains at the local barber shop, physicians' outrage at billing constraints would be quite appropriate. However, because health care is an essential service, the government assumes a responsibility for public access to the service.

Viewed in this regard, health care becomes analogous to education, or to the services of the fire department, and physicians assume a responsibility quite different from that of the shoe salesman or the barber. While it might be nice for them if school teachers could charge parents an extra fee per student in addition to their salary from the board of education, or if opted out firemen could charge the householder a user fee for every fire put out, such charges would be contrary to our view that education and fire control are indispensable public services.

It is clear that by the very nature of the practice of medicine, physicians have special privileges and special responsibilities. It is these special privileges and responsibilities that make the Health Care Accessibility Act an appropriate and necessary piece of legislation, and not the undemocratic affront to physician freedom that the Ontario Medical Association claims.

Canada's medical care system is in many ways the best in the world. The cornerstone of this system is the guarantee of access to high quality health care without financial deterrents. Extra billing threatens this guarantee.

Physicians who oppose the new legislation claim that the poor and needy are never extra billed, that extra billing does not present financial barriers to equal access. Until recently, the Alberta Medical Association was making similar claims.

In 1984, researcher Richard Plain, using data from the Alberta government, analyzed the incidence and amount, by age and income class, of extra billing. His data suggested that in fact there were few differences between the degree of extra billing applied to the poor versus the non-poor, and he concluded: "It is an unquestionable fact that the aged, welfare recipients and the lowest income groups in the province are forced to bear additional out-of-pocket charges in order to receive medical attention."

In 1985, in another Alberta study, it was found that 800 Alberta physicians had extra billed patients who were on welfare.

Data from the Ontario scene are also available. Although only 12 per cent of Ontario's physicians are opted out and thus entitled to extra bill, these physicians are concentrated in certain specialties (such as anesthesia, psychiatry, obstetrics and gynecology, and orthopedics) and in certain geographic areas.

Access compromised

Two epidemiologists from McMaster University, Greg Stoddart and Chris Woodward, conducted a survey to determine how people in areas of the province with a high incidence of opting out reacted to extra billing. Eighteen per cent of the poor reported the cost of seeing an opted out physician had resulted in delay in seeking medical attention or resulted in their staying away from the doctor altogether, versus only 4 per cent of the non-poor. Of the 135 poor households in the Stoddart and Woodward study, 107 had been extra billed in the previous two years.

The study also found patients were reluctant to negotiate fees with physicians. Anyone who has talked to a poor or elderly individual about requesting an opted out doctor to waive his extra fee knows about the sense of shame and discomfort these people experience. For many, the solution is to bear the burden of the extra fee, or to stay away from the doctor altogether.

Physicians are nervous about losing their escape clause, about having to rely on negotiations with the provincial government as the final determinant of their fee. There is a real loss of control here, and their anxiety is understandable.

Physicians, however, have done very well since the introduction of the provincial health insurance plans. Although the exact figure differs depending on factors like

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whether one includes part-time or semi-retired physicians, doctors' average income in Ontario after expenses is approximately $100,000. In comparison with the average industrial wage, physicians in Ontario actually have a higher income now than they did in the years before the introduction of OHIP. Although many physicians are afflicted with a vision of a monolithic government clamping down on their incomes, doctors have demonstrated over and over that they are in fact a very powerful bargaining group.

Gordon Guyatt, a specialist in internal medicine practising in Hamilton, is a member of the Medical Reform Group of Ontario.

"When the state grants a monopoly to an exclusive group to render an indispensable service, it automatically becomes involved in whether those services are available and on what terms and conditions," Mr. Justice Emmett Hall wrote in the report of Canada's 1965 Royal Commission on Health Services. Doctors must accept that limitations on their freedom to decide what their services are worth and to bill accordingly simply come with the territory.

Issues such as the way impasses in negotiations between government and the profession are to be settled remain to be resolved. The OMA should be sitting down with the government and negotiating the resolution of such issues, rather than continuing to damage its public image with self-interested and ill-considered sanctions against the Health Care Accessibility Act.

Patients print own cards on billing

By ANN SILVERSIDES
Globe and Mail March 27, 1986

Doctors may have to be quick on the draw when they approach patients to fill out glossy Ontario Medical Association postcards which express opposition to the province's plans to end extra-billing.

Chances are at least some patients will put their cards on the table first.

A coalition of groups opposed to extra-billing has made up its own postcard-sized pledge cards which read: "Medicare Alert, I will not be extra-billed," followed by a blank line for a signature.

"We're encouraging people to give these to their doctors," said Michele Harding, spokesman for the new Alliance to End Extra-Billing, with 40 member groups including the Ontario Nurses Associaion, the national action committee on the Status of Women and the Coalition of Seniors Organizations of Ontario.

With the postcards, patients can make their own point of view known with a minimum of fuss, said Ms Harding, who spent noon hour yesterday handing out cards and pamphlets about extra-billing in front of the Toronto General Hospital.

"The OMA's postcard campaign has the effect of intimidating patients, because no matter what the doctors' intention, many people perceive that the quality of their care is at risk, that it depends on their response," she said.

Toronto psychiatrist Dr. John Beresford agrees. Early this week, Dr. Beresford said he received a telephone call from a member of the OMA executive exhorting him to get his quota of postcards filled out by patients. (The 5,000 Toronto-area members of the OMA are staging their week of protest against the extra-billing ban this week.)

"It is really unethical to advise doctors to put pressure on their patients, however subtle that pressure is. It is clearly an abuse of a relationship that is supposed to be therapeutic.

"If a doctor suggests that it is of great importance to him that a patient sign a card, the patient obviously feels the doctors won't like him as much if he doesn't sign," Dr. Beresford said in an interview.

Dr. Beresford also said it is a "gross deception" on the part of the OMA to try to shift attention away from their own extra-billing toward the health care system in general.

"They are trying to say we are every bit as concerned about accessibility as the government, but we see it in a clearer light. They want to focus in what they say on the Government's poor performance, rather than on their own billing practices."

The chairman of the Toronto-area OMA division, Dr. Stuart Klein, said it is hard to gauge how active doctors are in the protest week activities, which focus on lobbying patients for support.

For instance, the OMA recommended that doctors have their patients fill out the postcards and leave them with the doctors and about 70 to 80 per cent of doctors are getting postcards filled out. But the number of filled-out cards in doctors hands is not indicative of the total, he said.

"We're finding a lot of people want to take them home and fill them out in privacy and mail them in themselves."

Meanwhile, the front lawn of Queen's Park is scheduled to become an ideological battleground as groups favoring extra-billing, and those who oppose the practice, have both booked the site for rallies. The rallies, however, are not scheduled for the same day.

Undergraduate medical students from the province's five medical schools plan to gather on the lawn this afternoon to demonstrate their stand against the proposed legislation, under which doctors could not charge patients above the rate insured by the Ontario Health Insurance Plan.

A week from Friday, the Alliance to End Extra-Billing has also booked the Queen's Park lawn to demonstrate for an immediate end to extra-billing. "No delays. No lengthy negotiations. Ban extra-billing now," states an alliance flyer.

Ms Harding said her group has no doubt the legislation will pass. "But we want to make sure there will be a minimum of loopholes."

Mark Preece from the University of Toronto medical school, who is organizing today's students' rally, expects about 500 to 1,000 students to attend the meeting, which will be addressed by both Health Minister Murray Elston and Larry Grossman, Leader of the Opposition.

Mr. Preece said the Ontario Federation of Medical Students has made it very clear the rally is to oppose the legislation.

But Judy Campanaro, of the Queen's University medical student society, said medical students from that university have been urged to go to hear both sides of the story. John Saar, a first-year medical student at Queen's, said it is quite clear there is no consensus on the issue among students.

Practising What We Preach

A Profile of Nikki Colodny

From Broadside

by Lynn Lathrop

"They don't know who I am yet," Nikki Colodny whispers as we round the corner to the Morgentaler Clinic's back-door access. The fact that "they" haven't yet identified Nikki Colodny as the new doctor at the Toronto clinic means that we just might not be hassled. But here they come.

"They," of course, are the dwindling but still ever-present anti-choice picketers. Two of them, grim-faced, both men, barrel down on us and try to engage us in conversation. The third stays at the back entrance to the property, walking back and forth with his sign. We try to ignore the two that have attached themselves to us and continue with our conversation. But that only makes them more aggressive, more determined to be heard.

"Retribution and damnation... God does not want you to do this... Murderers, murderers." They continue dogging our steps, talking, faster and louder. Perhaps they think that I am a patient? They tell me that my womb will be mangled by the operation, that I will never be able to have a baby again, that I will be eventually overcome with guilt.

We finally reach the entrance to the property. They are not allowed in, and so continue to call after us more loudly. We walk quickly towards the building, up the back steps and knock on the door. There is a short pause and a bearded face appears. It is the security guard. He greets Nikki warmly. We are in.

"This place is like a haven. I love it," Nikki says. She plops herself down on the couch, puts her pager on the table in front of us and leans back, eyes closed. She is trying to regain her composure. The pickets make her angry. She wants them away from the clinic, from the patients. They should be at Queen's Park demonstrating, she says. Not here. Not harassing and victimizing and threatening women who have made their own sometimes difficult and personal choices about their lives and how to live them.

Dr. Nikki Colodny has also made a difficult and very personal choice. In fact, her decision to perform abortions at the Morgentaler Clinic was a long time in the making—almost a year. As a committed socialist-feminist and abortion rights activist, she had always been a vigorous supporter of the demand for reproductive rights. But there was still a big leap to be made from there to putting herself in the line of fire by directly challenging the law.

That decision involved a lot of thinking and talking and fact-finding. As a member of the Ontario Coalition for Abortion Clinics (OCAC) she kept counsel with many of its members who are also long-time activists. And she consulted with professional colleagues, close friends and family. She even got legal advice.

"I had a lot of questions and very few answers when I began the process. What was my responsibility to my practice? What about the personal pressure. Could I take it? How would I handle it if the anti-choice people harassed my children (she has two, 7 and 9) and picketed my house? They've done that to others before. And what about the almost daily life-threatening letters and phone calls? Was it important I do this? Would it make a difference? Was I willing to go to jail?

"In one sense, the question of jail was the hardest to answer, mostly because I had such a hard time envisioning being charged for performing a much needed medical service in a safe and supportive environment. As a doctor, I had been trained to alleviate suffering and to deliver the best care possible to the patient. On the other hand, the state is preventing that from happening and putting women's lives at risk. The question of who should be in jail, and for what, is a very moot point."

Nevertheless, once the long process of question and answer was completed to her satisfaction, and she made her final decision to go ahead, she contacted Dr. Morgentaler. "Yes, yes," he said. "Of course more physicians were needed." Would she come to train with him at his clinic in Montreal?

In truth, looking back over her life, it probably would have surprised family and friends had she decided *not* to go ahead. After all, it's not as if she was the first activist in her family.

All four grandparents were involved in the union movement in the early 20s and 30s. As union organizers or as worker activists, they dedicated themselves to fighting for a better deal for working people. They were deeply political people whose politics were central to their lives and they were willing to risk much in pursuit of those ideals. Nikki grew up on stories of early organizing drives, and of those struggles, victories and defeats.

Her parents passed on other important values: "They taught me that personal integrity was paramount. Knowing what you thought was very important, and acting on the basis of that was essential, even if other people were critical. In fact, they're quite proud to see me put these teachings into practice in this way. Naturally, they're also a little concerned."

Born in 1948 in the United States, Nikki grew up through escalating cold war politics, McCarthyism, civil rights demands and the counter-culture politics of the 60s and early 70s. She was also part of the growing movement of women who began to examine their condition as women and to explore the personal and political dimensions of that oppression. She became involved in consciousness-raising groups, and met with other women to read, talk and work out an analysis of women's oppression. During this period she was studying for her degree in counselling psychology, and doing political work in rape crisis and as a birth control counsellor. This was a crucial time for Nikki: it was during this period that she developed her feminist politics.

But another and perhaps even more pivotal time in her life was fast approaching. In 1973, armed with her degree in psychology, she went to work in the Pennsylvania prison system, counselling juvenile offenders, most of whom were black or of colour and all of whom were poor. That experience led her to make two major life decisions: she became a socialist and she decided to be a medical doctor.

"I soon recognized that the young people I was working with in that prison system were not criminals. They didn't have psychological problems. Their problems were the problems of poverty and racism and lack of education. I realized that the skills I had were pretty useless under the circumstances and I decided that as a physician I could offer skills that were far more socially relevant and of much bigger benefit. For example, it would have been more important to have been able to diagnose and work on the speech and hearing problems that so many of the youths had, rather than discuss why they were so hostile. Given the situation, I thought that hostility was a very healthy reaction.

"I also began to realize that neither these young people, nor any other oppressed group, including women, would ever be able to achieve full equality under the present economic system; that fundamental structural changes were needed to ensure that all people could live full and productive lives. I knew that all the demands that we had been putting forward from the women's movement would never, could never, be fully accommodated by this system that was designed to protect profit first and people last."

The next years were intense ones for Nikki. The demands of single parenting combined with medical school were onerous and much of her political activity necessarily subsided. But, almost inevitably, she was pushed and pulled back into the political arena through her own private practice.

As a physician in Toronto she was confronted routinely with the gruesome realities of Canada's abortion law. Women patients were asking for help in obtaining abortions. They were having trouble negotiating the complex and confusing legal constraints.

"The receptionist at my office would often spend hours on the phone trying to get through to a hospital that performed the procedure. Often she struck out, and no wonder. One Toronto hospital gets an average of 75 calls a day and of those only six patients get booked. I was appalled by the situation. The horrendous consequences of this federal abortion law, which the state keeps trying to

Dr. Nikki Colodny is a member of the MRG.

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promote as neutral, were being played out right before my very eyes."

Canada has the second-highest mid-trimester abortion rate of the industrialized nations. The average national delay is 8 weeks from first appointment to obtaining the abortion. "Can you imagine accepting this as a medical model for other procedures, such as hernia repair, or anything else for that matter?"

"I decided it just wasn't enough to try to get patients through this nightmare, that I also had to try to change it. I joined OCAC and became very deeply involved in the demand for repeal of the law and the establishment of government-funded women's clinics which provide a full range of medical and counselling services, including abortion. The realization of these clinics is some ways off, for sure. In the meantime, we must do everything possible to keep our Toronto clinic open. It performs an absolutely vital service."

The fact that the Toronto clinic has been open now for well over a year is strong testimony to the strength and breadth of the abortion rights movement. Activists have long recognized that the reason the government has not moved against it has very little to do with good will and everything to do with the power of a broad-based mass movement that brings together women's groups, labour and church groups and many other citizens who are determined to defend vigorously the right to reproductive choice.

"The idea to open a clinic that would serve the immediate needs of women by performing abortions and also challenge the law was developed by the Toronto women's movement only three short years ago. I marvel at all we've accomplished since then. We've built a strong, vibrant movement that is now in a position to win its demands. I just feel very privileged to be a part of all this, to be able to use my skills for the benefit of all women. It reminds me of why I wanted to become a doctor in the first place."

Abortion doctor breaks silence in call for coverage by OHIP

March 18, 1986

By William Walker Toronto Star

A day after a nurse at Dr. Henry Morgentaler's abortion clinic faced chanting protesters outside her home, a doctor at the clinic has shed her anonymity and called for abortions to be covered by the Ontario Health Insurance Plan.

Dr. Nikki Colodny yesterday openly declared herself a major spokesman for pro-abortion forces, saying: "I'd like people to know there's a new doctor at the clinic and what that means. It's not just Henry."

Until now, Colodny could walk into Morgentaler's clinic on Harbord St. virtually unnoticed by placard-waving protesters on the sidewalk outside.

And at the end of her day's work, she could go back to her quiet Toronto home for a peaceful dinner with her husband, 7-year-old son and 9-year-old daughter.

But now, Colodny has chosen to be a new Toronto voice for the crusade of Morgentaler, who is spending most of his time in Montreal while awaiting an appeal of his 1984 acquittal in Ontario on charges of conspiracy to procure a miscarriage.

Colodny made her decision to speak out before an anti-abortion group staged a protest Sunday outside the home of nurse Jane Berry, chanting, "Close that morgue" and handing anti-abortion pamphlets to Berry's neighbors.

Colodny does not relish the prospect of being harassed as Morgentaler and his co-defendant, Dr. Robert Scott, have been.

"Yes, of course I'm concerned," she told The Star in her first media interview since joining the clinic in January. "I went through a very long process of making my mind up whether to do this or not."

Colodny

Born in the United States, Colodny, 37, used to run a family practice on Queen St. E. where, she said, a stream of frustrated and angry women came to her after waiting up to nine weeks to obtain abortions in Toronto hospitals.

During the Morgentaler trial, she joined the Ontario Coalition for Abortion Clinics, then decided to work at Morgentaler's clinic "as a way of challenging the law."

But she did not, until yesterday, add her voice to Morgentaler's in speaking out publicly on the controversial issue.

"I took the potential harassment into account," she said. "I don't look forward to it, for sure. But I wasn't prepared to let it stop me any more than the women who come here aren't prepared to let it stop them."

Colodny hopes that her words will be heard a few blocks away at Queen's Park, where legislators are considering Bill 94, which would ban doctors' extra-billing.

The coalition will appear before the committee on Thursday to demand that abortions at the Morgentaler clinic be covered by OHIP.

Now, women who go to the Harbord St. clinic can bill OHIP through Colodny's billing number for pregnancy tests and mandatory general checkups. But the abortion procedure itself, at $250, is not covered.

Besides changing the OHIP rules, Colodny wants the Liberal government to go even further by financing abortion clinics like Morgentaler's.

"It's not a question of whether we'll have clinics, it's a question of when we'll have clinics," she said.

OMA fanatics ruining respect doctors earned

Toronto Star, March 26, 1986

It is hard, if not impossible, to be proud of being a physician today. The leadership of the Ontario Medical Association, in their fanatical opposition to the elimination of extra-billing, seem to neither know nor care what they are doing to the name and reputation of our once proud profession. Thanks to their efforts, physicians are seen as being insensitive, uncaring, inflexible and self-serving, concerned only with increasing their own already large incomes.

What is equally depressing is that thousands of my supposedly intelligent and caring colleagues have mindlessly allowed themselves to be stampeded into a vicious and mean-spirited fight against the people of Ontario — a fight that they can only lose. In the process, they are also losing the respect and admiration of the public they serve.

I appeal to my colleagues, while there is still time, to draw back from the brink, to recognize the legitimate concerns and democratic will of the public. We must re-dedicate ourselves to service to humanity rather than to the almighty dollar, and we must toss out the extremists currently running the OMA.

TREVOR HANCOCK, MD
Toronto

DOCTORS FOR CHOICE

Dear Colleagues,

Doctors for Choice is planning an educational workshop for physicians to formulate a pro-choice, pro-clinic platform that we can then present in the form of lectures/discussions at teaching rounds in hospitals. There are lots of pro-choice physicians who are not pro-clinic. Teaching rounds are a way of gaining access to these individuals to present them with our data and viewpoint. In this way we hope to broaden our support.

Some of the topics we will discuss are:

1. clinics as a solution to the problem of access
2. the statistics from the U.S. and Quebec experiences with free-standing clinics, and
3. clinics as a safer, more cost effective means of providing abortion services in an environment that is more supportive for the women patients and less vulnerable to sabotage by anti-choice therapeutic abortion committees.

The timing of this workshop will depend on the response to this letter.

Suggestions are welcome and needed. More information on date and place will be forthcoming. Hope to see you there!

Sincerely,

Chantal Perrot

Chantal Perrot, M.D.

P.S. Please take a moment to fill in your responses to the statements below. Then return to Doctors for Choice, P.O. Box 753, Station P, Tor. Ont. M5S 2Z1.

____Yes, I am interested in attending the workshop.

____Yes, I am interested in using the information from the workshop in making presentations at hospital rounds.

____I can help get Doctors for Choice on the roster for rounds at _____hospital(s).

____I have information that would be helpful in planning this workshop.

____ I am pro-choice but not available for meetings or events.

____I would like more information about Doctors for Choice.

P. O. Box 753 Station P Toronto Ontario M5S 2Z1