Hospital mergers leaving many Ottawa doctors riled

Although hospital restructuring is well under way across Ontario, some of the transitions are proving to be anything but smooth. In Ottawa, for instance, the merger of the Civic and General hospitals into the Ottawa Hospital has created bitter professional disputes. "We are all very disappointed, but we were expecting it," Dr. Alan Guberman, senior neurologist at the General site, said following the Dec. 13 decision by the Ottawa Hospital board to move all neurology, neurosurgery, trauma services and related programs from its General campus to the Civic campus.

"We are all very angry, not only that this was done but at how it was done," added Guberman. "It was a top-down decision that was railroaded through. Everyone who supported the plan and pushed it had [his or her] own agenda. It was a political decision [with] economic and fund-raising implications."

General campus neurologist Mark Freedman was blunter: "The board and CEO [David Levine] say patient care is at the root of this decision, which is absolutely not true. They want to reinvent the wheel by uprooting a successful program and moving it to the Civic in order to save the political face of that institution."

Freedman said that when the restructuring commission determined that the Civic would be transformed from a full-fledged teaching facility into a community hospital, the leaders there "turned their face and said, 'No, we will just figure out how to turn this decision around.' When the new Ottawa Hospital board was planning restructuring, it hired its own people and stacked the deck so that it could get whatever it wanted. But there is no logical reason for this move."

Levine, whose appointment to the CEO's position was itself controversial because of his political background, knows all the arguments against moving the program but stands by the decision. "Yes, they have a service that functions very well. But it has 115 people and it exists in a physical location. The Ottawa Hospital is 9000 people, and we are looking at its development over the next 3, 10 and 15 years."

Effectively killing any notion about the Civic becoming a community facility, Levine described the need to balance programs at both sites. He said the Civic is better suited for overall emergency care, the General for "elective surgery, academic and tertiary care. It was agreed by everyone that we had to concentrate the neurosciences activities in one place, but if we had decided to do it at the General the facility would have been overloaded. It has 560 to 600 beds and would never have been able to grow."

He emphasized that oncology is one of the fastest growing disciplines today, and it was recently moved to and concentrated at the General. "We have been cancelling elective surgery in oncology because there is too much activity at that campus. If we had moved neurosurgery over there as well, the impact on our elective surgery would have been terrible."

In the future, he adds, the big technological strides and expansions will be in the areas of oncology and transplantation, both programs primarily located at the General site, where they will need room to grow. The Civic, however, has a new ICU and 16 new operating rooms, and is considered suited to handling the city's emergencies, including neurological trauma.

Neuroscience staff at the General were not in a very cooperative mood following the hospital's decision — there were threats to quit and move — but Levine hopes tempers will soon cool and that the transfer will go smoothly. — *Lynn Cohen*, Ottawa

Transplant controversy

(Continued from page 390)

cision, he is then in fact treated differently than the other people on that waiting list. That looks curious and needs some explanation."

But Eike Henner-Kluge, chair of philosophy at the University of Victoria and a former director of ethics at the CMA, thinks the hospital made the appropriate decision. "If there is a difference between hearts at all, one would try to match a heart to a recipient. If you are looking at lifetime expectancy, you shouldn't give a heart with 70 years on the ticker to someone with 20 years left to live," he said. "It is a relevant difference. You want to make sure you get the appropriate use of the appropriate resources. That is ethically not questionable at all. We do this rationalization of resources in health care every day."

Dr. Koshal said that this is precisely the line of thought the hospital used. In fact, the patient, hospitalized since September following complications from a bypass operation, wouldn't have accepted a younger heart that a younger recipient might have received. The move to break the age barrier for transplant recipients, which is now 65, will force other changes in transplant protocols, Koshal insists. "Ultimately what I think will happen is we'll say, 'He is on the list and he gets whatever is available.' Criteria are going to be expanded more, but you need to be practical. Would you give a 55-year-old heart to 16-year-old patient? We face these decisions from time to time."

The heart transplant was 1 of 32 performed in the province in 1999. — *Richard Cairney*, Devon, Alta.