About those US fees . . .

In a recent article by Charlotte Gray ("MD crosses great divide when moving between practices in Canada, US," *Can Med Assoc J* 1996;155:1599-1600), plastic surgeon Dr. Robert Harris compares medical practice in Canada and the US. The only complaints he describes are purely economic: higher overhead costs and insufficient compensation in Canada.

That US overhead is lower is at best improbable, especially given the very high malpractice fees in New York. As for compensation, the 2 conditions he cited (breast reduction and mole removal) are not compensable by either Medicare or private insurance unless there are medical, rather than cosmetic, indications.

Harris said he is paid "several hundred dollars" for "a simple mole removal." This is both unlikely and outrageous. Most private insurers pay the same or slightly more than the Medicare "allowed" schedule. The 1997 Medicare "allowed fee" for excision of a benign mole between 0.6 cm and 1.1 cm is $79.42 if it is on the face and $64.05 if it is on the trunk, arm or leg. Harris also claimed that he "earns between $2500 and $4000" for a breast reduction. The Medicare fee is $1260.13.

I have recently been privileged to observe the practices of fellow dermatologists in Calgary. They too have complaints and discuss improvements they would like to see in your health care system. But neither they nor their patients would abandon its principles, as spelled out in the Canada Health Act.

I do not doubt that the incomes of many orthopedists and cardiovascular surgeons is higher in the US, but this is changing. US physicians are losing their professional autonomy — and, yes, income to boot — to the managed-care industry. Managed care promises, *inter alia*, protection from the exorbitant charges of "entrepreneurial types" (Gray's well-chosen term). Instead of inviting the managed-care fox into their medical hen house, my Canadian colleagues should instead mend the defects within their system.

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[Dr. Harris responds:]

I can categorically and unequivocally state that the fees paid in New York State for the 2 items in question are, contrary to Levan's inference, in no way exaggerated. I enclose a copy of a statement from an insurance company for a patient who underwent removal of a dysplastic nevus from the face. [*CMAJ* has this statement on file. — Ed.] The total payment was US$375, $250 for the surgery and the rest for preoperative and postoperative visits. The equivalent fee in Ontario would be Can$86.70 (before clawback).

In the 11 years I have been practising in upstate New York I have never been paid less than US$2500 by a private insurer for a bilateral breast-reduction operation once permission for the procedure has been granted. Approval is based on patients' complaints of upper-back and shoulder pain and disturbed posture. If the procedure is considered a reduction mammoplasty rather than a simple breast reduction, the fee can be as high as US$4000.

Another example: carpal-tunnel release in Ontario pays Can$144 (before discount), whereas the going rate in New York is US$550, exclusive of visits. Because of the different values of the 2 currencies, the discrepancy is even greater than it appears.

My point is to emphasize what an incredible bargain the Ontario Ministry of Health is getting from its physicians. It is their unselfishness and devotion that have kept the system working all these years, and they are certainly justified in their long-overdue voicing of concern about the financial shortchanging they and the health care system have experienced, especially in the past decade.

Levan is correct in stating that managed care is growing in popularity in the US. In my case, however, this has been a boon, because I have signed up with several of these insurers and my patient clientele has increased as a result. Finally, because of geographic risk differences, my malpractice insurance is roughly equivalent to that in Canada (US$13 200 vs. Can$16 020).

Practising medicine today is not nearly as agreeable as it once was, but in the US the physician–patient bond still exists. In Canada, health ministry prerogatives often take precedence over the patients's best interests. In any event, that has been my career experience.

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A detailed comparison of physician fees in the US and Canada is found in the Pulse column, page 960. — Ed.

Time for the CMPA to reward malpractice-free MDs?

I read with great interest the conclusion of the article "GP/FPs and the delivery of babies" (*Can Med Assoc J* 1997;156:144), by Lynda Buske. The author drew a correlation between the opening sentence and the