

Montrealers ante up for private surgery

When Fabienne Levesque needed knee surgery last year, she was told that she'd have to wait at least 18 months and be prepared to go to hospital at a moment's notice.

Levesque (a pseudonym), a busy executive who was in chronic pain, didn't want to wait and asked her physician if she could get the operation done privately. To her surprise, the answer was "Yes." And the \$450 price tag, which included the cost of medications, was within her means.

Three months later, Levesque's surgery was performed at the Institut de Polychirurgie de Montréal (IPM), a private clinic in a nondescript professional building sandwiched between a school, a church and a park. Despite its unremarkable façade, the clinic has ignited controversy in Quebec, especially after the *Montreal Gazette* published a front-page article about it this spring.

The clinic offers day surgery such as orthopedic procedures to patients willing to pay a few hundred dollars in "facility fees." Currently, about 20% of IPM's surgical work involves payment of the facility fee, and it is the only place in the province charging patients a fee for services that are being paid for by medicare. This underground medical economy is attractive to people like

Levesque, who don't want to join a queue.

Presumably, the Régie de l'assurance médicale de Québec knew about IPM's work, because the 14 surgeons working part time at the institute have been billing the provincial insurance plan for the services they provided there since 1997. When asked about the legality of facility fees, Pierre Boucher, a spokesman for the plan, was tight-lipped, saying only that an investigation is under way.

The IPM's 4 operating rooms were originally part of the Guy Laporte Hospital, which was shut during a series of hospital closures in 1997. The clinic was designed to provide elective plastic surgery, which is not covered by medicare and which constitutes 80% of IPM's work.

"But there was a demand for other procedures, so we opened the doors to day surgeries because our operating rooms were not being used 100% of the time," explains Dr. Jacques Letendre, an anesthetist who serves as director of professional services at the clinic. Letendre, a former director of professional services at the Guy Laporte Hospital, is a staunch defender of medicare but maintains that inadequate financing is putting patients at risk and



Susan Pinker

Dr. Jacques Letendre: faster service, less bureaucracy

creating long-term costs for society.

As for his clinic, he says nothing has changed since the *Gazette* story appeared. "We are continuing our activities in the same way and at the same pace as before," he said. — *Susan Pinker, Montreal*

Curb use of drugs in farm animals, WHO advises

The World Health Organization wants farmers to curtail and monitor their use of antimicrobial chemicals in food animals in an effort to slow the proliferation of drug-resistant forms of disease-causing bacteria.

The tough new measures call for obligatory prescriptions for all antimicrobial agents used for disease control in farm animals, as well as national systems to monitor the use of these products.

"In the last few years, evidence of

the range of public health risks associated with the use of antimicrobials has grown stronger," says Dr. David Heymann, executive director of the WHO program on communicable diseases. "With the adoption of these principles, we have taken a major step to reduce these risks on a global scale." The guidelines, set at a June meeting of more than 70 experts, also advise veterinarians to reduce overuse and misuse of antimicrobial agents.

Overuse and misuse of these drugs

has been shown to contribute to new, drug-resistant forms of disease-causing bacteria. These bacteria can then be transmitted to humans, primarily via food, and the resulting infections can be unresponsive to conventional treatment and difficult to cure.

For example, an antimicrobial-resistant *Salmonella* bacteria in food animals in Europe, Asia and North America has caused diarrhea, sepsis and death in humans. — *Barbara Sibbald, CMAJ*