

## **Debate among doctors builds over CMA health-care proposal**

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The Canadian Medical Association proposal to allow doctors to work simultaneously in the public and private systems was greeted yesterday with respect from doctors working in the private sector and scorn from staunch medicare advocates.

Whatever the reaction, departing CMA president Colin McMillan achieved what he was seeking: a debate about the affordability of the \$148-billion health-care system. Dr. McMillan, who will hand over the CMA helm later this month to Brian Day, has said if the public system cannot be enhanced or maintained, one option may be allowing doctors to have a foot in both systems - as they do in some European countries. Yesterday, Dr. McMillan said the issue has been brewing among doctors for the past two years, and he merely wanted to "get it on the public discussion level."

The CMA policy paper also called for shoring up medicare, expanding the basket of services to include catastrophic prescription drug coverage and implementing care guarantees where those unable to receive timely treatment are sent elsewhere on a government tab.

It also suggested a larger role for the private delivery of publicly funded medical services.

If Canadians cannot obtain essential medical services in a timely manner, they should not be forced into a lengthy queue where they could suffer or die, Dr. Day said yesterday.

"Those are the circumstances where Canadians have a right to purchase private insurance," he said. "Give them an option other than being forced to suffer, wait or even die sometimes on government-controlled wait lists."

Dr. Day, medical director and founder of the private Cambie Surgery Centre, said he opposes privatizing health care.

Mark Godley, medical director of False Creek Surgical Centre in Vancouver, described the policy paper as being "right on the money."

"Walk into any family doctor's office and you will see the insurmountable frustration that is expressed daily by medical office assistants who are trying to get patients to get a consult for a specialist," Dr. Godley said. "It's terrible, it's an immense burden. Doctors are saying, 'We want to put patients first and look at something other than medicare.' "

But Danielle Martin, board chairwoman of Canadian Doctors for Medicare, said the

CMA may have made the suggestion out of frustration.

"It's true there are long wait times for some important procedures. It's true there are things about the system that are not perfect," Dr. Martin said. "It's not always easy. The question is: How do you deal with those challenges?"

Bob Bell, president and chief executive officer of University Health Network, said a "pay-for-performance" approach can provide an incentive to hospitals in the public system to provide more services.

By that approach, hospitals are encouraged to perform more operations because they will be paid for it. Patients are seen as being a source of revenue, instead of a drain on a hospital's budget.

Under this method, the Toronto Western Hospital, part of the University Health Network, has doubled the number of hip and knee replacements over the past two years, Dr. Bell said.

Gordon Guyatt, professor of medicine at McMaster University, has done research comparing outcomes of those who receive care at for-profit and not-for-profit hospitals. He said he was surprised and disappointed by the CMA paper. "The CMA is acting on the basis on self-interest instead of public interest," Dr. Guyatt said. "... The public should be concerned that [under a private system] they will be paying more and getting less."