



## Make way for the private sector

I am fascinated by the way in which Charlotte Gray depicts private enterprise as the villain with regard to the underfunding of Canada's health care system.<sup>1</sup>

Contrary to her views, YFMC Healthcare Inc. provides practice-management services to physicians for a fee that is derived from the fees physicians charge to provincial governments whenever patient visits occur. Absolutely no extra costs are generated in the process. As Gray points out, by allowing physicians to be more efficient and contain their overhead costs, companies like ours essentially contain government spending, because there will be less pressure on the system to increase funding.

Physicians have turned to our company for practice-management services because health care spending has not kept pace with the costs of running a practice. By allowing doctors greater efficiency than solo physicians would normally enjoy, our company is able to offer physicians acceptable financial returns and professional practice-management skills. This means that they can concentrate on caring for patients, not on overhead costs and administrative issues.

The federal and provincial governments often hire private, for-profit companies to perform services that will save them money. Unlike Gray, we believe that the public health care sector should have the right to benefit by doing the same thing.

### Don Wilson, MD

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YFMC Healthcare Inc.  
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### Reference

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### [The author responds:]

Nowhere in my article do I suggest that organizations such as YFMC Healthcare are "the villain[s] with regard to the underfunding of Canada's health care system," nor would I ever make such an obviously specious argument. At the political level there is still a debate as to whether the system is underfunded. I specifically argue that Don Wilson's company is a "healthy private-enterprise goose to the public sector" and that the public sector could emulate its streamlined management practices.

As governments contract for an increasing number of services from the private sector, we must rethink some fundamental assumptions about supply-and-demand issues in health care. It is a shame that providers who are prepared to experiment with different options feel as defensive about their choices as Wilson does.

Charlotte Gray  
Ottawa, Ont.

## Is feverfew a pharmacologic agent?

In a 1998 *CMAJ* article<sup>1</sup> William Pryse-Phillips and colleagues discuss alternative medical practices<sup>2</sup> in the management of migraine. They suggest that "a trial of feverfew may be appropriate in prophylaxis (class B recommendation)." Feverfew, *Tenacetum parthenium*, contains parthenolide, a compound that acts as a serotonin antagonist<sup>3</sup> and also inhibits serum proteases and leukotrienes.<sup>4</sup> Thus, feverfew should be considered a pharmacologic rather than a non-pharmacologic agent.

There is wide variation in the quantities of active compound in in-

dividual plants, plant parts, and fresh and dried preparations. As is the case for other proprietary herbal medications, some commercial feverfew products have been found to contain little or no active phytochemicals. Therefore, only standardized extracts should be used.<sup>5</sup>

In the article by Pryse-Phillips and colleagues feverfew is recommended as an option for migraine prophylaxis, but there is no guideline with respect to the duration of the trial. Prolonged use may be a concern because, as the authors point out, "there are no studies documenting [feverfew's] long-term safety or efficacy." Because of its pharmacologic properties, feverfew should not be used in combination with other migraine medications or with aspirin.

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