The following day (Aug. 21) delegates narrowly defeated a motion (49% v. 50%) to revamp the Canada Health Act to allow co-payment and health savings accounts.

Dr. Larry Erlick of Scarborough, Ont., said he initiated the controversial motion because budget restraints on items such as new medications mean that “my patients continue to suffer.” He said he supports publicly funded universal health care based on patient need, not ability to pay, and argued that the current act limits innovative solutions.

Several opponents, including former CMA president Dr. Hugh Scully, responded by citing research suggesting that such plans don’t work. — Wayne Kondro, *CMAJ*

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Health Minister Clement promises crackdown on illicit drug use

A longer version of this article was published at www.cmaj.ca on Aug. 21, 2007.

Federal Minister of Health Tony Clement promised a bevy of new health-related federal initiatives in an address to the Canadian Medical Association (CMA) annual General Council in Vancouver Aug. 20, including a crackdown on illicit drug use, a renewed tobacco-control strategy aimed at reducing national smoking rates to 12% from 19% by 2011 and more stringent regulations to prevent the import of counterfeit or contaminated food, drugs and consumer products.

Clement was most emphatic about the need for a tough new national strategy to prevent illicit drug use, indicating that the government is determined to redress the long-standing absence of a “significant anti-drug campaign,” a condition that he asserted has led to Canada having the highest percentage of marijuana users (16.8%) in the industrial world.

Canada’s current marijuana policies have spawned “an entire generation

that is confused about whether pot is legal,” he added.

Clement later told reporters the scientific evidence of the efficacy of safe injection sites is entirely equivocal. He welcomes the public and academic debate, which will help government make an informed decision.

Clement also indicated the recent spate of recalls on products manufactured abroad, including toothpaste (South Africa) and children’s toys (China), have led to a Health Canada review of standards and regulations related to foreign goods.

Clement was conciliatory on matters of systemic reform of the health care system, repeatedly stressing that although the Conservative government defends the principles of the Canada Health Act, it believes that there is plenty of room for “innovation” within the system, particularly with respect to the private delivery of services to “meet demands on the system in the future.”

Mark Holleran

Federal Health Minister Tony Clement (left) meets with CMA’s new President Dr. Brian Day.

Even staunch proponents of public health care were reassured. “It’s really important that people not fall into the trap of believing that innovation means privatization. Those 2 things should not be equated in our minds. Quite the contrary, actually,” said Dr. Danielle Martin, chair of the board of Canadian Doctors for Medicare. — Wayne Kondro, *CMAJ*

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CMA considers election and structural reforms

A longer version of this article was published at www.cmaj.ca on Aug. 20, 2007.

Potential changes to the practice of rotating the Canadian Medical Association (CMA) presidency through provincial associations and the process for electing the president are among reforms being examined by the CMA’s recently appointed Governance Review Task Force.

Although proposed changes to these procedures have been previously dismissed, CMA Chair, Dr. Louise Clouthier, and task force Chair, Dr. Dan O’Brien say there’s now a need to review all facets of CMA’s structure, which has essentially remained unchanged since it was formed in 1909. The 2 made the case for reforms during an information and consultation session Aug 19, prior to the CMA General Council in Vancouver.

Other elements of the review include the process for selecting representatives to the annual General Council and for appointing members to CMA’s board of directors.

“Essentially, what we’ve asked the task force to do is look at how the organization is structured and how it functions, to make sure it meets the needs of the physician members,” Clouthier said in an interview.

The presidency is now determined on a complex, rotational basis among provincial associations, based on such factors as geographic location and the number of physicians within a province. Essentially, the provincial association that is next hosting CMA General Council elects the new president from among its members, and his or her appointment is ratified at the CMA annual meeting.

O’Brien said all facets of CMA’s structure and operations are on the task force’s table. It will make its recommendations for change at the CMA’s 2008 annual meeting in Montréal. — Wayne Kondro, *CMAJ*

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