MRG Newsletter

Medical Reform Group of Ontario P.O. Box 366, Stn. J Toronto, Ontario M4J 4Y8 (416) 537-5877

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MRG General Meeting

The Medical Reform Group's Fall General Meeting will take place on Saturday October 24 at Community Centre 55 in Toronto (97 Main Street).

The morning will be devoted to regular business, including chapter reports, reports from MRG representatives, and a Steering Committee report.

The afternoon will feature a panel discussion on the topic *The Evans Task Force and Beyond.* Panelists will be Ted Ball, president of Health Concepts, and a former policy advisor to Larry Grossman when he was Minister of Health; Maureen Quiqley, executive director of the Ontario Health Review Panel (the Evans Task Force); and Dr. Michael Rachlis, a member of the MRG Steering Committee.

MRG Social

The Medical Reform Group will be holding a social evening on Friday October 23 at 121 Walmer Road in Toronto. Festivities begin at 8 p.m. B.Y.O.B.

Proposed Resolution for Fall Meeting

Whereas:

1) Charitable financing of health care institutions depends on their ability to sell themselves to the public and to corporations and thus bypasses mechanisms of rational planning of health care delivery, and
2) Charitable financing of health care attracts money that would otherwise be donated to areas where charitable financing is more appropriate

The MRG advocates that health care expenditures be financed by the provincial and federal governments through progressive taxation and not, to any degree whatsoever, through charitable donations by private individuals and corporations.

Moved by Gordon Guyatt, seconded by Haresh Kirpalani

Newsletter Deadlines

The publication date of the next MRG Newsletter is November 6, 1987. The deadline for that issue is October 19. Longer opinion and feature articles should be submitted earlier, by September 24.

The publication date for the subsequent issue is February 5, 1988. The deadline for that issue is January 18. Longer opinion and feature articles should be submitted earlier, by January 11.

Toronto Chapter Meeting

(With special invitation to Hamilton Chapter Members

The MRG's Toronto chapter is meeting on September 30 from 8 to 10 p.m. The meeting topic will be **Healthy Communities**. The speaker will be Dr. Trevor Hancock, Consultant to the City of Toronto's "Healthy Toronto 2000" project, as well as to Health and Welfare Canada and to WHO-Europe. The meeting is at the Parkdale Community Health Centre, 1257 Queen St. West, Toronto (in the heart of beautiful downtown Parkdale, scene of much unhealthy public policy). For more information contact Doug Sider at 537-2455.

Steering Committee Update

The Steering Committee met once over the summer. At that meeting we discussed a number of issues.

The theme for the fall meeting was debated for some time with many interesting ideas tossed about. In the end, the planning committee was given a 'short list' of three topics to choose from; the Evans Review of the Health Care System, Healthy Public Policy, and the structure and function of the College as a discipline body (issues raised from the Schwartz Commission). The planning committee—Haresh Kirpalani, Michael Rachlis, and Catherine Oliver—then met to finalize details about the meeting. (See the announcement of the meeting in this issue of the newsletter.)

The Steering Committee also discussed the provincial election in terms of what we should try to make into election issues. We decided to limit the issues to two: abortion access and administrative fees.

The process of incorporation is proceeding, and members of the Steering Committee will review the draft which the lawyer is preparing. This will then be sent out to the membership prior to the general meeting for a discussion and vote at the meeting.

The steering committee also held a short discussion on hospital fund raising for capital costs, in particular the role of the MRG in responding to requests for donations from affiliated staff. (See proposed resolution in this newsletter.) The next Steering Committee meeting will be held on Thursday September 17 in Toronto.

Fran Scott

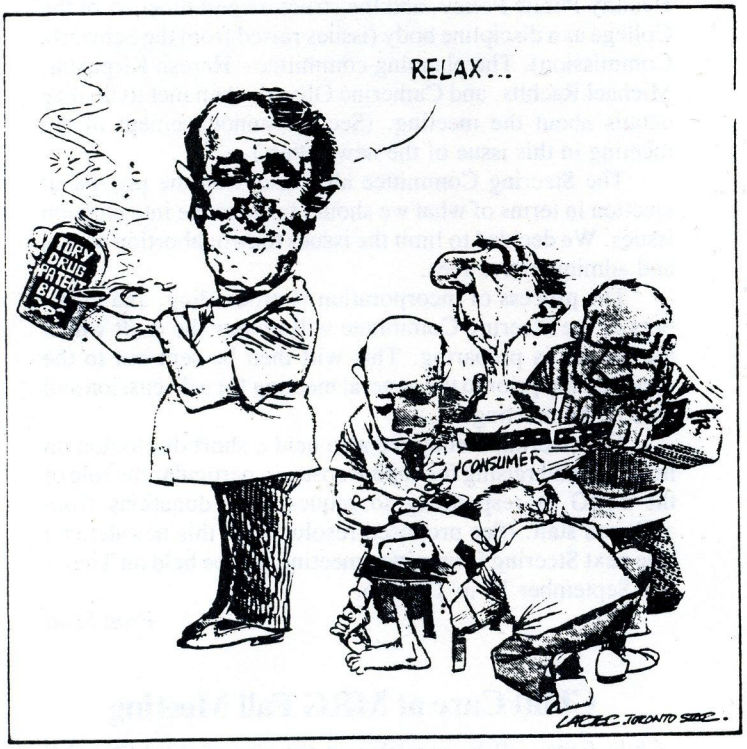
Child Care at MRG Fall Meeting

Child Care will be available at the site of the MRG Fall meeting by pre-registration. To register, contact Catherine Oliver by October 1 at 964-7186 or 920-8738.

Agenda for Fall General Meeting

Saturday October 24, 1987
Community Centre 55 (97 Main St.)

9:00 coffee
9:30 Call to order
Report from MRG representatives on other organizations, coalitions
Steering Committee report
Financial statement
AIDS working group
Drug patent legislation
10:30 Resolution on Hospital Fundraising
10:45 Discussion on Health Disciplines Review: The College of Physicians and Surgeons Discipline process
11:30 Incorporation
12:15 Lunch
1:30 Panel on the follow-up to the Evans Task Force: Does Ontario need a Premier's council on Health?
With panelists Ted Ball, health policy consultant and former policy advisor to Health Minister Larry Grossman; Maureen Quigley, executive director for the Evans Task Force; Michael Rachlis, MRG Steering Committee member and health care policy analyst.
4:00 Adjournment



MRG Incorporation

To members of the Medical Reform Group:
At our Spring 1987 general meeting the membership directed the Steering Committee to proceed with the steps necessary for the organization to incorporate. Before this can be done certain requirements must be met:
1. There must be a head office identified at a specified street address where records of the organization are kept.
2. There must be a specified nu mber of directors or steering committee members.
3. One member must be identified as president of the organization.

To achieve the above requirements the steering committee recommends the following changes to the constitution:
1. The head office of the Medical Reform Group is 427 Bloor St. West, Suite 203, Toronto M5S 1X7.
2. There are twelve positions on the Medical Reform Group Steering Committee.
3. For the purposes of incorporation the Steering Committee shall appoint one of its members to be listed in legal documents as the president. This person shall have no different powers or responsibilities than any other member of the Steering Committee. The Steering Committee can change the name of the person listed as president, as the need arises. This can be done by general consensus of the Steering Committee.

These changes will be discussed and voted on at the October 24, 1987 meeting. If you want to discuss any of these changes before the October 24 meeting please contact any of the Steering Committee members by phone. If you need a copy of the constitution please contact Ulli Diemer at 537-5877 or 960-3903.

Steering Committee Vacancies

MRG members are encouraged to consider standing for election to the Steering Committee at the Fall General Meeting on October 24. The Steering Committee meets once a month, with meetings alternating between Toronto and Hamilton. For more information call 537-5877.

HAMILTON CHAPTER MEETING

The Hamilton Chapter of the Medical Reform Group will be meeting on Tuesday October 13 at 7:30 p.m. at 16 Bond Street, Hamilton. The meeting will deal with working conditions for interns and residents, especially with on-call. Roseanne Pellizarri of the MRG will speak, as will a representative of PAIRO.

AIDS Working Group Update

The AIDS working group has met about three time since the last general meeting. At these meetings we have discussed priorities for the group i.e. helping the MRG work out AIDS related policies and education of the MRG membership. We feel the MRG needs to develop policy in at least four general areas as they relate to AIDS. These would be the areas of prevention and education, support services, testing and treatment.

As far as education goes we have undertaken three different initiatives. We are trying to arrange a meeting of appropriate parties to see if we can be a catalyst for an AIDS (and other HIV infections) treatments clearing house. This would be something that both physicians and patients could have access to. This would keep people informed of the latest treatment options available in Canada.

We are also attempting to help physicians stay informed about the latest AIDS information. We are trying to do this by encouraging the appropriate institutions of continuing medical education to provide AIDS education on an ongoing structural basis.

And finally starting with this newsletter we will begin a partial AIDS directory so MRG members can know where to turn so they can get the appropriate help with their AIDS questions.

A. General Information

1. Community AIDS Groups

Ottawa	AIDS Committee of Ottawa	(613) 563-4818
Kingston	Kingston AIDS Project	(613)-549-1232
Niagara Region	AIDS Information Line c/o Gay Outreach Niagara	(416) 641-8800
Toronto	AIDS Committee of Toronto	(416) 926-1626
Hamilton	Hamilton AIDS Network for Dialogue and Support	(416) 528-0854
Kitchener/Waterloo	AIDS Committee of Cambridge-Kitchener-Waterloo and Area c/o Bill Allen	(519) 749-0799
London	AIDS Committee of London	(519) 434-8160
Windsor	AIDS Committee of Windsor	(519) 256-4244
Thunder Bay	AIDS Committee of Thunder Bay	(807) 345-8011

2. Local Public Health Departments

B. Self-Help Groups

PWA (People With AIDS) Foundation, (416) 927-7644
Box 1065, Station Q, Toronto, Ontario M4T 2P2,

C. AIDS Consultants

(Information based on the experience of some of us working as family physicians with AIDS patients)

Toronto

Toronto General Hospital

Dr. Mary Fanning (Infectious disease) (416) 586-5175
Dr. Stan Reed – Thursday afternoons
Dr. Randy Coates – Wednesday afternoons
Mary Fanning is currently not taking new patients, but patients can be referred to Stan Read or Randy Coates at the same phone number.

Reports of care at TGH are very favourable. Stan Read is very involved with Casey House, as well as with most of the ongoing drug trials for AIDS. Stan has also made himself very accessible to groups such as PWA, ACT, etc.

Sunnybrook Hospital (416) 480-4681
Dr. Anita Rachlis – infectious disease – co-ordinator of AZT for northern and eastern Ontario and Toronto

St. Michael's Hospital

Dr. Ignatius Fong – infectious disease 864-5867
Dr. Victor Hoffstein – respirology 864-5516
Dr. Bernadette Garvey – oncology/hematology 864-5519

chairman of the Provincial Advisory Committee on AIDS co-ordinating a new study on an experimental drug for patients with Kaposi's
Trial to begin this summer.
Involved with Casey House which is due to open in October/87 (Casey House is officially linked with St. Michael's Hospital).
Dr. Garvey is very busy and difficult at times to reach.

Women's College

Dr. Ann Phillips infectious disease (416) 595-3756

Just completed a trial on the use of cyclosporin in AIDS patients.

Toronto Western Hospital

Dr. Doug MacFadden	immunology/respirology	(416) 369-5499
Dr. David Sutton	hematology	(416) 863-0657
Dr. Patricia Harvey	opthamalogy	(416) 369-5038
Dr. Peter Ashby	neurology	(416) 364-3827
Dr. Joel Eisen	psychiatry	(416) 369-5794

Doug MacFadden has been particularily helpful and accessible – always willing to discuss management issues with GP's and very open to GP input. Patients and families of patients are very pleased with his care. He runs AZT clinic at TWH for patients with AIDS and ARC.
Patient care at TWH has been very good.

Wellesley Hospital

Dr. Michael Sarin respirology (416)921-4449
Dr. Anne Matlow infectious disease (416) 926-4886

Dr. Matlow is on maternity leave until September 1987.
Dr. Sarin is involved with Casey House Hospice. Reports of Wellesley's consultants are good, however patients often complain of treatment by other health care workers at Wellesley.

Mt. Sinai

Dr. Stephen Wu psychiatry (416) 961-7922

Dr. Wu has set up a special clinic for patients with AIDS, ARC, and who are HIV positive. The clinic also serves the needs of those grieving the loss of someone to AIDS.

In the next issue we will provide information about other agencies working in the AIDS field and we willcontinue our listing of AIDS consultants by looking at what is available in Hamilton.

If you are interested in being part of the AIDS working group or if you can provide us with some information about some AIDS consultants in other Ontario centres please contact us through Ulli Diemer at 537-5877.

The AIDS Working Group

Material for Fall Meeting

TOWARD A SHARED DIRECTION FOR HEALTH IN ONTARIO

REPORT OF THE ONTARIO HEALTH REVIEW PANEL
JUNE 1987

EXECUTIVE SUMMARY

INTRODUCTION

The Premier of Ontario appointed the Ontario Health Review Panel in November 1986 to review the health status of Ontario's residents and the health care system in Ontario. The Panel's membership included representatives of various areas of Ontario, health care providers, consumer organizations and researchers.

A FRAMEWORK FOR HEALTH AND HEALTH CARE

The Panel reviews the health status of Ontario's residents and the health care system within a framework of a broad concept of health which goes far beyond the absence of illness and disease. We also identify seven values--equity, quality, comprehensiveness, informed choice, accountability, cost-effectiveness and commitment to the future--as benchmarks for assessing health and health care and for directing us to the issues which require resolution.

OVERALL ASSESSMENT

Based on a review of available information, 235 submissions, invited presentations and the reports of similar committees from the past fifteen years, we reach the conclusion that Ontario's residents enjoy a high standard of health. Ontario also has developed a good health care system which is relatively cost-effective compared to other Canadian provinces and other countries. There are pressures for change, however, created by rising public expectations for health care, constraints on public resources and frustration of health providers caught in the middle.

There is a remarkable consistency and repetition in the findings and recommendations for improvements in all the information we reviewed. Current submissions and earlier reports highlight the need to place greater emphasis on primary care, to integrate and coordinate services, to achieve a community focus for health and to increase the emphasis on health promotion and disease prevention. The Panel notes with concern that well-founded recommendations made by credible groups over a period of fifteen years have rarely been translated into action.

THREE KEY ISSUES

A long list of potential issues could have been selected for consideration to bring the health of Ontario's residents and the health care system closer to the ideal as expressed in the Panel's values. The Panel, however, selects three general issues which it feels might provide an overall direction for health in Ontario and a context in which more specific problems might be addressed.

STRENGTHENING THE ROLE OF THE INDIVIDUAL

Ontario has not yet achieved the proper balance between the contributions of the individual to good health and health care and the contributions of health care providers and government. We are not "blaming the victim" of illness or misfortune or attempting to discourage people from using the health care services they need. Rather, we explore concrete ideas to achieve a partnership between the individual Ontario resident and the health system.

A variety of potential actions are identified to support healthful choices and to support informed choices by individuals.

A sensitive but important challenge is identifying opportunities for ensuring appropriate use of the system through incentives to patients and providers to balance rights with responsibilities. We could not agree on new financial measures to reinforce patient responsibility in using services wisely due to the lack of good information on the existence of perceived patient abuse of the system and lack of consensus on suggested measures. In the absence of incentives for patients, the individual provider is faced with both a responsibility to the patient to deliver high quality care and a responsibility to the system to control costs. Health care provider rights are discussed in recognition of this complex role.

LINKING THE ELEMENTS OF HEALTH CARE DELIVERY AND INCREASING THE EMPHASIS ON AMBULATORY AND COMMUNITY-BASED CARE

Efforts to slow down the growth in health budgets will be frustrated unless new funding incentives and organizational arrangements are found to make more effective use of existing resources. The new approaches should improve the linkages among various levels of health services and related social services and place greater emphasis on care in ambulatory and community settings. Funding approaches and organizational arrangements are selected with a view to emphasizing health promotion and disease prevention, providing choice in health care delivery to both individuals and health care providers and utilizing potential for innovation both within the existing system and new funding and delivery arrangements.

The first approach involves the provision of funding incentives under the existing system of OHIP reimbursement of health care professionals and global budgeting of hospitals. The funding approach also includes the use of capitation payments as another option in addition to fee-for-service and global budgeting. Capitation payments provide fixed rates to the professional for an individual patient over a given period of time regardless of the amount of health service required by the patient.

The second approach involves organizational arrangements for linking the various types of health care services to each other and to related social services, both within the existing system and under alternative delivery mechanisms.

We stress that many of these ideas are not new but have not been widely understood or implemented.

ACHIEVING A STRATEGY FOR HEALTH IN ONTARIO

With the vast public and private resources devoted to health and health care ($14.5 billion in 1985) and the high priority assigned to health by Ontarians, the continued lack of a mutually accepted strategy is the most pressing issue for immediate resolution. Without a strategy which involves government broadly and at the highest level, it is unlikely that policies of diverse ministries which affect health will receive adequate attention or that the difficult decisions on changing priorities in health care will have the political commitment needed for implementation. At the same time, successful implementation will depend on the collaboration from the outset of others outside government-- individuals, communities and the providers of health care.

After reviewing available mechanisms for developing the strategy, we conclude that a new mechanism is required with a broader mandate and joint participation from key groups both inside and outside the Government. We therefore recommend the establishment of the Premier's Council on Health Strategy, chaired by the Premier of Ontario or his designee. The Premier's Council should have 15-18 members with approximately equal representation from the three groups with the greatest impact on decision-making in health and health care: Provincial Cabinet Ministers, health care providers and individual residents. The Premier's Council should become a forum for the clear articulation of priorities, the resolution of conflict and the formulation of new policy initiatives.

The Premier's Council should be supported by a valid and reliable information system, adequate staff resources who are accountable to the Cabinet Office and local strategies developed by strengthened District Health Councils and local Boards of Health.

ESSENTIAL FIRST STEP

The Ontario Health Review Panel was requested to indicate a process for a subsequent phase of in-depth examination of options for implementing the general directions identified for the Government in the first phase of the review process. We urge that the Premier's Council on Health Strategy be established as soon as possible to ensure that the next phase is conducted by the Government in a partnership with health care providers and individuals in Ontario.

Doctors using administration fees to get around billing rules: report

MORE ONTARIO doctors are charging administration fees now that extra billing has been banned by the provincial government, the Medical Reform Group charges.

In a news release today, the group of Ontario doctors said the issue should be addressed by provincial election candidates.

"Bill 94 led to an increase in administrative fees. Many physicians who were charging user fees are charging much smaller amounts in administration fees," said Hamilton spokesman Dr. Gord Guyatt.

"We're more concerned that a group that was charging very little in the way of user fees, family doctors, are now charging administration fees," he said.

Administration fees can include doctors consultation by phone, or physicals done for companies or other third parties such as children's summer camps. Dr. Guyatt said the term is broad and covers any service a doctor performs that is not covered by OHIP's fee schedule.

"The majority of doctors aren't charging anything for these things. But it is alarming because it was something that was never done before and it's outside anybody's control. It's a potential deterrent to equal access," he said.

One of the administration fees being charged is for a letter to a hospital's abortion committee from a doctor giving a recommendation for a woman having an abortion. "The average (administration) fee for that letter is about $200 but it goes up to $500," Dr. Guyat said.

The medical group doesn't have any statistics to back up their claims, but Dr. Guyatt said the group's members are hearing a lot of complaints from their patients.

Doctors' group wants all party leaders to outline plans for ending extra-billing

The Globe and Mail

The Medical Reform Group has criticized the leaders of Ontario's three major political parties for not saying how they will deal with doctors who charge extra fees for abortions and other services.

"Women are being charged $200 to $500 for an abortion under the guise of administrative fees," said Gordon Guyatt, a spokesman for the group of about 160 Ontario doctors who fought to end extra-billing in the province.

"There's still a lot of extra-billing going on," Dr. Guyatt, a specialist in internal medicine, said in an interview. The Ontario Government banned extra-billing last June after a bitter fight with the doctors.

"These issues are being neglected in the election campaign because (the leaders) would rather they didn't exist," Dr. Guyatt said. He said he believes all the parties are tired of fighting with doctors and simply want to keep the peace.

In addition to being charged more than the Ontario Health Insurance Plan rate, lack of easy access to abortion services is threatening women's health, Dr. Guyatt said.

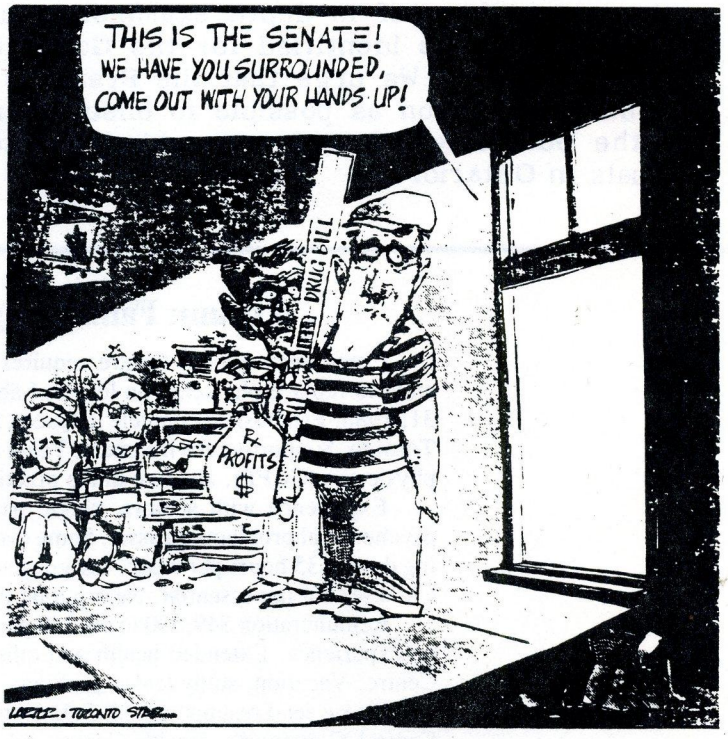
The great demand and a shortage of facilities means "women are waiting longer than they should," when they go to a hospital for an abortion, he said, and many are going to abortion clinics in Canada or United States.

"The longer the delay, the increase there is in the possibility of complications," Dr. Guyatt said. An abortion at 11½ weeks is 35 per cent riskier than one at 9½, and 60 per cent riskier than one at 7½ weeks.

While some of the extra charges levied by physicians are legal because they are for services not covered by OHIP, letters or telephone calls for example, others, such as charging for an abortion, are not.

Since last June, the Ministry of Health has refunded $21,165 to 301 patients who had been billed by doctors at higher than OHIP rates. The amount, plus a $50 administration charge, is then deducted from money the plan owes the doctors.

Informal telephone surveys show "the number of physicians charging these (legal) administrative fees has gone up a lot," Dr. Guyatt said. The group wants the government to negotiate with the Ontario Medical Association to end the fees.



Health issues the candidates are ignoring

By Trevor Hancock

The most important function of government is, or ought to be, improving the health and well-being of the citizenry. To be sure, that depends among other things on a healthy economy; but to listen to the current political debate in Ontario is to listen in vain for any serious discussion about how to make Ontario a healthy place to be. And let me be clear at the outset that I am not talking here about funding for the health care system — or to be more accurate, the sick care system. While doctors and hospitals are important when we are sick or hurt, they are of little importance when it comes to being healthy. Health requires a broad range of social, environmental and economic policies that promote health.

One obvious example is smoking. This is the largest single cause of preventable death in Ontario. When we look at the economic, social and legal context within which smoking occurs in our society, here is what we see:

- ☐ Ontario has the lowest rate of tobacco taxation in Canada although there is good evidence that increasing the relative cost of tobacco will reduce consumption;
- ☐ While education about AIDS is now mandatory in Ontario schools (a move we applaud), education about smoking — the major killer — is not;
- ☐ While smokers usually get hooked while quite young, the legislation that prohibits the sale of tobacco to minors is a rarely enforced piece of federal legislation that dates back to World War II;
- ☐ While the Ministry of Labor acknowledges that second-hand smoke is a health hazard, there is no provincial legislation to protect workers.

What is needed is a comprehensive government-led attack upon the smoking epidemic — an attack described in detail in a 1983 Ontario Council on Health report that was ignored by the Progressive Conservative government of the day and is still being ignored.

Tobacco is, of course, not the only cause of health problems about which governments have a double standard; they are also addicted to the tax revenues generated by the sale of alcohol — a crown monopoly in Ontario. Yet alcohol causes almost as much death and disease as tobacco. We would welcome a comprehensive government program to reduce alcohol consumption, and to prohibit the promotion of an alcohol-related lifestyle by the alcohol industry.

But the so-called lifestyle diseases related to tobacco and alcohol consumption, unhealthy diet and inadequate exercise are not simply a result of our free choice of a lifestyle. Those of us fortunate enough to afford a healthy lifestyle, to live in healthy surroundings and enjoy healthy and satisfying work, do very well. But those at the bottom of the scale do not do so well. The poor lead shorter lives and experience more disability — seven fewer years of life and seven more years of disability for Canadian males in the lowest income group. These inequalities in health are shocking — but equally shocking is the fact that "there is no comprehensive data on health status in Ontario," as the recent report of the Ontario Health Review Panel pointed out. How can we take action to reduce inequalities in health when we don't know the extent or distribution of those inequalities?

In addition to lifestyle and social factors, a third broad area of public health concern is our physical environment. Here, to their credit, the three party leaders have had more to say about the need to prevent pollution and clean up the environment. Acid rain, toxic wastes and other environmental problems are not only threats to our environment, but to our long-term health and well-being. The recent discovery of dioxins in Ontario-grown apples and the presence of other toxic chemicals in vegetables, fish and meat documents the fact that these compounds have entered our food chains — and ourselves. Is this acceptable?

Finally, let us turn to the health-care system itself. The health panel report, chaired by Dr. John Evans, had some very salient things to say about this. It pointed out the need to develop a variety of ways of supporting individuals in making healthful choices: the need to link the elements of health service delivery and to place much greater emphasis on ambulatory and community based care; and — most importantly — the need to develop a comprehensive, commonly understood and accepted strategy for health in Ontario. In their view and in our view, this is "the most pressing issue for immediate resolution" and it recommended the establishment of a Premier's Council on Health Strategy as the "essential first step."

Is anyone out there listening? Here is one of the most innovative and far-reaching proposals for improving the health of the people of Ontario, one with profound implications not just for the Ministry of Health, but for the whole government structure — and the party leaders have not even mentioned it.

☐ **Dr. Trevor Hancock is president of the Ontario Public Health Association.**

Questions to Political Parties

The MRG Steering Committee prepared a list of questions about health policy which it submitted to the political parties during the recent Ontario election campaign. The list of questions is below; the parties' answers follow on the subsequent pages.

1. As you know, many doctors are contravening Bill 94 and others are charging their patients for surcharges for non-insured services.
   (a) Would your party support full scale investigations of the practice of a doctor who was found in breach of Bill 94?
   (b) Would your party move to the elimination of all surcharges for non-insured services?
   (c) If yes to (b), how would you eliminate these surcharges?

2(a) What is the party's attitude to the relationship between unemployment and ill health in the population?
   (b) If this is important what are the concrete steps intended to alleviate unemployment, how many jobs and in what industries is it proposed that the party will create over the next 4 years?

3. Does your party think that there is a problem of access for Ontario women to contraception and abortion services?
   If your party does think there is a problem would you:
   (a) Develop a network of free standing abortion clinics?
   (b) Force hospitals without therapeutic abortion committees to convene them?
   Other: please outline.

4. What specific steps are required for the strengthening of:
   (a) an occupational health service?
   (b) an environmental health service?

5. What is the party's attitude to a minimum pay scale:
   (a) Is it necesary? Does such a pay scale have any bearings on health?
   (b) If so what levels are to be maintained and how are they to be regularly reviewed?
   (c) How are they to be funded?

6. What is the party's attitude to the federal bill to change the Patent Act (Bill C-22)? What does the party anticipate as the effects of the Act on the prices of drugs?

7. What does the party perceive as the inequalities of health through Ontario? What **specific** steps are proposed to remedy these inequalities?

8. What is the party's policy on the development of alternatives to fee for service practice? What specific changes would you make within the Ministry of Health to facilitate the development of alternatives to fee for service practice?
   How are they to be funded?

ONTARIO LIBERAL PARTY RESPONSE TO THE MEDICAL REFORM GROUP OF ONTARIO QUESTIONNAIRE

Question 1:

(i) Would your party support full scale investigations of the practice of a doctor who was found in breach of Bill 94?

(ii) Would your party move to the elimination of all surcharges for non-insured services?

Response:

The Liberal Government has moved to address the issue of uninsured services. The Minister of Health has met a number of times with the President of the Ontario Medical Association to discuss a resolution to this issue. A letter from the President of the OMA has been issued to members,setting fees which truly reflect time, complexity and expertise.

In addition, this government is reimbursing patients for extra charges if they present an obstacle to insured services. As well, since March 20, 1987 the Ministry of Health has started to recover money from physicians who had extra-billed patients. The Ontario Hospital Insurance Plan recovers the extra-billed amount by reducing a doctor's subsequent monthly/bimonthly payment for current services rendered to the plan plus an additional $50 administrative charge for each unauthorized payment.

The Liberal Government will continue to review this situation and take appropriate action when deemed necessary.

2. (i) What is the party's attitude to the relationship between unemployment and illhealth in the population?

(ii) If this is important, what are the concrete steps intended to alleviate unemployment, how many jobs and in what industries is it proposed that the party will create over the next 4 years?

2. Job creation, along with affordable housing and basic health care will continue to be a high priority in the Peterson government. Secure employment is inextricably linked to the health and welfare of the Province's workforce, and any government job creation strategy that did not strive to maximize employment levels would be remiss in its focus.

Ontario's Liberal government has launched a number of initiatives to address the difficulties faced by certain segments of the work force, namely the Province's youth and our older, laid-off workers. Of equal importance is the Province's need to maintain and, indeed enhance, its ability to compete in the international market. The Premier's Council has provided guidelines and criteria for the industry component of the $1 billion Technology Fund, and for the Centres of Excellence program. Additional initiatives designed to renew and strengthen our industrial infrastructure have also been launched.

Finally, it is important to note that the best strategy to foster job creation and minimize unemployment, remains a well managed economy. Current economic indicators, which include a falling unemployment rate, are testimony to an effective Liberal management style that is working.

Question 3:

Does your party think that there is a problem of access for Ontario women to contraception and abortion services?

Response:

It is the intention of the Liberal Government to ensure access to services within the framework of existing federal legislation.

The question of whether abortions are legal is covered by the federal Criminal Code. Under the Code, abortion is a legal medical procedure when it takes place in a hospital and is approved by a Therapeutic Abortion Committee. The Government has an obligation to provide OHIP funding for legal abortions.

In January 1987, the Minister of Health released the report on Therapeutic Abortion Services in Ontario prepared by Dr. Marion Powell. Based on the findings in Dr. Powell's report the ministry will work with the Ontario Medical Association and individual hospitals to develop a range of hospital programs for women, including comprehensive pregnacy testing and counselling, and abortion and post-abortion services, within the framework of the law. Dr. Powell will work closely with hospitals, physicians and nurses to develop proposals on how these services might be reorganized and re-structured.

Question 4:

What specific steps are required for the strengthening of:
(a) an occupational health service?
(b) an environmental health service?

Response:

Private industry is primarily involved in establishing Occupational Health Services. The Ministry of Health and the Minstry of Labour have been involved in funding an Occupational Health Service demonstration project. Investigation of Occupational Health problems are primarily the responsibility of the Ministry of Labour.

The Government's Educational Program in Occupational and Environmental Health is a major two year commitment by the Ministries of Health, Labour and Environment to update, educate and orient public health practitioners in the management of environmental health problems (from acute emergencies such as a spill or toxic cloud to a long term problem such as health effects of water pollution). The program includes regional workshops, case studies and an international conference in 1988.

5. What is the party's attitude to a minimum pay schedule?
   (a) Is it necessary? Does such a pay scale have any bearings on health?
   (b) If so, what levels are to be maintained and how are they to be regularly reviewed?
   (c) How are they to be funded?

5. Ontario's Liberal Government committed to increase the Province's minimum wage level on an annual basis in contrast to the previous government's adhoc approach. This commitment not only provides workers with compensation reflecting cost of living increases but also provides the small business sector with more certainty in its planning horizons. With the recently announced increase in the Province's minimum wage to $4.55 per hour, effective October 1, 1987, Ontario has the second highest rate in Canada.

Question 6:

What is the party's attitude to the federal bill to change the Patent Act (Bill C-22)? What does the party anticipate as the effects of the Act on the prices of drugs?

Response:

The Government agrees that there are some changes warranted to the Drug Patent Act. However, we do not agree with the direction the federal government has taken under Bill C-22.

The Ontario Drug Benefit Plan provides selected prescribed drugs at no charge to senior citizens and recipients of income maintenance programs. Any increase in the costs of this important health care benefit would seriously undermine the effectiveness of the service in the longer-term.

Bill C-22 could increase drug costs. Cost projections based on federal government data range from an additional $340 million over 10 years to $1 billion over 10 years if you include new drug products entering the market.

Ontario has proposed a series of amendments which will encourage greater Canadian content and minimize cost impact on consumers.

Question 7:

What does the party perceive as the inequalities of health through Ontario? What specific steps are proposed to remedy these inequalities?

Response:

The major inequalities of health throughout Ontario are related to the numbers and distribution of health professionals to meet health care needs. This is particularly true in Northern Ontario because of the long distances, small and isolated comunities, and the difficulties in recruiting health professionals to those part

The government has introduced the Northern Health Travel Grant program so that residents of remote northern communities will be reimbursed for travel in order to receive medically necessary care.

The government, through the underserviced area program of the Ministry of Health, administers an incentive program, including both undergraduate bursaries and location incentive grants to attract physicians and other health professionals to practise in northern Ontario.

The program was expanded in 1985, by the Northern Medical Specialist Incentive program, to improve the number and distribution of specialists. Specialists on this program will also be providing "outreach" services to smaller, isolated communities.

Question 8:

What is the party's policy on the development of alternatives to fee for service practice? What specific changes would you make within the Ministry of Health to facilitate the development of alternatives to fee for service practice?

Response:

The Ontario Liberal Government will establish a special fund to develop innovative and alternative health care services across the province that stress community services and the prevention of illness.

The Liberal Government would double the number of Ontarians served by Community Health Centres and Health Services Organizations to 456,000 over the next five years. We are building a new system of health care for the 21st century -- one that emphasizes innovation, community services and illness prevention.

Our aim is to serve people in their communities, to give them the supports they need to live at home for as long as possible, and above all, equity -- to see to it that everyone in our province, no matter where or in what circumstances they live, has an opportunity to enjoy the best possible quality of life.

The Health Innovation Fund wil provide $100 million over four years to encourage the development of alternative health care proposals, such as new ways to promote health and prevent disease, services offered at home, neighbourhood-based health services and health care suited to rural and remote areas of the province.

Office of the Leader
New Democratic Party

Ontario

Bureau du Chef
Nouveau Parti Démocratique

LEGISLATIVE ASSEMBLY

August 29, 1987

Fran Scott,
Medical Reform Group of Ontario,
P.O. Box 366, Station J,
Toronto, Ontario
M4J 4Y8

Dear Dr. Scott,

Many thanks for your letter of August 25, 1987, providing me with an opportunity to respond to your important questions on behalf of Ontario New Democrats.

I have always been impressed by the range of matters of public interest which your organization has drawn to public attention. I believe that your questionnaire continues that tradition by raising many important and relevant issues in the health care field. As you know, New Democrats are committed to fighting for a fully accessible, high quality public health care system which focuses on the well-being of all Ontarians.

1. i) Would your party support full scale investigations of the practice of a doctor who was found in breach of Bill 94?

The current system of complaint for a patient who is extra billed by a doctor, in contravention of The Health Care Accessibility Act, places the full onus of initiating investigation and getting reimbursement upon each individual patient. The result is that the Ministry of Health under the Ontario Health Insurance Plan plays only a reactive role responding to individual complaints and does not take a proactive hand in initiating investigations. New Democrats would support a more proactive role on the part of professional services to investigate whether other patients of a doctor in breach of The Health Care Accessibility Act have been extra billed for similar treatments and if so, to ensure that these other patients are also reimbursed and the physician charged.

ii) Would your party move to the elimination of all surcharges for non-insured services? If yes to (ii), how would you eliminate these surcharges?

Yes. New Democrats believe that services now uninsured are either services for which patients should not be charge or services which should be covered by OHIP. These services should be the subject of negotiations between the OMA and the Ministry of Health

under the Health Insurance Act, as has been done with other medical procedures. Once negotiations are completed on such matters, no charging of patients outside of OHIP should be permitted.

2. i) What is the party's attitude to the relationship between unemployment and ill health in the population?

New Democrats are fighting for the elimination of unemployment for all residents of Ontario wishing to work and the improvement of income and quality of life for sick, disabled or retired residents of Ontario. New Democrats understand the devastating toll taken by unemployment on working people, frequently manifested in ill-health and sickness.

ii) If this is important, what are the concrete steps intended to alleviate unemployment, how many jobs and in what industries is it proposed that the party will create over the next 4 years?

New Democrats believe in a three-pronged approach to alleviate the unemployment problems in Ontario.

Firstly, we believe Ontario is particularly vulnerable to plant closures and layoffs because of the branch plant nature of our economy and because of the government's unwillingness to take on big companies and make them accountable for their layoffs and plant closure decisions. New Democrats would enact legislation which required corporations to justify their decision to close and require them to pay for the social costs borne by workers, their communities and governments when closures and layoffs do occur. New Democrats would also require companies to pay for a greater portion of job retraining for these employees.

Secondly, New Democrats believe that imported products are costing Ontarians their jobs. Ontario imports more than $7,000 worth of foreign products per person every year. The provincial and municipal governments, school boards, universities, hospitals and crown corporations in Ontario spent over $5 billion on imported goods in 1984. Reducing that level by only 10% could create 15,000 jobs. Reducing that level by 50% could create as many as 75,000 jobs.

Some of the areas where imported products could be supplied from Canadian sources are: medical supplies and surgical instruments used in Ontario hospitals, furniture and fixtures for offices and computer and data processing equipment and services used in government offices. These are only some of the products which should be made domestically.

New Democrats favour the introduction of new rules for multi-national corporations that say if they want to do business here they'll have to create jobs here. We would implement a much more effective government purchasing policy aimed at assisting domestic industrial development.

Finally, New Democrats are fighting to establish an Ontario Pension Plan which would offer a guaranteed income of 50% of the average industrial wage (approximately $11,700) for workers aged 60 or more who want to take early retirement but can't afford to. One of the benefits of such a program would be to free up jobs for unemployed youth in this province.

3. i) Does your party think that there is a problem of access for Ontario women to contraception and abortion services?

New Democrats believe that abortion is a matter of personal choice for each woman who faces an unexpected pregnancy. New Democrats also believe that women should have the right to make their own personal decisions. In Ontario, the current law on abortion is failing women, by restricting access to medically safe abortion services. Many women today are being denied a health service to which they are legally entitled because of arbitrary restrictions. We must work to improve the access to abortions and end the medically dangerous and unnecessary delays facing so many women.

New Democrats also recognize that there is still a failure in Ontario to provide effective family planning and birth control services. We are concerned about the high number of unwanted pregnancies and believe that Ontario needs a comprehensive program of sex education, counselling and birth control services.

ii) If your party does think there is a problem, would you:

a) Develop a network of free standing abortion clinics?

Yes

b) Force hospitals without therapeutic abortion committees to convene them?

No. New Democrats do not believe that forcing hospitals to provide such services is a useful approach. New Democrats would rather ensure, through our plans for community based health care and health care centres, that therapeutic abortion services are available in appropriate, sensitive facilities in each community.

c) Other. New Democrats are pushing hard and fighting for improved sex education and programs to teach the realities and responsibilities of sexual behaviour. With safer and more reliable methods of contraception and

more education, it should be possible to prevent or reduce unwanted pregnancies and reduce the need for abortions among women in Ontario.

4. What specific steps are required for the strengthening of:

a) occupational health services?

New Democrats are stressing prevention in this campaign. Furthermore, I have committed New Democrats to fight to double the number of mining inspectors from the present 26 to 52 for example.

We also think that workers should have more control over the conditions that they work in. New Democrats introduced Bill 149 in the last Legislature that would strengthen the powers of the joint health and safety committees in the workplace. It would also give workers a majority on these committees.

Another measure that we have proposed in this election campaign is the establishment of cancer diagnostic clinics in Elliot Lake and Timmins where cancer is high among uranium and gold miners. One of these clinics would also do research into better diagnostic methods.

b) an environmental health service?

As with the question of occupational health, New Democrats are concentrating on the problem at its source. For instance, in the last session of the Legislature, we won amendments to the Occupational Health and Safety Act that give workers and communities the right to know what toxic substances are in use in every workplace.

New Democrats have introduced a Safe Drinking Water Act, fought for the cleanup of mines tailings and worked for tough enforcement of acid rain controls.

We introduced an Environmental Bill of Rights and propose to ensure the cleanup of toxic wastes through the establishment of a Superfund financed by users and producers of toxic substances.

5. What is the party's attitude to a minimum pay scale:

a) Is it necessary? Does such a pay scale have any bearings on health?

New Democrats believe that a minimum wage plays a central role in making sure that working families have enough income to live in dignity. There is nothing more detrimental to health than being forced to live without the ability to feed, shelter and clothe oneself sufficiently.

b) If so, what levels are to be maintained and how are they to be regularly reviewed?

New Democrats have called for moving the minimum wage in Ontario to 60 per cent of the average industrial wage. Further, we believe that the minimum wage should be indexed to changes in the cost of living. At present in Ontario, that would amount to more than $6 an hour or about $250 a week for a full-time worker. It's clear today's minimum wage is not a living wage.

6. What is the party's attitude to the federal bill to change the Patent Act (Bill C-22)? What does the party anticipate as the effects of the Act on the prices of drugs?

New Democrats oppose Bill C-22 as it protects the interests of drug manufacturers against the interests of the ill in Canada. New Democrats have fought against the Bill on the grounds that the effect of the legislation will be to raise the price of drugs for ill Canadians.

7. What does the party perceive as the inequalities of health through Ontario? What specific steps are proposed to remedy these inequalities?

New Democrats are concerned by the persistence of extra billing and surcharges by doctors which erect barriers to accessible health care for all residents of Ontario.

In addition, New Democrats have been fighting for better health care for the underserviced areas of Northern Ontario. New Democrats were successful in ensuring that the costs of Northerners' travel for necessary health care would be borne by OHIP.

New Democrats are also fighting for greater health care services, including mental health care services, in Northern Ontario and for the establishment of medical training facilities and incentives for the practice of medicine in Northern Ontario.

8. What is the party's policy on the development of alternatives to fee for service practice? What specific changes would you make within the Ministry of Health to facilitate the development of alternatives to fee for service practice?

New Democrats have long fought for and advocated the expansion of the community health care system with salaried medical personnel, accessible to and accountable to communities throughout Ontario.

Thank you once again for the opportunity to address these issues of critical importance to all Ontarians. Should you have any further questions please don't hesitate to contact me.

Sincerely yours,

Bob Rae
Leader,
Ontario New Democrats

PROGRESSIVE CONSERVATIVE PARTY RESPONSE
TO THE QUESTIONNAIRE FROM THE
MEDICAL REFORM GROUP OF ONTARIO
SEPTEMBER 9, 1987

1. As you know, many doctors are contravening Bill 94 and others are charging their patients surcharges for non-insured services.

   i) Would your party support full scale investigations of the practice of a doctor who was found in breach of Bill 94?

   P.C. RESPONSE

   We believe that all legislation, including Bill 94, must be enforced or else it becomes meaningless.

   ii) Would your party move to the elimination of all surcharges for non-insured services?

   iii) if yes to (ii), how would you eliminate these surcharges?

   P.C. RESPONSE

   A PC government would work closely with the medical profession to eliminate the need for surcharges for non-insured services.

2. i) What is the party's attitude to the relationship between unemployment and ill health in the population?

   P.C. RESPONSE

   The Progressive Conservative Party believes that all Ontarians who are capable of working should have access to employment. We know that most people who are capable of working but who are unemployed would prefer to be earning a living instead of having to rely on our social support system. Chronic unemployment can be damaging to one's self-esteem and self-image, and consequently to one's health.

   ii) If this is important, what are the concrete steps intended to alleviate unemployment, how many jobs and in what industries is it proposed that the party will create over the next 4 years?

P.C. RESPONSE

We support entering into a freer trade agreement with the United States recognizing that such an agreement will lead to the creation of an estimated 136,000 new jobs in Ontario.

A Progressive Conservative government would reduce the provincial sales tax by one per cent to six per cent, and personal income taxes by ten per cent. These measures, we estimate, would reduce unemployment by one half per cent and create 23,000 additional new jobs.

3. Does your party think that there is a problem of access for Ontario women to contraception and abortion services?
If your party does think there is a problem would you:
a) Develop a network of free standing abortion clinics?
b) Force hospitals without therapeutic abortion committees to convene them?
c) Other: please outline.

P.C. RESPONSE

The Progressive Conservative Party believes that the present provisions of the Criminal Code of Canada must be followed whereby an abortion can only be legally obtained after an application has been made and approved by a therapeutic abortion committee operating in conjunction with a hospital. At the same time, we believe that full access to abortions within the provisions of the Criminal Code must be guaranteed. In this way the lawful needs and the valid concerns of those on both sides of this issue can legitimately be met.

This is achievable but the Liberal government has shown an unwillingness to deal openly with the abortion issue. At the present time, the Powell Report is under review by the Minister of Health. However, the review is being conducted with selected health care professionals with no direct opportunity for public involvement. We support public hearings on the Powell Report which would permit all groups to be heard.

The PC party acknowledges the findings of the Powell report which point to inequities in access to abortion services across the province. For this reason, a PC government would support improved access to health care services within the framework of Canadian law. We would also increase funding to public health units to expand family planning programs, clinics, sex education and counselling.

4. What specific steps are required for the strengthening of:
a) an occupational health service?
b) an environmental health service?

P.C. RESPONSE

We do not believe that the present workers' compensation system addresses the real needs of workers and employers. Workers rightly complain that compensation is not prompt and just. Employers struggle to keep up with the rising cost of premiums and administration. For these reasons a PC government would immediately establish a Royal Commission to examine and make recommendations on improvements and/or alternatives to the present workers' compensation system.

The Royal Commission would look at, among other things, new definitions of compensible injuries, new methods of funding, methods of increased prevention of workplace injuries, and increased vocational rehabilitation programs.

5. What is the party's attitude to a minimum pay scale:

a) Is it necessary? Does such a pay scale have any bearings on health?

P.C. RESPONSE

The PC Party believes that a minimum wage is necessary. We are not aware of any direct relationshiip between the minimum wage and an individual's health.

b) If so what levels are to be maintained and how are they to be regularly reviewed?

P.C. RESPONSE

A Progressive Conservative government would make appropriate adjustments in the minimum wage on a periodic basis, as has been the practice in the past.

c) How are they to be funded?

P.C. RESPONSE

The employer pays the employee's wages.

6. What is the party's attitude to the federal bill to change the Patent Act (Bill C-22)? What does the party anticipate as the effects of the Act on the prices of drugs?

P.C. RESPONSE

Bill C-22 has been the subject of extensive hearings convened by the federal government. During these, testimony was given that the legislation would not measureably affect drug prices.

7. What does the party perceive as the inequalities of health through Ontario? What specific steps are proposed to remedy these inequalities?

P.C. RESPONSE

The PC Party recognizes that rural and Northern Ontarians do not have as ready access to health care services as do other Ontarians. As well, special programs such as cancer treatment are not offered in all parts of the province.

A PC government would enhance access to health care in Ontario through the provision of improved and expanded services.

8. What is the party's policy on the development of alternatives to fee for service practice? What specific changes would you make within the Ministry of Health to facilitate the development of alternatives to fee for service practice?

P.C. RESPONSE

A PC government would promote alternatives to fee-for-service medicine such as Health Service Organizations and Community Health Centres. We also would encourage the establishment of non-emergency clinics attached to hospitals and staffed by general practitioners from the community. Both these initiatives would go a long way toward achieving cost-effectiveness in our health care system.

Close links between doctors, drug industry

By Joel Lexchin

Last week at its annual convention the Canadian Medical Association reaffirmed its support for the federal government's controversial drug patent legislation, Bill C-22. The CMA's position on this matter should not come as any surprise: The medical profession has had a long and intimate association with the multinational pharmaceutical industry.

In 1971, Dr. D. L. Kippen, then-president of the CMA, decried government action "which threatens your (the pharmaceutical industry's) autonomy, and reduces your profit potential." Six years later, Dr. E. W. Barootes, then deputy-president of the CMA and now a Senator, concluded that the pharmaceutical industry was gradually being nationalized by an exclusive franchise system, by manipulation and price and market controls.

Some physicians have gone even further in allying themselves with the industry. One such person was the first president of the Pharmaceutical Manufacturers Association of Canada (PMAC), Dr. William W. Wigle, a former president of the CMA. Wigle was leading the PMAC in the late 1960s when Canada's drug patent legislation was changed to allow compulsory licensing. Government officials who were the target of Wigle's efforts on behalf of the drug industry still remember it as one of the strongest and most boorish lobbies ever mounted on Parliament Hill.

Support for the drug industry comes from the *Canadian Medical Association Journal* the country's most prestigious medical publication. The last articles published in it that I could find that were directly critical of the drug industry were in 1959 and 1964. For 1984 net revenue from the *CMAJ*, mostly from pharmaceutical advertising, came to $537,203. Were it not for this income the CMA would have suffered a loss of $661,570 instead of one of just under $125,000. (These figures exclude a revenue sum of $1,085,553 from an extraordinary item.)

In the 1960s, PMAC and the CMA had a liaison committee that met whenever submissions were to be made to royal commissions or government committees concerning interests that affected both groups. There is still a formal link between the two associations. The Medical Section of PMAC, composed of physicians employed in the industry, is an affiliated society of the CMA, and sends a representative to the CMA's general council.

The issue of patents and compulsory licensing has provided the CMA with a 20-year opportunity to demonstrate its support of the multinational drug companies. In 1965, the CMA Council on Pharmacy, following the recommendations of the CMA-PMAC liaison committee, adopted a series of resolutions completely upholding the PMAC's position on these questions. These recommendations were subsequently endorsed by the CMA's 1965 convention. The CMA's 1966 brief to the parliamentary committee considering compulsory licensing acknowledged that information had been provided by PMAC so it should come as no surprise that the brief supported the PMAC position to the last detail.

Following the passage of legislation allowing compulsory licensing in 1969 the multinational drug companies mounted one of the strongest and most persistent lobby campaigns Canada has ever seen. As a consequence of this lobby the federal government established the Eastman Commission in 1984 to re-examine the question of patents and compulsory licensing. A superficial reading of the CMA's brief to this commission makes it sound neutral in tone with such statements as:

"The Canadian Medical Association fully supports the objective of providing prescription drugs to patients at the lowest possible cost that is consistent with wise health-care delivery."

But, as in 1966, the CMA's position was philosophically in tune with that of PMAC. The CMA's submission questioned the quality of generic products; suggested that compulsory licensing may cause a downturn in research and development in the near future; and posed the possibility of increasing the royalty rate for compulsory licences. All of these positions reflected PMAC policy.

When the Eastman Commission reported in 1985 and recommended that there be only minor modifications made to the way compulsory licensing was being administered the *Canadian Medical Association Journal* dismissed the report stating that it "should be taken with a grain of salt."

In late 1986 the Progressive Conservatives introduced Bill C-22, which would give companies a 10-year exemption from compulsory licensing. The PMAC and the multinational pharmaceutical companies strongly supported this move. In its brief to a parliamentary committee studying the proposed legislation the CMA also expressed its approval of the proposed change.

When it issued its most recent statement of support for Bill C-22 the CMA said that the bill was in the best interests of consumers in the long run. But it is hard to see how consumers are going to benefit from Bill C-22 in either the short or the long run. Any new research that is done in Canada as a

result of Bill C-22 is unlikely to yield major new drugs. The basic goal of the drug companies is to make a profit. W. M. Garton, a past PMAC president, has openly stated that "The pharmaceutical industry has never claimed to be motivated by altruism, but rather by profit for survival." As a result, left to its own the drug industry pursues research geared to producing products with the greatest profit potential; but the drugs that emerge from research oriented in this direction are rarely of much medical value.

The Eastman Commission found that because of compulsory licensing Canadian consumers and taxpayers saved at least $211 million on their drug bill in 1983. The Consumers Association of Canada has estimated that, if passed, Bill C-22 will cost Canadian consumers and taxpayers more than $300 million in 1996. If the medical profession were really concerned with the long-term ability of Canadians to afford medications then the *CMAJ* would not have called Eastman's report "dispensable."

In reality, the long-term interests that the Canadian Medical Association seems to be looking out for are those of the multinational pharmaceutical companies.

☐ **Joel Lexchin, a Toronto medical doctor, is author of *The Real Pushers: A Critical Analysis Of The Canadian Drug Industry.***