No user fees, but perhaps user fees

Facing somewhat of a firestorm of nation-wide criticism, the Canadian Medical Association has stepped back from an advisory panel recommendation that Canada should consider the implementation of health care user fees, while simultaneously arguing that “all the options” should remain on the table, even those less politically expedient.

Outgoing CMA president Dr. Jeff Turnbull passionately reaffirmed that the association is committed to the tenets of a publicly-funded health care system, saying “it is CMA policy that we do not support user fees.”

Earlier at the association’s 144th annual general meeting in St. John’s, Newfoundland, a CMA advisory panel on resourcing options had recommended that the association be open to discussing a range of new funding measures, including user fees and franchises (www.cmaj.ca/lookup/doi/10.1503/cmaj.109-3976).

That prompted considerable debate at the gathering, as well as a substantial measure of negative media coverage across the nation, which delegates slammed as inflammatory.

Turnbull signalled a partial retreat, noting that “this was an advisory report to the CMA and not CMA policy.”

“Number two, the CMA policy is that we support the Canada Health Act and its principles, we support the concept that no Canadian should be denied access to care based on their ability to pay and we support a strong, publicly-funded health care system.”

CMA issued a release to Canadian news organizations reaffirming its position, said Turnbull, adding that he spent the better part of Aug. 23 “clarifying these issues” and as a result, several papers have retracted misleading headlines.

While some delegates criticized the media coverage as “cherry picking,”

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A CMA advisory panel urged that governments unlock the Canada Health Act and consider making Canadians open their wallets for using the health care system.

others weren’t surprised by the flak, arguing that the advisory panel report’s “unacceptable, lax and open language” was clearly to blame for confusion about CMA’s stance.

Ontario delegate Dr. Shafiq Qaadri, who’d predicted on Aug. 22 that the report would yield “a flurry of negative news coverage,” said CMA now needs “to move into perhaps message control and perhaps damage control.”

Despite the brouhaha, the majority of delegates overwhelmingly agreed that advisory panel’s report, including its most contentious recommendations, should remain open for discussion as CMA proceeds with its health care transformation initiative. Several argued it’s not CMA’s job to say what the press wants to hear.

“We face a physical reality of an aging population and potential doubling of health care costs, and we also face a diminishing number of taxpay-

ers,” Ontario delegate Dr. John Ludwig said. “I ask you, how long will those taxpayers support someone continuing to go to the emergency department to receive services for \$300 that they could have received at a family doctor’s office for \$30? I think we must be brave and look at all the ways of funding essential services, and not frivolous or needless services.”

The onus is on physicians to offer credible information “to the media and the public about how health care is financed and what wins are in it for them to come,” said Ontario delegate Dr. Karen Dockrill.

CMA’s governing board is scheduled to discuss the advisory panel’s recommendations in coming days, Turnbull said. “We’ve got very difficult discussions ahead of us.” — Lauren Vogel, *CMAJ*

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