



Different views on privatization

The article "It's time for CMA to put the lid on privatization" (*Can Med Assoc J* 1996;155:1156-7), by Dr. Cynthia Carver, paints physicians as self-serving as they attempt to ensure the viability of their profession. The 2 issues she raises are billing-number restrictions and the use of private funding to pay for physician-based care. There are other dynamics to examine.

There is nothing wrong with physicians defending their professional security. The erosion of physicians' worth over the past 20 years now causes many graduates to consider it unreasonable to enter full-time practice in Canada. By 1992 the Ontario Health Insurance Plan fee schedule had been devalued to 60% of the Ontario Medical Association (OMA) fee schedule. Today, dentists make more for a teeth cleaning than a general practitioner makes for a com-

plete general assessment. Similar comparisons can be made with services provided by chiropractors, optometrists and lawyers. This is not unbearable, but unless we take a stand as a profession to curb the downward slide, it soon will be.

As Carver may have noted, the public purse is tapped out. With the progressive decrease in federal transfer payments, an increasing and aging population and increasingly complex diagnostic and therapeutic modalities,

Global Theme Issue



Aging

Oct. 15, 1997

In October *CMAJ* will join medical journals around the world in a global theme issue on aging. This international effort will result in the publication of hundreds of papers on a common theme of broad interest to physicians. Collectively the participating medical journals will reach a readership of millions of physicians, decision-makers and members of the general public.

CMAJ invites inquiries from authors interested in publishing on the topic of aging. Material in the following areas will be considered for peer review and publication:

- Evidence:** Original research
- Editorial:** Expert opinion; commentary
- Education:** Articles to educate the profession; case reports; articles on ethics and legal issues
- Experience:** Personal perspectives that will enrich the thinking of others

Direct inquiries by Apr. 15 to John Hoey, MD, Editor-in-Chief, *CMAJ*; tel 800 663-7336 ext. 2118; fax 613 523-0937 or e-mail hoeyj@cma.ca. If writing, please include your telephone number.

The deadline for manuscripts will be June 15. *CMAJ* follows the guidelines set forth in "Uniform requirements for manuscripts submitted to biomedical journals" (*Can Med Assoc J* 1997;156:270-7) and CMA Online: <http://www.cma.ca/mwc/htm>

Un numéro thématique mondial



Le vieillissement

Le 15 octobre 1997

En octobre, le *JAMC* se joindra à des journaux médicaux du monde entier pour publier un numéro thématique mondial sur le vieillissement. Cet effort international débouchera sur la publication de centaines de communications portant sur un thème commun d'intérêt général pour les médecins. Les journaux médicaux participants atteindront collectivement un lectorat de millions de médecins, de décideurs et de membres du grand public.

Le *JAMC* invite les auteurs désireux de publier sur le vieillissement à s'informer. Les documents dans les domaines suivants pourront être soumis à l'examen critique par les pairs et publiés :

- Données probantes :** Recherche originale
- Éditoriaux :** Avis d'expert; commentaire
- Éducation :** Articles d'éducation de la profession; rapport de cas; articles sur l'éthique et les questions juridiques
- Expérience :** Perspectives personnelles qui enrichiront la réflexion de tiers

Il faut faire parvenir toute demande de renseignements au plus tard le 15 avr. à John Hoey, MD, rédacteur en chef, *JAMC*; tél. : 800 663-7336, poste 2118; fax : 613 523-0937; courrier électronique : hoeyj@cma.ca. Si vous écrivez, veuillez ajouter votre numéro de téléphone.

Les manuscrits doivent être présentés au plus tard le 15 juin. Le *JAMC* suit les lignes directrices établies dans les «Exigences uniformes pour les manuscrits présentés aux revues biomédicales» (*Can Med Assoc J* 1997;156:270-7) et AMC En direct : <http://www.cma.ca/mwc/htm>



there is simply not enough public money available to supply the level of care that Canadians expect and physicians expect to supply. Unless private funds enter the system, the inevitable conclusion is that the government will continue to look at cutting payments to physicians as the way to achieve a balanced budget.

One fact that is usually ignored was outlined in a report presented to the OMA council in 1995.¹ It stated that in the 15 European countries studied, the average patient copayment for physician services was 19%. Copayments based upon income and an annual ceiling would not be restrictive or create undue hardship, and would not necessarily create a two-tier system. Carver is hopeful that savings can be found through more efficient health care delivery, which will let Canada avoid the introduction of private money into the system. This does not seem realistic in an open-ended market in which patients bear no responsibility for the resources they demand.

Her article implies an unrealistic expectation of new graduates. Would Carver mind if her billing number were moved to a far-northern community tomorrow? Billing-number restrictions violate almost every

physician's professional rights. In Ontario the government has not acted on viable proposals to rectify relative underservicing, the most recent being an extensive report from the Professional Association of Internes and Residents of Ontario. No other profession has had restrictions on practice location applied to them.

Everyone in society may indeed be facing uncertainty, as Carver points out, but this should not stop efforts to maintain our professional viability and freedom.

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Reference

1. Scully H (chair), Subcommittee on Health Care Funding. *Health care system reform* [discussion paper]. Toronto: Ontario Medical Association; 1995:21.

Dr. Carver's article was a welcome and timely comment on the privatization of Canada's health care system. The unbridled enthusiasm of many Canadian physicians for a two-tier health care system, as expressed at the CMA's 1996 annual meeting, obviously caused consternation among the public, to the point that physicians were the object of derision in the media.

We urge Canadian physicians to examine the recent changes that have

taken place in the US because of managed care. There, the autonomy of both private-practice and academic physicians has been increasingly eroded by private insurance providers. Having worked in the US and subsequently returned to Canada, we feel there is no question that a single-payer system is the only means of providing health care that is both equitable and of acceptable quality.

It is inevitable that health care in Canada will see itself streamlined in the future. However, let us ensure that it is physicians, other health care providers and the public, and not private insurance companies, that determine how modifications are made to health care delivery in Canada.

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Hockey helmets work if you wear them [correction]

This item in the News and Analysis section (*Can Med Assoc J* 1997;156:340) contained an incorrect date. It should have read: "In 1992-93, only 31 eye injuries . . ." — Ed.

Submitting letters

Letters must be submitted by mail, courier or e-mail, not by fax. They must be signed by all authors and limited to 300 words in length. Letters that refer to articles must be received within 2 months of the publication of the article. *CMAJ* corresponds only with the authors of accepted letters. Letters are subject to editing and abridgement.

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