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Canadian abortion rate rising

A recent study indicates that by 1993 about 16.7% of Canadian women had had an abortion, up from 4.1% in 1975. The authors of the study, which used unpublished Statistics Canada data, projected that if the 1993 rate

prevails, over time about 1 in 3 Canadian women will have had an abortion at some point. The *Globe and Mail* says the report appeared in a US journal, *Family Planning Perspectives*.

The statistical analysis found that 29% of abortions done in 1993 were performed on women who had had at least 1 previous abortion; the repeat-abortion rate was highest for women aged 15–19. Although the authors concluded that few Canadian women

use abortion as a long-term, primary method of birth control, it appears a teenage subgroup relies on the procedure. A spokesperson for the anti-abortion group Campaign Life Coalition told the *Globe* there is an abortion “epidemic”. Dr. William Fisher, a professor of psychology, obstetrics and gynecology at the University of Western Ontario, said the data may point to a need for more education about birth control.

Government restrictions making it impossible to sell some practices

Dr. James Fraser started thinking about retirement last summer. The 63-year-old family physician has been practising in Bedford, NS, since the mid-1960s and wants to retire before he turns 65. “I had planned to ease out and sell my practice to somebody and let it carry on,” he says. “I thought it would just be a simple, straightforward transaction.”

Wrong. In 1995, the Medical Society of Nova Scotia and the province agreed to restrict billing numbers in the Halifax-Dartmouth area, which includes Bedford and several other municipalities. Today, Fraser can sell his practice only to another to someone wanting to relocate within the metropolitan area. “That,” he says, “is unlikely.”

His advertisement through the medical society brought only 1 nibble, from a doctor outside metro Halifax. “People probably just assume they won’t be able to get a billing number,” Fraser says.

It’s not that his practice isn’t appealing. When he arrived in Bedford in 1965, only 2 other doctors were serving what was a largely rural community. Today, he is 1 of about 35 general practitioners — “that’s how much the area has grown” — and there are about

5000 people on his patient list, including about 3000 active patients.

Billing numbers are being restricted to prevent new doctors from locating in Halifax-Dartmouth, but Fraser doesn’t think that a replacement “is by definition a new doctor. It may be a new doctor, but it’s not a new practice. It



Dr. James Fraser

doesn’t add to the numbers. If a practice like mine could be shown to be needed, I really feel some sort of exception should be made.”

Fraser, who has reduced his hours a little and no longer does obstetrics, thinks he may be the only

family physician in the Bedford area who is still taking new patients.

“I’ve talked to a lot of [the local GPs], and none [is] taking new patients,” he says. “If I leave, what happens to my 3000–5000 patients? The long-term ongoing care of these people will cease.”

Fraser is too young to qualify for the province’s billing-number buyout, introduced in 1995 for physicians aged 71 or older. Income from the sale of his practice isn’t “essential,” but Fraser feels he deserves some return for his “life’s work.” To make matters worse, he has 4 years left on his office lease.

“I think that if they were going to restrict the numbers, they had to somehow put in a compensatory package,” he says. “They should be coming to me and saying, ‘All right, you want to retire, your practice is worth X dollars, and then they buy it.’

“But they also take over my responsibilities, because I don’t just have people to look after, I’ve got rent to pay.” — N. Robb

Voluntary retirement programs, buy-outs and phase-outs are becoming commonplace government strategies to help manage physician supply. See page 882 for an in-depth look at issues related to physician retirement.