



Ontario MDs accept deal

In spite of opposition from physicians in training, Ontario doctors have accepted an interim agreement with the provincial government and set a Feb. 28 deadline for resolving outstanding issues — including the possible introduction of a pension plan, buyout packages or other retirement incentives. Physicians who voted in a telephone poll were 74% in favour of the agreement, which reduces clawbacks from 10% to 2.9% for all services provided after Nov. 1, 1996, raises billing thresholds to \$300 000 for family practitioners and commits the government and Ontario Medical Association to a revamping of the fee schedule and to finding \$50 million in savings in the “fee-for-service pool.”

The deal also lets the government discount fees paid to new physicians opening practices in Ottawa-Carleton, Kingston, Metropolitan Toronto, the Halton region or London. They will be paid 70% of the

fee schedule in year 1 (85% in year 3) and will have an annual billing maximum of \$140 000. The Professional Association of Internes and Residents of Ontario called the move “discriminatory and coercive.”

Anniversary no cause for celebration

Médecins Sans Frontières/Doctors Without Borders (MSF) observed its 25th anniversary in December, but the international medical-relief organization had little to celebrate. MSF observed its anniversary in the shadow of tragedy, issuing a press release that criticized the international community for failing to come to the aid of civilian refugees in Zaire and denouncing the murders of International Red Cross relief workers, including a Canadian, in Chechnya. Founded Dec. 20, 1971, by a group of French physicians, the Europe-based MSF today has bureaus in 13 countries, including Canada, and

sends medical teams to more than 60 countries.

Health card identifies organ donors

Nova Scotians can let their wishes concerning organ and tissue donation be known when they register for or renew their health cards. The information, which will be noted on the card, will become part of a provincial donor registry. A recent article in the *Medical News*, published by the Medical Society of Nova Scotia, said physicians should consider the information a “signed consent” and the appropriate organs or tissue should be retrieved unless the donor’s family “knows of some reason why they should not be used.”

AMA past president mourns slash-and-burn cuts

Albertans have discovered that they cannot slash and burn government services and still maintain an accessible health care system, the past president of the Alberta Medical Association says. In a valedictory address published in the November/December edition of *Alberta Doctors' Digest*, Dr. Guy Gokiart said he was getting “tired of politicians, who have never spent a 24-hour shift with a physician, saying the health care system does not need more money, all it needs is better management and more effort from doctors and other health care providers.

“They can hire all the consultants they want to give them this answer,” he said, “[but] the truth is, at times, that more funding — adequate funding — is the answer because the system is being well managed and the fat has been eliminated.” Gokiart praised colleagues for their united stand during the previous year, and called on them to remain united as advocates for their patients.

Is MD-resource disaster looming in Saskatchewan?

Saskatchewan has all the ingredients for a physician-resource disaster, President Allan Miller told the Saskatchewan Medical Association Representative Assembly in Regina last fall. Miller said a crisis appears imminent in rural parts of the province because of hospital closures and the exodus of physicians from practice. “A frightening percentage of our rural practitioners are only there temporarily,” Miller said, noting that many rural physicians have left for more



Dr. Allan Miller

promising opportunities or are near retirement. A survey of rural doctors indicates that more plan to leave within the next 5 years.

“Our intention is not to alarm anyone by warning of an impending physician-resource crisis, but rather to draw attention to its possibility and thereby allow for the opportunity to avert it,” he said. He challenged “those of us who remain in Saskatchewan” to find solutions to the adversity facing the profession.