

July 31, 2007 - FOR IMMEDIATE RELEASE  
**CANADIAN MEDICAL ASSOCIATION CHOOSES  
NARROW SELF-INTEREST OVER PUBLIC INTEREST**

Yesterday, the CMA released a document calling for increased private health insurance and allowing doctors to work in both for-profit and not-for-profit settings.

“The CMA is following a shameful recent tradition of putting doctors’ narrow self-interest above the public interest,” said Medical Reform Group spokesperson Ahmed Bayoumi.

The CMA’s rationale is that the move will reduce waiting lists. Waiting lists, however, are largely a function of inadequate numbers of health workers. “A parallel private-pay, for-profit track in the health care system won’t train one new doctor, or one new nurse,” another MRG spokesperson, Dr. Shelley Sender, pointed out.

Rather, allowing physicians to practice in both settings creates a situation in which it is in physicians’ interest to maintain waiting lists in publicly funded settings. “Why would patients pay extra if waiting lists are under control in publicly funded hospitals and out-patient clinics?” Dr. Sender queried. “Of course, they would not. For-profit clinics can prosper only so long as not-for-profit provision suffers for unacceptable waits.”

In addition to maintaining or exacerbating wait times, the CMA’s suggestion would advance two-tier care, which has already gained a foothold in Quebec and British Columbia.

The CMA proposals fly in the face of problems that even the Prime Minister acknowledges. Replying to Ralph Klein’s suggestion to allow physicians to practice in private and public pay settings, Stephen Harper, in an April 3, 2006 letter, wrote:

“Dual practice creates conflict of interest for physicians as there would be a financial incentive for them to stream patients into the private portion of their practice. Furthermore, dual practice legitimizes queue-jumping as it provides an approved mechanism for patients to pay to seek treatment at the front of the line.”

“Many Canadian physicians – including the MRG – have a different view than the CMA,” Dr. Bayoumi concluded. “Physicians should be helping to build public health care – not destroy it.”

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