

# MRG Newsletter

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

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SEPTEMBER 1986

## MURRAY ELSTON TO SPEAK AT MRG MEETING

The Medical Reform Group's Fall General Meeting has been set for the evening of Friday October 24 and all day Saturday October 25. The Saturday session will be at the South Riverdale Community Health Centre, at 126 Pape Avenue in Toronto. The location for the Friday evening session has not yet been set.

The featured speaker on Friday evening will be Ontario Health Minister Murray Elston.

The theme of Saturday's meeting will be "Professional Independence, Freedom, and Self-Government". There will be a panel discussion with Dr. Peter Granger, past president of the College of Physicians and Surgeons, Jonathan Lomas, a health sociologist and member of the MRG, and a representative from the Schwartz Commission reviewing health disciplines in Ontario.

Please note that both the Friday evening session with Murray Elston and the Saturday panel are for MRG members only.

More details about the general meeting, including a complete agenda, will be published in the next issue of the MRG Newsletter.

## EXTRA BILLING IS BANNED BUT EXTRA CHARGES CONTINUE

The MRG Steering Committee is greatly concerned that access to the health care system is still affected by charges for non-insured services, such as "guaranteed" appointment times for psychotherapy sessions, family fees to cover phone advice and prescription renewals. We would like to collect confidential anecdotes to assess how widespread these practices are. Please send communications to Dr. Mimi Divinsky, 597 Parliament St. #203, Toronto M4X 1W3.

## MEMBERSHIP RENEWAL TIME

The approach of fall marks membership renewal time for the MRG (our fiscal and membership year runs from October 1 to September 30). Members should have received, or be about to receive, a letter reminding you to renew, together with an informational questionnaire. There are some additional questions on this year's membership renewal form, reflecting an effort on the part of the steering committee to be able to be more informed about who constitutes the membership of our organization.

Members are urged to renew promptly and to think about other potential members whom they might urge to join. A committed and growing membership is a key element of the MRG's credibility and effectiveness in putting forward its views of health care issues.

Members are also urged to consider being Supporting Members by renewing above the required rate. In the past several years, Supporting Memberships have made it possible for the MRG to operate in the black rather than the red.

## MRG MEMBERSHIP GROWING

The extra billing controversy seems to have had a positive effect on the MRG's membership figures. Twenty-six new physician members have joined the group since January, as have 13 new student and associate members.

## CONTEST

Once again, the MRG's Fall General Meeting will feature a contest. This one is for the statement made by a physician during the recent doctors' strike most designed to discredit the medical profession. Entries will be judged at the Saturday October 25 meeting. Bring your favourite clipping!

## MEDICAL OPINION

Toronto doctors are being advised to proceed quietly if they begin billing patients for services not covered by the Ontario Health Insurance Plan. The Central Toronto Physician's  
Globe + Mail July 31, 1986

cians Newsletter of July 28 says that such actions "are best taken quietly, as unprovocatively as possible and with no press involvement. The continuity with former implicit practice should be emphasised, the protest aspect muted."



## SELECT COMMITTEE ON HEALTH

The following are the terms of the Select Committee on Health which has been set up by the provincial government to look at "privatization":

"Select Committee on Health, to consider the role of the commercial, for-profit sector of health and social services in Ontario; That an interim report of the Committee be submitted to the Assembly not later than 6 months after the Committee begins meeting and that a final report be submitted to the Assembly not later than one year after the Committee begins meeting; That such transcripts of the Committee's proceedings be provided by the Hansard Reporting Service as may be ordered by the Committee; And that the Committee report to the Assembly on the following specific areas of investigation: current and future provision of specific human services, and mechanisms for public accountability; including access to appropriate information on enforcement of standards and other matters deemed appropriate." It has been suggested that the MRG ought to submit a brief to this Committee, and the Steering Committee in looking into establishing a working group to work on this. Members who are interested should contact a member of the steering committee or call the MRG number at 920-4513.

## LETTER ABOUT SITUATION IN CHILE

I am writing to you as a member of the MRG and the College of Physicians and Surgeons of Chile (Ontario Chapter).

Our Chilean colleagues are now in a desperate struggle for the restoration of democracy and respect for human rights. They require maximum public attention and world-wide support.

I would appreciate it if the MRG would issue a statement of support and solidarity for the physicians in Chile. A copy should be sent to the President of the country, General Augusto Pinochet, Casa de la Moneda, Santiago, Chile and to the President of the College of Physicians and Surgeons in Chile, Dr. Juan Luis Gonzalez, Esmeralda 678, Santiago, Chile.

With sincere thanks,  
M.J. Becker, M.D., F.R.C.P. (C)  
Child & Adolescent Psychiatry

## ONTARIO PUBLIC HEALTH ASSOCIATION

The Ontario Public Health Association will hold its 37th Annual Educational and Scientific Meeting in Toronto on November 16, 17, 18, and 19. The theme of the conference is "Acting Now -- To Shape the Future". Keynote speakers are Dr. David Suzuki, Dr. W. Gifford-Jones, and Ontario Health Minister Murray Elston. For information contact Laura Wood, (613) 725-1317.

## HANDLING UNEMPLOYMENT GROUPS

Handling Unemployment Groups (H.U.G.) Program offers support groups to unemployed people. is funded by a grant from Health and Welfare Canada, sponsored by the Canadian Mental Health Association/Metro. Groups offer stress management, insight into emotional stages of unemployment, job search skills such as interview techniques and resume writing, and referrals to other relevant community resources. Groups are led by professionals or lay people who have specific training in the model. They meet for a four week period, twice per week at convenient locations. These groups will also be offered outside the Metro area in the fall. The program offers training to people working in the social services who wish to do individual or group counselling around the specific issues related to unemployment.

For brochures and flyers for your reception area about the groups or for information about the training program call 789-9260 or write to 5th floor, 3101 Bathurst St., Toronto, Ontario M6A 2A6.

The next training program for professionals will be held on October 6, 7, 8.

## NATIONAL CONFERENCE ON HUNGER

A national conference on Hunger will be held in Toronto on October 30, 31, and November 1. The sponsors are the Canadian Association of Social Workers, the Canadian Council of Churches, the Canadian Council for Social Development, the Social Planning Council of Metropolitan Toronto and the Vanier Institute for the Family. For more information contact National Conference on Hunger, 950 Yonge St. Suite 1000, Toronto, Ontario M4W 2J4.



Minister of Consumer and Corporate Affairs  
Place du Portage, Phase 1  
50 Victoria St.  
Hull, Quebec K1A 0C9

3rd July 1986

Dear Mr. Andre:

I write on behalf of the Medical Reform Group of Ontario to express disappointment with the Government's intention to proceed with changes to the Patent Act, altering the current provisions for compulsory licencing.

It is generally acknowledged that the current act has served the Canadian consumer well. Drug prices have been lowered and the development of a vigorous indigenous industry manufacturing generic drugs has occurred. There is no substantiation for the belief that the transnational corporations will do important or substantial research and development in Canada.

We have also in the past pointed out that there is a faulty premise in much of the discussion of the Patent Act, namely that there is great need and potential for the development of new chemical compounds for the treatment of disease. In fact there are remarkably few truly innovative and important new drugs. We would draw to your attention the ludicrous attempts in the Eastman report to justify the importance of drug treatment which indicate that Professor Eastman failed to consult authorities in the broad field of community health.

At our presentation to the Eastman Commission the Medical Reform Group raised a number of areas of difficulty experienced by practicing physicians. We raised the almost total lack of independent sources of prescribing information in this country. We would feel that any changes in legislation on pharmaceuticals should be part of a larger package that would lead to a much needed improvement in the rational and appropriate use of drugs in this country.

Canada has endorsed the recommendations of the World Health Organisation Committee of Experts on the Rational Use of Drugs that was held in Nairobi in November 1985. Among the responsibilities of governments that the report (World Health Organization A39/12 10th February 1986) identified are:

"...establishing national drug policies; instituting...essential drug programmes and taking steps to convince health personnel and the public of their usefulness; ensuring the objectivity and completeness of drug information in the country;...establishing up-to-date ethical criteria for drug promotion and ensuring compliance with them;...taking measures to improve prescription practices;...studying the technical and economic feasibility and extent of local production..."

The pharmaceutical industry is given the responsibility of:

"...providing complete and unbiased information on pharmaceutical products to all concerned -- governments, prescribers and consumers..."

We would strongly suggest that no legislation be changed without consultation with the Department of Health and Welfare to clearly ensure that all of the above responsibilities be fulfilled.

Yours sincerely

Robert Frankford M.D.  
for Medical Reform Group of Ontario



# Drug prices — we can still fight to keep them under control

by Dr. Joel Lexchin  
Medical Reform Group

Until 1969, Canadian drug prices were among the highest in the world; now ours are below those in many other Western countries. The credit for this dramatic change goes to the 1969 changes in the Patent Act which opened up the field for low cost generics and the various provincial drug plans which encourage the use of these generics.

Studies have estimated that the use of generics saves Canadians upwards of \$200 million annually. Now these savings are being threatened and we are in danger of going back to the pre-1969 situation.

The multinational drug companies have been consistently lobbying to reverse the changes in the Patent Act. They very nearly succeeded with the previous Liberal government until Consumer and Corporate Affairs Minister Judy Erola decided the issue was too much of a political hot potato and created the Eastman Commission to examine the problem.

In his report of May, 1985 Eastman basically supported the present system because it does what it was intended to i.e. saves consumers money on their drug bills.

Unfortunately, the new federal government does not feel bound by the progressive recommendations of the Eastman Commission.

Sometime in the near future Consumer and Corporate Affairs Minister Michel Côté will be introducing new legislation on the drug question. It is widely believed that he will allow the multinationals a six year monopoly period for their new products i.e. there will be no generic competitors to help drive the price down for at least 6 years.

That means a bigger drug bill for all of us.

If we pay cash for our drugs then the money will come directly from our pockets; if we get our prescriptions through a provincial drug plan then we'll be paying more in tax dollars to support the plan. (It's estimated that without generics the cost of Ontario's plan would go up \$40 million annually.)

It's still not too late to do something about the situation.

Since the provincial governments control the drug plans they are sensitive to any cost increases, so make sure that your provincial representatives know how you feel. The role back on the deindexation of old age pensions shows that the federal government can be successfully pressured.

(The Medical Reform Group has been a part of the Canadian Health Coalition since 1979.)

Dr. Lexchin is the author of "The Real Pushers," a book on the pharmaceutical industry published by New Star Books.

Toronto Star, June 26, 1986

## Ethics profs criticize MDs for striking

Nine Toronto religious ethics professors, including prominent Canadian theologian Gregory Baum, have written to Ontario Medical Association president Dr. Richard Railton saying they believe the doctors' strike is unethical.

"This tactic of fighting political battles by punishing third parties is ethically dubious in any case," the two-page letter said. "It is

worse than dubious when the punishment consists of denial of health care, which can endanger health and life."

The professors do not take any side in the doctors' dispute with the provincial government over the ban on extra-billing.

"The ethicists believe that whether or not the doctors are right in their opposition to Bill 94, their withdrawal of medical services is ethically wrong," the letter reads.

The letter is also signed by J. Leo Walsh, of the University of Toronto; Rev. Jack Gallagher, of the Cardinal Carter Centre for Bioethics; Richard Grecco and James Wingle, of St. Augustine's Seminary; Roger Hutchinson and C. Douglas Jay, of Emmanuel College; Maureen Muldoon, University of Windsor; and Bela Somfai, with Regis College.



# Strike 'disgusting' health group charges

By Dana Flavelle Toronto Star

The strike by doctors over the ban on extra-billing is "disgusting and unethical," the head of the Ontario Public Health Association says.

Dr. Trevor Hancock added yesterday that he's pleased to see the "sick-care" profession losing its battle with the province because it's a sign their influence is waning.

He predicts the result will be a shift in government policy toward more preventive medicine and alternative forms of health care.

"I think the tactics they're using are disgusting and unethical," he said of the closing of some doctors' offices and restricting services in hospital emergency wards throughout the province.

"It's an attempt to hold the pub-

lic hostage in a dispute with the government," said Hancock, president-elect of the 700-member association of public health doctors, nurses, dentists and inspectors.

Although the withdrawal of services doesn't appear to be hurting patients, many elderly people and parents of young children are anxious about the strike, said Hancock, who is an associate medical officer of health with the City of Toronto.

He also maintains a private medical practice and is a member of the Ontario Medical Association, which called the strike. He is not participating.

"I don't think the doctors' strike is doing nearly as much harm as people feared, which should lead people to question their value," he said in an interview yesterday.

Noting that studies show death rates usually drop when doctors stop working, Hancock said: "There's a growing awareness of the fact that doctors and hospitals don't do much to promote health. They only treat disease."

## Preventative medicine

The province should boost the amount it spends on preventative medicine to 5 per cent of its \$8 billion health care budget from the present 2 per cent level, he said.

"We think where you get your biggest bang for your buck is prevention," he said. "That's where we should be putting our dollars."

In the meantime, doctors in Ontario are being directed by "bad leaders" who are "politically stupid," he said, referring to the Ontario Medical Association.

The lobby group for 17,000 doctors in Ontario would have been wiser to negotiate with the government for some of the things it wants rather than fight a hopeless battle against Bill 94, which became law last Friday.

"I think their supposed concern about professional freedom is a sham," he added. "The issue here is money. And I think there's a small group that would like to see us return to free enterprise medicine."

## Bravo for group of radical doctors

Scarborough Mirror, Wednesday, July 2, 1986

In the heat of battle between doctors and government, it pays to remember that there's a group of doctors who are supporting the wishes of the people.

The group of radical doctors, actively opposing the Ontario Medical Association's rabid stand on extra-billing, says the OMA's strike is uncalled for and unnecessary.

Dr. Robert Frankford, a general practitioner who is a member of the Medical Reform Group, says the group isn't opposed to strikes in any circumstances but "in this case, though, the strike isn't justified."

We couldn't agree more.

The Medical Reform Group says the OMA is generally distrustful of government involvement but, he says, "their fears of total government domination of the profession are exaggerated."

Frankford, and the Medical Reform Group, present a position that more and more doctors should be carefully examining as a reasonable one.

David Peterson's Liberal government is not out to dictate over the doctors' rights and freedoms. What the government has tried to achieve is a system of quality, affordable health care that all people can use. The government has no intention of taking over the entire health care system. Politicians are not medical professionals, but they do have a responsibility to the people of the province to ensure accessibility to health care.

Frankford's Medical Reform Group is aware of this goal. They have not shuffled the government's aims aside. They listened to what the province had to say and they have shown they believe such political action is best for their patients.

Many doctors in small communities have already re-opened their practices. They know the strike has lost its momentum, its steam. The public is rapidly losing patience with the unending whining.

Frankford's group is showing common sense and great compassion for patients. While critics say the Medical Reform Group is small, disorganized and an outright farce, it's hard to argue in the face of such internal strife among the doctors.

The difference of opinion painfully illustrates the problems in the health care system. All the doctors aren't standing together in this battle. Some of them continue to work for their patients.



## MD tired of rhetoric from his colleagues

Re, Dr. Armstrong's letter, Doctor envies freedom that Americans enjoy.

Armstrong has been raised in an environment of medicare where doctors no longer have bad debts and bills are paid automatically and directly into a doctor's bank account.

The government in this province in no way infringes on the freedom of physicians to practice as they see fit. We set our own hours, choose our clientele, see as many patients in whatever manner we wish, take time off at our own discretion and OHIP compliantly pays.

In the U.S., private insurance companies dictate to doctors what services they deem appropriate, how long patients can stay in hospital and provide a multitude of forms to be completed. There is one system for the poor and one for the rich.

I am tired of the extremist right-wing rhetoric coming from my colleagues. If Dr. Armstrong prefers Reagan's America let him go there and pay the \$30,000 per year malpractice insurance and live in his white upper-class ghetto.

FRED FREEDMAN, MD

Toronto Star 30/7/86

Fred Freedman is a member of the MRG.

**HAMILTON AND** area supporters of the doctors' strike put up a strong front today despite critics' claims the first-day results are hurting the profession's image.

And Dr. Don Woodside, a spokesman for the Medical Reform Group, said he was "sceptical" that support for the Ontario Medical Association will grow next week.

He said results so far show an "almost complete lack of support and credibility for the argument that it (Bill 94) is an infringement of their rights.

"The only right that they lose is to turn medicine into a commodity which they can price. We look upon it (medical care) as a highly-subsized essential service and so we see the process of negotiating fee schedules as quite a proper one," he said.

Hamilton Spectator  
June 13, 1986

# Clippings

But a spokesman for the Medical Reform Group, an association of doctors that are against the strike, says the OMA has gone too far.

"I think they are carrying an excessive act beyond excessiveness," Dr. Robert James, a member of the Hamilton-based group said last night. "They are effectively holding people for ransom for this issue."

The strike, now in its eighth day, has closed doctors' offices across the province and about a dozen hospital emergency wards.

Hamilton Spectator  
June 19, 1986

**THE ONTARIO** Medical Association has gone too far in supporting the closures of hospital emergency wards, said a spokesman for the Medical Reform Group last night.

"I think they are carrying an excessive act beyond excessiveness," said Dr. Robert James, a member of the Hamilton-based group of physicians who oppose the OMA's call for strike action.

"They are effectively holding people for ransom for this issue."

Dr. James was commenting on the OMA's announcement yesterday that emergency wards would continue to be closed and the shutdown of complete hospitals could not be ruled out as strike action escalates.

The strike will continue even if Bill 94 is passed, said OMA president Dr. Richard Railton, a Welland surgeon who was given the mandate to escalate strike sanctions at yesterday's meeting.

Dr. James said doctors should accept surveys which indicate the majority of the public agrees with the government that extra-billing by doctors above OHIP rates should be banned.

"They are not heeding the will of the public," he said, adding doctors should respect any legislation on the issue once it has been passed.

Dr. James said he doubts the OMA meeting will succeed in recruiting more striking doctors.

"The overall support is probably going to stay the same or drop," he said. "The OMA has consistently refused to hold a province-wide strike vote. That's not very democratic."

Hamilton Spectator  
June 19, 1986

## Reform group calls for secret ballot by OMA

**TORONTO** — The Medical Reform Group called this afternoon on the Ontario Medical Association to call off its general strike and hold a secret-ballot election before considering its resumption.

Dr. Philip Berger, an MRG spokesman, said "someone will soon be hurt" if the strike drags on and argued that the current withdrawal of services has 50 per cent support at best among Ontario doctors.

Dr. Berger said the strike has not yet been effective "in causing chaos" in Ontario's health care system, but it is inconveniencing many patients and "it is unethical for the OMA leadership to try and promote panic amongst the sick and most vulnerable people in our society."

He said a secret ballot strike vote is necessary for all doctors to have a say in the extra-billing dispute.

Dr. Berger said the public would have to "accept the consequences" if doctors voted to continue the strike, but "at least they'd know what their doctors are really saying. Now they don't know."

Hamilton Spectator  
June 13, 1986

□ Dr Gordon Guyatt, a member of the Medical Reform Group, said this morning it is time for all doctors in Ontario to end their strike and obey the law. "Doctors that remain on strike should return to work now that Bill 94 is being passed," he said, adding the OMA is run by a "militant minority" and that less than 20 per cent of Hamilton doctors support the group's actions.

Hamilton Spectator  
June 20, 1986

The Medical Reform Group, a group of doctors who oppose the OMA, may have played a role in bringing about the Liberal-Tory agreement. One doctor from the group met earlier in the week with M. Peterson, his principal secretary, Hershell Ezrin, and Mr. Kealey.

Globe & Mail  
June 21, 1986



# Doctors fear image may be tarnished forever

Hamilton Spectator

By DAVID ESTOK  
The Spectator

HAMILTON PHYSICIANS say they are not surprised by the results of a poll showing most people oppose the strike by Ontario's doctors.

But they are worried that the image of doctors may forever be damaged by the dispute, according to officials of the Hamilton Academy of Medicine.

Dr. Len Jurkowski, the secretary of the academy, said the results of a poll, prepared for The Hamilton Spectator by the Angus Reid company showing two-thirds of Ontarians against the strike, aren't unusual.

"I'm sure if you polled doctors, you would get an even higher number," he said, adding that withdrawing services is not popular even with doctors.

Dr. Angelo Zizzo, who is also a member of the academy's executive, said "99 per cent of the doctors are opposed to the strike."

"None of us like this idea," he said yesterday. But he said doctors had to take steps to impress upon the public that legislation banning extra billing is "oppressive and not necessary."

The Reid poll, which was conducted June 21-24, asked 1,673 adults

across the country their opinions on the doctors' strike.

A sample of 533 Ontario people polled showed 66 per cent of those surveyed were against the withdrawal of services by doctors. But the number of people who believed doctors should not be allowed to extra bill patients has dropped.

A poll in March discovered 62 per cent of Ontarians were opposed to extra billing. That number has dropped to 55 per cent in the latest poll.

The latest poll shows the image of the family doctor may be suffering because of the withdrawal of services. Forty-eight per cent of Ontario citizens have lowered their opinion of doctors since the dispute began.

"It upsets me to see doctors storming the barricades at the legislature," Dr. Rizzo said. "I think you have to ask yourself the question, why are these people doing this?"

He said people have to realize that doctors are human beings and that many of them are faking the unprecedented actions to protect patients and the health care system's future.

"I think that the respect will quickly comeback," he added.

But Dr. Jurkowski said "the public will never see doctors as they were before because doctors will be different."

They will, he said, be less politically naive, more militant and much more careful in their dealings with government in the future.

Dr. Gordon Guyatt, a member of the Medical Reform Group, an association of doctors opposed to the doctors' strike, said the credibility of doctors has been damaged by a "militant minority" that has seized control of the Ontario Medical Association.

"In a way this is very predictable," he said. "It was obvious in the way the OMA handled this strike that people would lose respect for physicians."

"If the medical profession continues with this strike the situation is going to get worse in terms of losing credibility and support."

In spite of the poll and another prepared for the Globe and Mail showing also that 56 per cent of Ontarians believe doctors should be ordered back to work by the government, the doctors remain defiant.

A spokesman insisted yesterday they won't back down in their fight against the extra-billing ban.

## Our readers do battle

As physicians we feel we must respond to the misinformation being spread by doctors on the subject of extra-billing. The government's new legislation would simply make physicians' services available to all regardless of income.

As was apparent from the article in The Star, Outraged elderly express disgust over extra-billing (Feb. 22), in spite of more than a dozen years of medicare, some people are still not getting the medical care they deserve because of financial barriers. For us as physicians, this often means sending our patients to hospital clinics, leaving

them on long waiting lists, or as in the case of psychiatric care, not being able to refer at all. This is a two-tiered system. This is certainly not equal accessibility.

The bill doesn't pretend to address all the problems with medicare. What it does do is address opting out. We personally agree that many medical services we perform are underpaid. We feel, however, that our argument is with the Ministry of Health — the payment agency — and not with our patients. If the OMA would quit complaining and move toward a sensible system of fee negotiating which includes binding arbitra-

tion, these problems could be solved.

Make no mistake about it. This debate is not about underfunding. Paying another \$20 to your personal physician only enhances his or her financial situation, not that of the health care system. This debate is not about state control of a doctor's medical practice; 88 per cent of physicians already accept OHIP as full payment of their fees . . . the government does not tell us how many patients we can see, what hours to work, what procedures to do. We are still self-employed.

FRED FREEDMAN, MD  
MIRIAM GARFINKLE, MD

Toronto

Fred Freedman and Miriam Garfinkle are members of the Medical Reform Group.  
Toronto Star March 1, 1986



# Doctors' strike

Scarborough Mirror, Wednesday, July 2, 1986

## 'petering' out?

By LARRY TILL

Special to The Mirror

The strike by the province's physicians is "petering out," says a Scarborough doctor.

Robert Frankford is a general practitioner who has been working in Scarborough since 1968. He is a member of the Medical Reform Group, dissident doctors who oppose the Ontario Medical Association.

"We've always been opposed to extra-billing," Frankford says. "We felt it was inappropriate."

The Medical Reform Group has been in existence for about seven years. Of the three-week-long strike, Frankford says, "It is not a tactic that will succeed."

"It's not that we're opposed to strikes in any circumstances," Frankford says. The group feels in this case, though, that the strike isn't justified.

"It won't last too much longer," he says. "I think the OMA leadership is just looking for a way to back out gracefully."

"(The strike and other actions) are positions that come out of the OMA council," he says. "That's the result of the people who get elected to it."

"They are pretty much right-wing, and are distrustful of any government involvement. Their fears of total government domination of the profession are exaggerated."

Dr. Earl Myers, past president of the OMA, doesn't have much use for the Medical Reform Group.

"They're a non-existent entity," Myers says. "Their membership hasn't grown in five years. I suspect they're made up of 15 people."

Frankford says that's "nonsense." The actual number of members is about 130. Most are in Toronto and Hamilton, although there are some in virtually every corner of the province.

Frankford does not see his group working at cross-purposes to the OMA.

"It's just another organization," he says. "There's no reason not to belong."

Myers says he is suspicious because the group has no permanent office and isn't listed in the phone book.

"Who knows what they're doing," he asks. "They're just a farce perpetrated on the people of Ontario."

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**Robert Frankford  
Medical Reform  
Group**

Frankford says that's because they're fairly new, and have just begun to receive large amounts of publicity during the strike. They also have a part-time staff person, whose hours are in the process of becoming permanent.

Myers also wonders why members of the group don't sit on hospital committees, or keep hospital appointments. By their

failure to do those things, he says, "they're not making any contribution at all to health care."

But Frankford says, "I don't see what sitting on hospital committees has to do with it. Dr. Myers is just deluding himself that hospitals are so all-fired important."

"Community health care (the way it is provided by the group's members) is much more efficient."

Dr. Allan Toguri, president of the Scarborough chapter of the OMA, says all he's heard of the Medical Reform Group is that "they represent less than one per cent (of the doctors in the province), and they're very outspoken."

Frankford and his partner, Dr. Jamie Meuser, and most other members of the group see patients who subscribe to a kind of medical subscription program.

"They pay for our services whether they get sick and come in to see us or not," Frankford says. The rates are set by the Ontario Health Insurance Plan (OHIP).

"Our income is geared to the number of patients registered (with the service)," he says.

The service makes available not only doctors, but nurses, nutritionists and other health care specialists. In addition to the 13 member physicians, there are medical students and about 40 others, including researchers at Queen's Park and Parliament Hill.

"It's a better service," Frankford says. "It's more satisfying and more efficient."

He says he's unsure about the long-term effects of the strike.

"At very worst it will result in a lot of unhappy doctors," he says. "At very best it will lead to improvements in the health care system."

He also says the OMA's "strongly conservative position" makes unlikely that its members will come around.

"It's like an ocean liner steaming along," he says. "The chances for change in direction are very limited."



# Extra-billing ban means little, patients find

Globe and Mail  
August 23, 1986

BY ANN SILVERSIDES  
The Globe and Mail

In the two months since extra-billing was banned in Ontario, many doctors have continued to demand sometimes hefty out-of-pocket payments from patients.

For instance, several obstetricians at Toronto's Mount Sinai hospital, who previously extra-billed patients, continue to charge pregnant women between \$350 and \$450 for a delivery.

For many women "it is exactly the same out there" as it was before extra-billing was banned, said Dr. Marion Powell, director of the Bay Centre for Birth Control in Toronto.

Charges such as those made by Mount Sinai obstetricians are for services not insured by the Ontario Health Insurance Plan rate, and as such they are not illegal. The ban on extra-billing applies only to charges for OHIP-insured services.

But patients have expressed concern that doctors are not always specific about what services the extra charges are supposed to cover. "They seem to set the amount first and then figure out the justification afterwards," said one patient, who asked not be identified.

And sometimes patients are presented with an extremely broad list of uninsured services for which they can be charged. In one case, a list included items that one might ex-

pect to be covered by OHIP, such as filling out laboratory requisition forms and keeping medical records.

"There is some question as to what is now being hived off as a charge separate from OHIP, a charge that may not be appropriate. We are looking into that," Robert Stephens, press secretary to Health Minister Murray Elston, said yesterday.

For the moment, it is not clear who will deal with patient complaints about inappropriate, fuzzy, or excessive charges for uninsured services.

After extra-billing was banned in Nova Scotia, the provincial medical association warned members about billing for uninsured services "without explanation or detailing of specifics," according to spokesman Bill Martin.

The Sept. 18, 1984, letter also warned Nova Scotia doctors that charging a patient a fee for renewing a prescription without seeing or conversing with them is unethical, Mr. Martin said.

But to date, the Ontario Medical Association has sent no similar letter to its 17,000 members. And many patients of opted-out doctors continue to receive bills for amounts above the OHIP schedule which are not itemized. (Opted out doctors can bill patients directly and those patients are then reimbursed by OHIP for insured services.)

The OMA has also not provided members with a comprehensive list of suggested charges for uninsured

services. The association has suggested some charges, such as a minimum of \$7.50 for telephone advice, but it has left charges for most items to the discretion of doctors.

Neither OMA president Dr. Richard Railton nor general secretary Dr. Edward Moran could be reached for comment.

In the absence of any set of fee guidelines, the College of Physicians and Surgeons of Ontario would be hard pressed to decide if a fee charged is excessive, registrar Dr. Michael Dixon said last month. (Dr. Dixon said the college's executive would likely press the OMA for such guidelines.)

Nonetheless, patients concerned about the nature or extent of charges for uninsured services should complain to the college, Mr. Stephens said.

"The college is certainly concerned about fees which become obstacles to people seeking care."

The Ministry of Health has received more than 100 complaints and inquiries from patients about charges made by doctors, ministry spokesman Doug Enright said. However, because of the time lag for OHIP filing and processing, no investigations have yet been completed, he said.

The Health Ministry has been remiss because it has not circulated consumer information about doctors' billing practices, said Michele Harding, executive director of the Ontario Health Coalition.

Vancouver Sun

## Public health body won't back strikers

By ANNE MULLENS  
Sun Medical Reporter

Public health officials criticized striking Ontario doctors Thursday and condemned the Canadian Medical Association for asking doctors across Canada to support their cause.

At their annual general meeting Thursday in Vancouver, members of the Canadian Public Health Association passed a resolution condemning the CMA's request for all doctors outside Ontario to bill visiting Ontario patients directly as a gesture of support for the Ontario doctors' strike.

"The CMA action is contrary to the spirit and intent of the Canada Health Act and places Canadians in positions as pawns between the medical profession and the government of Ontario," said Dr. Clyde Hertzman, an epidemiologist at

University of B.C. who presented the motion.

Last Friday, CMA president Dr. William Vail sent telegrams to the chiefs of medical staffs of all hospitals outside Ontario urging them not to honor Ontario Health Insurance Plan cards. The letter urged doctors to bill Ontario patients directly for any medical services given, as a show of support for the Ontario doctors' fight against legislation that would take away their right to extra-bill.

The resolution was passed.

Clyde Hertzman is a member of the MRG.



# Doctor recalls when bills unpaid

A SURVIVOR of an era when patients didn't always pay their bills, Dr. Bill Goldberg can only wonder why Burlington doctors on strike yesterday outnumbered Hamilton physicians by more than 3-1.

Dr. Goldberg, who tallied one more day on the job yesterday at St. Joseph's Hospital in his 32-year career, says he feels Burlington is a "typical, well-off bedroom community" boasting more younger, affluent doctors who support the Ontario Medical Association strike.

"There are more journeymen doctors in Hamilton than in Burlington ... that's hard-working. It sounds corny but it's true and I'll probably

get people angry by saying it," said Dr. Goldberg, a 60-year-old specialist in internal medicine.

"I didn't extra-bill and I don't think that's the issue. If you gave me binding arbitration, merit pay for experience and time and the freedom to practice, I can't imagine asking for anything more than that."

But some Burlington doctors on strike are convinced an older generation of physicians are out of touch and haven't clearly understood.

Dr. Norma Wright, a family doctor and president of the Halton County Medical Society, said she might ~~have the stereotypes of the Burlington-Oakville doctor~~ if the strike were a money issue and not the future of Ontario's health care system.

"But we have a great mixture, all ages, those starting out who may not be affluent and those who're older and close to retirement," said Dr. Wright, who stayed off the job yesterday. "I certainly don't look across the room (at medical meetings) and see any difference between Hamilton and Burlington doctors."

Noting Hamilton doctors' seeming reticence to get militant, Dr. Wright said doctors in Burlington

and Oakville get a better exposure to the issues than in Hamilton because the two cities have one hospital each.

"In a smaller, close-knit community, it's easier to disseminate the purpose of the action we're taking and that is one of principle. Bill 94 is taking away our rights," she said.

The strike support in Hamilton and in Halton closely mirrors the doctors' record on staying in the Ontario Health Insurance Plan.

A Hamilton Spectator poll yesterday showed only 19.1 per cent or 48 of 251 Hamilton-Wentworth doctors surveyed participated. A poll of Halton doctors revealed two thirds surveyed - 39 of 60 were on strike.

In an April study by the Ministry of Health, 863 general practitioners and specialists — 97.6 per cent — in Hamilton-Wentworth belonged to OHIP while 21 or 2.4 per cent opted out.

In Halton, 304 GPs and specialists — 84.9 per cent — were in OHIP but 54 or 15.1 per cent (including 39 specialists) decided to extra-bill for their services.

Hamilton's position as one of Ontario's premier teaching hospital centers is also seen as a factor influencing the weak support by city doctors.

The Province

Friday, June 20, 1986

## Boycott rejected

By AL ARNASON  
Staff Reporter

Canada's public health professionals voted disapproval yesterday of a call to physicians to refuse to honor Ontario Hospital Insurance Plan cards.

Members of the Canadian Public Health Association (CPHA), at their annual meeting in Vancouver, approved a resolution "to condemn the action taken by the Canadian Medical Association in calling for physicians outside Ontario to refuse to honor OHIP cards because this action is contrary to the spirit and intent of the Canada Health Act and places Canadians in positions as pawns

between the medical profession and the government of Ontario."

A number of Ontario doctors are on strike to protest proposed provincial legislation to ban extra billing in Ontario. The call for the OHIP card boycott was made by Dr. William Vail, president of the CMA.

CPHA members were told by Dr. John O'Brien Bell, president-elect of the B.C. Medical Association, that OHIP card refusal would mean only an "inconvenience" to Ontario residents. He said those patients would pay cash for an out-of-Ontario doctor's services but could later claim a refund from OHIP.

"Nobody can tell me a patient who comes here by air is disadvantaged by a temporary \$17 bill — which is the cost of a visit," said O'Brien-Bell, a Surrey family physician.

The resolution was introduced by Dr. Clyde Hertzman, an assistant professor of health care and epidemiology at the University of B.C. It was seconded by Dr. Fran Scott, a Toronto public health physician.

About 60 per cent of the 3,000 members of the CPHA are public health nurses. The rest are salaried public health physicians, epidemiologists, nutritionists and others.

Clyde Hertzman and Fran Scott are members of the MRG.



# Law that has MDs seeing red

The Health Care Accessibility Act was passed June 20 but still faces Charter test

Bill 94, the Liberal government's law against extra-billing, limits doctors' fees to the amount that a patient is reimbursed by the Ontario Health Insurance Plan.

The law, known as the Health Care Accessibility Act, also ensures that about \$100 million in medicare grants withheld by Ottawa as a penalty for allowing extra-billing will be returned to the province.

Eight provinces have now banned the practice of doctors charging their patients more than medicare rates.

Ontario's legislation was passed on June 20, and was proclaimed law. Since then, however, the province's doctors have continued the province-wide strike they began June 12 to stop the bill going through the Legislature.

The doctors claim that their bitter opposition to Bill 94 stems from their fear that it will lead to greater government control over the profession and a decline in the quality of health care.

## Court test

They insist that the law will conscript them into government service and they are fighting for their professional freedom, not money.

The Ontario Medical Association, representing the province's 17,000 doctors, says it is opposed to the government's telling a professional group what it can charge.

The doctors are planning to refer Bill 94 to the courts to test its constitutionality under the Charter of Rights.

Health Minister Murray Elston says the act will only eliminate over-charging of individual patients.

He denies the law will make physicians a special case because it is "their unique position in society that already makes them a special case."

Elston says the law in no way changes the doctors' status as licensed professionals, and that the bill does not change their legal status into civil servants.

Under Bill 94, he says, doctors would continue to negotiate with government for a fee schedule from medicare, and the medical association would continue to determine the proportion paid as fees for individual services.

The Health Care Accessibility Act says nothing about physician manpower or where doctors can practise.

## Bill 94

### Section 1 defines:

Board: The Health Services Appeal Board.  
General Manager: The person appointed under the Health Insurance Act.  
Minister: The minister of health.  
Plan: The Ontario Health Insurance Plan.

2. (1) — A physician or an optometrist who does not submit his or her accounts directly to the Plan under section 21 or 22 of the Health Insurance Act or a dentist shall not charge more or accept payment for more than the amount payable under the Plan for rendering an insured service to an insured person.

2. (2) — A practitioner referred to in subsection (1) shall not accept payment in respect of an insured service rendered to an insured person until after the practitioner receives notice that the patient has been reimbursed by the Plan unless the insured person consents to make the payment on an earlier date.

3. (1) — The Minister of Health may enter into agreements with the associations mentioned in subsection (2), as representatives of physicians, dentists and optometrists, to provide for methods of negotiating and determining the amounts payable under the Plan in respect of the rendering of insured services to insured persons.

3. (2) — The associations representing physicians, dentists and optometrists are:

- (a) the Ontario Medical Association, in respect of physicians;
- (b) the Ontario Dental Association, in respect of dentists; and
- (c) the Ontario Association of Optometrists, in respect of optometrists.

3. (3) — The Lieutenant Governor in Council may make a regulation providing that the Minister may enter into an agreement under subsection (1) with a specified person or organization other than an association mentioned in subsection (2).

4. (1) — Where the Minister is satisfied that a person has paid an unauthorized payment to a practitioner, the Minister may direct the General Manager to pay to the person the amount of the unauthorized payment.

4. (2) — Where a person has paid an unauthorized payment to a practitioner and the General Manager has paid the person under subsection (1), the practitioner is indebted to the Plan for an amount equal to the sum of the amount of the unauthorized payment and the administrative charge prescribed by the regulations.

4. (3) — The General Manager may recover from a practitioner part or all of any money the practitioner owes the Plan under subsection (2) by set off against any money payable to the practitioner by the Plan.

4. (4) — If the General Manager recovers money from a practitioner under subsection (3), the General Manager shall forthwith serve on the practitioner notice of the amount recovered, the account in respect of which it was recovered and the practitioner's right under section 5 to request a review of the issue of whether the practitioner has received the unauthorized payment.

4. (5) — The notice under subsection (4) shall be served by registered mail addressed to the person to whom the notice is being given at the person's latest known address and the service shall be considered to have been made on the seventh day of mailing unless the person to whom notice is given establishes that he or she, acting in good faith, did not receive the notice until a later date.

5. (1) — A practitioner is entitled to a review of the issue of whether the practitioner has received an unauthorized payment if within 15 days after receiving the notice under subsection 4 (4) the practitioner mails or delivers to the General Manager written notice requesting a review.

5. (2) — The General Manager, upon receiving a

request for a review in accordance with subsection (1), shall refer the matter to the Chairman of the Board.

5. (3) — The Chairman of the Board may from time to time appoint a member of the Board to conduct a review under this Act.

5. (4) — A member of the Board conducting a review shall inquire into whether the practitioner has received an unauthorized payment.

5. (5) — The General Manager, the practitioner and the insured person have the right to make written representations to the member of the Board conducting the review.

5. (6) — The member of the Board conducting a review shall advise the General Manager and the practitioner in writing as to whether, in the person's opinion, the practitioner has received an unauthorized payment and, if so, the amount of that payment.

5. (7) — If the member of the Board conducting a review advises the General Manager that the General Manager recovered more from the practitioner than the sum of the unauthorized payment, if any, and the administrative charge, the General Manager shall pay the practitioner:

- (a) if the member finds there was no unauthorized payment, the total amount recovered; or
- (b) if the member finds there was an unauthorized payment, the difference between the amount actually recovered and the amount that should have been recovered.

6. The members of the Board shall be paid such remuneration in respect of their services in connection with the administration of this Act as the Lieutenant Governor in Council determines.

7. Despite subsection 44 (1) of the Health Insurance Act, the General Manager, the Minister and one other person engaged in the administration of this Act who is designated in writing by the Minister may furnish to:

- (a) a member of the Board;
- (b) the person to whom insured services were rendered or where a person other than the person to whom the insured services were rendered was charged for those services, the person who was so charged; and
- (c) any other person, with the consent of the person to whom the services were rendered, information pertaining to the nature of the insured services, the date or dates on which the insured services were provided and for whom, the name and address of the person who provided the services, the amounts paid or payable by the Plan for such services and the person to whom the money was paid or is payable, for the purpose of enforcing this Act.

8. (1) — A physician, a dentist or an optometrist who contravenes section 2 is guilty of an offence and on conviction is liable to a fine of not more than \$250 for the first offence and \$1,000 for any subsequent offence.

8. (2) — When a prosecution is conducted by a private prosecutor and the defendant is convicted, the court may determine the actual costs reasonably incurred in conducting the prosecution and, despite section 61 of the Provincial Offences Act, may order those costs to be paid by the defendant to the prosecutor.

9. The Lieutenant Governor in Council may make a regulation prescribing the administrative charge for the purpose of subsection 4 (2), such charges not to exceed \$150.

10. Subsection 8 (1) of the Health Insurance Act, being chapter 197 of the Revised Statutes of Ontario, 1980, is amended by striking out "and not more than nine" in the second and third lines.

11. This Act comes into force on a day to be named by proclamation of the Lieutenant Governor.

12. The short title of this Act is the Health Care Accessibility Act, 1986.



# LAW PRACTISES BAD MEDICINE

by Dr. Nikki Colodny, a Toronto-based general practitioner.

I was very glad to see the strong message of support for the Toronto Morgentaler Clinic in Dr. Ken Walker's recent article in *Canadian Doctor*. In particular, I appreciated Dr. Walker's bold appeal to physicians to be more outspoken in support of the Morgentaler Clinic. He asks us, his colleagues, to step forward and be counted in our disapproval of the existing law. By crucially limiting access to abortion and by creating unnecessary delay, this law has tragic consequences for patients.

General practitioners are often appalled when brought face to face with the realities of Section 251. Recently a well known Toronto physician phoned the Canadian Abortion Rights Action League (C.A.R.A.L.) outraged. He and his receptionist had just spent three to four frustrating hours trying to arrange an abortion for a patient with no success. Finally she was booked at the Toronto Morgentaler Clinic. He was surprised and shocked. He had not formerly believed that the access crisis really existed.

In fact, neither had I. But as a GP working in Toronto, I began to see the same pattern repeated on a regular basis in my office. I was at first surprised, and then very concerned as I watched my patients wait weeks for an abortion. Canadian women wait an average of eight weeks from first appointment to procedure. That is why Canada has the second highest mid-trimester abortion rate of industrialized nations. This institutionalized delay is medically unsound and psychologically difficult.

Watching the law practise bad medicine on my patients, I knew I had to do something. At first I worked with pro-choice organizations. I learned that the lotteries of income, geography, age, country of origin and being in-the-know dictated whether or not a woman could get an abortion. Those are the same variables that used to dictate who got an illegal abortion!

I seriously began to consider working at the Toronto Morgentaler Clinic. A major consideration was my responsibility to my current practice. I was reluctant to abandon my patients and I very much enjoyed my practice. It was medical triage that determined the decision. My patients in general practice could find another GP without much difficulty. Women at the clinic, however, are desperate.

Another major concern was the potential harassment of my household, which includes two children, by the anti-choice minority. This I discussed extensively with those closest to me. In the end I have been led by the values and traditions of my family. I was taught that we should stand up for what we believe in, even when the going gets rough.

In my own practice, and through my involvement with the Ontario Coalition for Abortion Clinics (O.C.A.C.), I knew of many patients who had been mistreated by the current delivery system (or lack thereof) for abortion services. In Doctors for Choice meetings we exchange such stories. But at the clinic, that is all I see every day.

Right before my very eyes is the evidence that the government and courts should be attending to. It looked grim from the outside. From the inside it is even worse. I

see daily evidence that the current law is a cruel injustice to women and that its medical consequences are unacceptable and sometimes unconscionable. Working at the clinic and being privy to the real workings of this law has verified for me the absolute necessity for the repeal of the law and the legalization of free-standing clinics.

For many of us, legalization of clinics is the rational solution to the access crisis. We have seen the statistics from the U.S. where 92% of all abortions are performed in clinics. Statistics from the U.S. and Quebec show us that such procedures are as safe, or safer, than those in hospital. Some physicians and patients will always prefer the hospital setting. The situation should be medically analogous to hernia repair.

As a physician practising in a free-standing clinic which provides abortion services to women, I was particularly glad to read Dr. Walker's call for physicians to stand forward and be counted. He presents arguments for the abolition of the Therapeutic Abortion Committees (TACs) that are persuasive and compelling and shared by many. The CMA's own position calls for an end to the present Committee system. Lobbying for the dissolution of TACs while continuing to provide abortion services is certainly one way that physicians can make a difference.

Public support for the existing clinics is another way that physicians can help. The CMA's own poll shows that the vast majority of physicians are pro-choice. And yet we are very reticent to let these views be known publicly. I believe this is a vestige of a former

time. Why are we so hesitant now, when poll after poll and jury acquittal after jury acquittal show that the public and our colleagues would agree with us, not condemn us?

Abortion is not illegal in this country. And very few physicians would ever want to go back to the days when death from septic and botched illegal abortions was an all-too-common phenomenon. So common and so unacceptable, in fact, that many physicians were performing safe abortions in hospital prior to the 1969 legislation which legalized such procedures.

There are presently more than a dozen free-standing clinics providing abortions in Canada. The physicians staffing those clinics

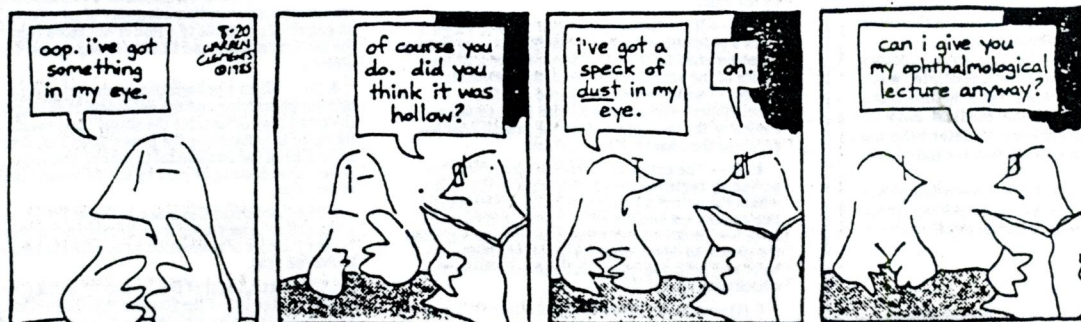
myself included, share the motivation of the hundreds of physicians who prescribed contraception or performed abortions in hospital prior to the '69 legislation which legalized those medical activities.

As one of the physicians working at the Toronto Morgentaler Clinic, I ask for your support. Like Dr. Ken Walker, I believe it is time for us to add our voices to those who, for many years, have been calling for the repeal of the current abortion law. In the end, we must work towards a rational delivery model for abortion services that includes reasonable access, minimal delay and a setting that is safe and supportive for the women of Canada. ■

Canadian Doctor  
June 1986

Nikki Colodny is a member of the MRG.

## NESTLINGS





# Abortion doctor fights on

The short, dark-haired woman is everything you'd expect a sympathetic doctor to be — warm, gentle and approachable. But to her detractors, Dr. Nikki Colodny is a murderer and a perpetrator of evil.

Colodny believes she is simply applying her considerable medical skills towards meeting an important social need — performing abortions — in a supportive, humane environment, on women who feel they have no place else to go.

Since January of this year, she has worked as a staff doctor two days a week at the Morgentaler Clinic in Toronto. It wasn't a decision that came automatically or easily. In fact, it took Colodny, a 38-year-old wife and mother of two, an entire year to make up her mind.

"I had to consider the repercussions on my family and myself personally," she recalls, in light of the harassment she anticipated from fervent anti-abortionists. "I also had to consider my family practice, my responsibility towards my patients and the fact that going to the (Morgentaler) clinic would entail a considerable career change."

These were factors she weighed carefully. But ultimately, the decision was made for her — by her conscience.

Colodny, an American by birth, a Canadian by choice, was brought up in a family of idealists. Both sets of grandparents were union activists whom she greatly admired.

She admits that her parents weren't particularly attuned to current issues, but they had a great deal of faith in the human capacity to make moral decisions.

"My parents taught me that my integrity is the most important thing there is," she says.

It was this kind of thinking that led Colodny into medicine. A psychotherapist by profession, she worked with prison inmates until it slowly dawned on her that many of the problems her

clients were experiencing were social in nature, not psychological.

"I decided I wanted to acquire skills that were more socially useful," she says. "So I went, at the late age of 27 or 28, to medical school."

She met the challenge. Colodny graduated from medical school in Philadelphia and then did a two-year residency at McMaster University in Hamilton.

In 1984, Colodny came to Toronto to take over an existing family practice in partnership with two other women doctors. It was then that the full impact of women's dilemma hit her.

"You simply cannot practice family medicine without learning how difficult it is for women to get an abortion. Our clinic used to make 75 calls a day to Toronto General Hospital asking for an appointment to its clinic. Only about six of those calls would get booked," because the hospital can't meet the demand.

Colodny began to realize that the same factors that historically determined whether a woman could get a back-street abortion — geography, income, race, age, personal contacts — were the same factors that determine, today, whether a woman can get a hospital abortion.

"The abortion issue became very real to me," she says. "It also became very unacceptable. What we have is the law practising bad medicine. It makes no medical sense and it makes no human sense."

As far as Colodny is concerned, what's needed is a rational, medical delivery model. In other words, free-standing abortion clinics.

"They are safer," she says, "because no general anesthetic is used. The infection rate is lower. They are more supportive to women and they are better for staff."

Despite the fact that polls consistently show that the majority of Canadians support the right of women to choose an abortion in consultation with their doctors, a minority loudly registers resistance.

Every day, protesters appear at the Morgentaler Clinic, offering food to clients ("Knowing full well, they can't have an abortion if they've had something to eat," says Colodny), showing them pictures of fetuses in advanced stages of development and telling women an abortion will prevent them from ever giving birth.

Two months ago, about 45 anti-choice demonstrators showed up at Colodny's home on a peaceful Riverdale street with placards and pamphlets.

Colodny wasn't home, although she'd warned her children, ages 9 and 7, something like that might happen.

"They understood immediately," she says. "They nodded their heads and said, 'Oh, like the bully in the schoolyard.'"

The tactic backfired. Neighbors sent an open letter to a local newspaper in support of Colodny, outraged at the harassment.

The demonstrators haven't come back. But Colodny is only too aware that the issue is volatile with no end in sight. She puts the blame squarely on the government.

"Ontario could do what Quebec did — declare the law unenforceable," she says. "The province could declare the clinic legal with a stroke of the pen."

There is nothing to indicate that the Ontario government is about to do that: Quite the contrary.

In the meantime, Colodny carries on in the same tradition as those doctors who risked prosecutions by dispensing birth control until it was finally legalized in 1969.

Toronto Star  
June 27, 1986

**Lois Sweet**



Nikki Colodny is a member of the MRG.



# The Strain of Controversy

The stress of daily practice is quite enough for most physicians without the added strain of public controversy that has surrounded them for the past six months. They have become disillusioned with the democratic process, discouraged and incensed by the incessant attacks on their profession in the news media. They're fed up with the biased reporting which deliberately misinterprets the issues, questions doctors' motives and daily regurgitates government propaganda.

Perhaps the most disturbing breach of journalism ethics evident in some of the news media, particularly the Toronto Star, the Globe and Mail and the CBC, is their insistence on including, with virtually every comment by the O.M.A., a contrary statement by the Medical Reform Group, which claims to represent some 250 of Ontario's nine million people, including 160 physicians. (Groups of patients with 600 members or more, supporting the O.M.A., are ignored.) It isn't so much the content of their statements that rankles, but the fact that such an insignificant rump group is given "equal time" with the recognized representatives of Ontario's 18,000 physicians. It's like adding to every parliamentary report from Ottawa a comment from the Rhinoceros party.

Are reporters really biased? Judge for yourself. Two Queen's Park reporters, on a radio program in which they were analysing what they like to call the "extra-billing issue", repeated their weekly forecast that the doctors were doomed to defeat. They agreed, however, that the doctors would have done much better if the O.M.A. had brought up the freedom issue sooner. Obviously, they haven't been listening or reading, for freedom has been the main issue discussed by the O.M.A., physician members of the Legislature and other opponents of Bill 94 since it was introduced.

The CBC added insult to injury by inviting Desmond Morton to rant against the medical profession. Needless to say, the socialist history professor distinguished himself again, as he did in a front-page editorial in one of Maclean Hunter's medical tabloids.

Adding to the physicians' frustration — and for some, hitting closer to home — was the entry into the controversy of the United Church of Canada. Delegates to a meeting of its Toronto Conference, mostly ministers and elders, passed a resolution calling for an end to extra billing. The fact that the same meeting passed a resolution opposing free trade illustrates the capacity of such meetings for political meddling.

While the statement undoubtedly upset physicians who support the United Church, the attitude does not seem to be shared by the general church community. In fact it is in stark contrast to a statement published in the Canadian Jewish News. A Toronto rabbi,

answering a question about the stand of rabbis on Bill 94, writes: "In Judaism, the members of a profession have the right to set the terms under which they will work. The conditions become part of the custom of the land, and must be honoured by all."

Doctors are powerless to control the attacks that have been made upon them, but they are not without recourse. When Bill 94 was first introduced the O.M.A. made the decision to test its validity in the courts if it became law. Individual physicians can tune out the CBC and listen to and watch other networks and private stations, and they can complain to their member of Parliament about the public network's unseemly behaviour. They can protest bias in newspapers and journals by cancelling their subscriptions, whether they pay for them or not. And United Church members? They can pray that in future when their leaders want to make statements on political issues they will seek the advice of knowledgeable laymen.

The imposition of such personal sanctions against those who have wronged the profession and undermined the honesty and integrity of its members might not always produce the desired results. But it has immediate cathartic value, and in the long term might help, in some small way, to make society more responsible, and more responsive to its non-visible minorities.

Physicians who have struggled for the freedom of their profession have responded as they should to a noble duty to honour their heritage and preserve its centuries-old tradition. May their adversaries be warned by the words of Abraham Lincoln: "Those who deny freedom to others deserve it not for themselves, and, under a just God, cannot long retain it."

*Ron Brownridge*

The Editor  
Ontario Medical Review  
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Dear Sir,

We are surprised at your editorial in the June issue which considers it a breach of journalistic ethics that the media have frequently quoted the Medical Reform Group in their coverage of health legislation. Good journalism requires comprehensive coverage of issues and there have been a variety of voices from within the profession, not all in agreement with the OMA's interpretation of events and proposed strategies.

The Medical Reform Group provides a means for a number of us to develop constructive alternatives for the future. We are glad to be used as a resource by the media, presenting an informed view based on mutual discussions and experience in a variety of fields of practice.

Yours sincerely,  
Robert Frankford, M.D.  
for Medical Reform Group Steering Committee