

## More hours, more tired, more to do: results from the CMA's 2002 Physician Resource Questionnaire

Although the emphasis of the CMA's annual Physician Resource Questionnaire (PRQ) is always on the tracking data it provides about the evolution of medical practice in Canada, it also offers several thousand physicians a year a chance to vent or rejoice about their profession. In 2002, there was a lot of venting (see sidebar).

Many of the complaints concerned the unrelenting demands of medical life. In the 2002 PRQ, respondents were asked for the first time whether their method of practice had changed signifi-

cantly in the past 2 years, and one-third said it had. Nine percent indicated that they had increased call responsibility, with physicians in the under-35 and 35-44 age groups being somewhat more likely (11% and 12%) to have taken on more call responsibility than physicians in the 55-64 and  $\geq 65$  age groups (7% and 4%). Conversely, physicians aged 55-64 and  $\geq 65$  were more likely (13% and 15%) than those under 35 or aged 35-44 (3% and 8%) to have decreased call responsibilities or to have stopped taking shared call in the previous 2 years.

And a number of doctors appear to want off the "medical treadmill." Although 5% of respondents indicated that they had expanded their scope of practice in the past 2 years, almost twice as many (9%) were moving in the opposite direction. "I resigned my hospital privileges and stopped obstetrics so that I can have a reasonable life," one doctor wrote. "Never again will I work  $\geq 90$ -hour weeks." Those aged 55 to 64 and  $\geq 65$  were more likely to have reduced their scope of practice (12% and 17%) than physicians in the under-35 and 35-44 age groups (7% and 8%).

The 2002 survey also raises questions about whether rising debt loads will allow young doctors to take an early step off that treadmill. For the first time, the PRQ asked doctors about the debts they carried following postgraduate training. Those under age 35 and aged 35-44 were the most likely to have carried a debt load (79% and 66%); only 28% of those  $\geq 65$  and 42% of those aged 55-64 had a debt load after postgraduate training. The average debt load for surgical specialists was \$39 228, compared with \$32 641 for medical specialists and \$29 016 for GP/FPs. The results support data from a recent study of the impact of rising tuition fees on medical students, which found that first-year medical students in Ontario expect to graduate with a median debt of \$80 000 (CMAJ 2002;166[8]:1023-8).

Many of those medical students will eventually receive fee-for-service (FFS) payments, but the proportion of physicians who receive 90% or more of their professional income in this manner continues to decline, from a high of 68% in 1990 to 59% in 2001 and 58% in 2002. Physicians in the 55-64 and  $\geq 65$  age groups are more likely to be in FFS arrangements (63% and 73%) than their younger colleagues (55% to 56%). Three-quarters of surgeons receive the bulk of their income from FFS, compared with 59% of GP/FPs and 52% of medical specialists.

Thirty-seven percent of respondents cited FFS as their preferred mode of remuneration, down from 50% in 1995,

### "Too many hours, too many patients, feels like fast-food medicine"

Of the more than 2900 physicians who completed this year's Physician Resource Questionnaire, 300 supplied verbatim comments about the condition their profession is in. Only 4 of the comments reflected positively on the state of medicine. Here's a sample.

- "Health care in Canada is like the story of the *Titanic*. The boat has already hit the iceberg and the ship is going down. It is going to get very bad over the next 5 years."
- "We are totally overworked, especially administratively. There is increase load of WSIB [Workers Safety and Insurance Board] papers, accident papers, insurance papers, office clients, referral letters to specialists and now even charting temperatures on our fridge for vaccine storage as requested by public health. For this amount of work I feel used, abused and underpaid."
- "I find the cost of running the office very expensive (computer, software, etc.) However, the government does not have any subsidies available for doctors' offices to keep up with the technology."
- "Too many hours, too many patients, feels like fast-food medicine."
- "The practice of family medicine on my own from 1980 to 2000 led to work overload, was always stressful and did not allow me to live a normal life. I therefore opted for asthma and allergies. I love it, because it allows me to become thoroughly immersed in these fields, as regards both the scientific and *human* aspects."
- "I have less and less time and energy for personal activities. Once my day off was 90% nonmedical, now it is catch-up time for paperwork, office management, house calls, etc., which fill approx. 75% of the day — i.e. 25% off."
- "I hope to retire by age 55 yr. I hope to retire completely from medicine and anything related to it."
- "Feel like a mouse on treadmill."
- "I still love the work I do — I'm just tired."
- "I enjoy my work in office and hospital. Great colleagues; excellent facilities. The pay is a bonus."

