



## Veterinarians' suggested fees may leave physicians feeling ill

Physicians who take a close look at fees charged by veterinarians can't be faulted for thinking that medicine is going to the dogs.



The *Ottawa Citizen* recently looked at what pet owners pay for veterinary care. "On average," said the article, "Canadians spent \$479 on their pets in 1990, the latest year for which data were available from Statistics Canada. That's more than double what families spent on pharmaceuticals for themselves and just slightly more than what humans pay on average to care for their own teeth."

The charges are only guidelines, since the voluntary veterinary association

is not allowed to set fees. The following table, which accompanied the article, compares veterinarians' fees with those paid to physicians by the Ontario Health Insurance Plan (OHIP).

**Table 1: What veterinarians charge to provide medical care for dogs/cats and how much physicians receive from OHIP for human patients**

Medical service	Ontario Veterinary Fee Guide	What OHIP pays to MDs
<b>Diagnostic ultrasound</b>		
Pregnancy	\$104.00	\$ 77.90
Abdominal scan	\$144.40	\$ 77.90
<b>Diagnostic x-ray</b>		
Colon, barium enema	\$136.20	\$ 70.77
Urethrogram	\$159.20	\$ 24.32
Femur, 1 joint (2 views)	\$ 84.20	\$ 20.25
Intravenous pyelogram	\$128.10	\$ 71.23
<b>Other services</b>		
Electrocardiogram	\$ 66.30	\$ 15.50
Annual physical exam	\$ 39.30	\$ 48.20
Mileage (house call)	\$ 1.70/km	\$ 0.00
House call (normal hours)	\$ 52.50 + exam	\$ 16.70 + exam
Injection (outpatient)	\$ 18.20 + drug/vaccine	\$ 8.00 + drug/vaccine
Blood test (hemoglobin)	\$ 10.60	\$ 2.07
Abdominocentesis	\$ 30.60	\$ 23.20
Urinalysis (complete)	\$ 32.90	\$ 4.14
Amputation (foreleg, at elbow)	\$363.80	\$266.40

Source: *Ottawa Citizen*

## "Show us the money," OMA tells province

Ontario's doctors have turned a jaundiced eye on government claims that the amount of money being spent on health care has increased. "If you compare apples to apples, the amount of money being spent on patient care has been increased by \$1 million," OMA President Gerry Rowland said after the Ontario government released its budget in May. "That's about the same amount the government spent on TV ads to tell Ontarians not to worry about their health care system. I see nothing in this budget to reassure patients that access to care will be any better this year."

The government, feeling heat because of criticism over cuts to the health care system, had claimed it was putting more money into the system. However, Rowland pointed out that the government was including restructuring and capital costs in the total budget. Traditionally, only operating expenditures have been included in the budget.

## Murder charge shocks Halifaxians

A date for a preliminary hearing involving a Halifax respirologist charged with first-degree murder will be set this month. The case will be followed closely by physicians across the country because it is believed to be the first charge of this type involving a patient death. Paul Mills, 65, had terminal throat cancer and died Nov. 10 at the Victoria General Hospital. Dr. Nancy Morrison was charged May 7; about 60 police officers, who seized documents, were involved in the arrest at the hospital. There is currently a publication ban on evidence presented at a bail hearing, but *CMAJ* will present detailed coverage of issues raised as the case develops.

## Residents can practise in underserved areas in NS

Physicians in training at Dalhousie University will be able to obtain a "defined licence"



to practise in underserved parts of Nova Scotia during their senior residency years. The Professional Association of Residents in the Maritime Provinces (PARI-MP), the Department of Health and the College of Physicians and Surgeons of NS have worked out an agreement that permits residents in their final 2 years of specialty training or final 6 months of family medicine to apply for the licence. Residents in specialty programs who meet certain training requirements in their first 2 years of

training may also be able to provide family practice and emergency department coverage.

After meeting certain criteria, residents in specialties will practise in a supervised setting, while family medicine residents will work without a supervisor. "Residents are pleased that they will be able to gain experience in their specialty and provide relief to physicians," said Dr. Colleen O'Connell of PARI-MP. "It's also a great way for us to supplement our income." Dalhousie residents are paid

about 20% less than the national average during their training.

### Information session on Physicians' Charter planned

The CMA will hold an information session on a Physicians' Charter during the August annual meeting in Victoria. The Board of Directors approved a working draft of the charter in May and decided an information session would provide more input from members.

The board will also recommend that General Council extend the deadline for completion of the charter so that comments and suggestions from the information session can be considered in preparing the final document. If the new timetable is approved the final version will be presented to General Council at the 1998 meeting in Whitehorse. The charter project began with a resolution passed at the 1996 annual meeting in Sydney, NS.

### OMA gives nod to 4 new sections

Complementary medicine is one of 4 new groups given probationary status by the Ontario Medical Association. It entitles a group to receive a small budget and administrative support, and is granted when physicians sharing a common interest have filed suitable objectives and acquired written support from at least 50 OMA members. The other new sections cover sleep disorders, GP psychotherapy and chronic pain.

### New journal covers gay, lesbian health care

The *Journal of the Gay and Lesbian Medical Association* made its debut in March as the world's first peer-reviewed, multidisciplinary journal dedicated to lesbian, gay, bisexual and transgendered health. The quarterly

### "Acrobot" capable of delicate knee surgery

London Press Services



British scientists have developed a robot that can help surgeons perform delicate knee operations quickly and safely. The "Acrobot" can be programmed to cut within a precisely defined area that corresponds to a scan of the patient's knee taken before the operation. It is linked to a rotating cutter that the surgeon uses to excavate the area; the cutter only works within predetermined limits, preventing damage to healthy tissue. The robotic knee surgeon was invented at London's Imperial College of Science Technology and Medicine, which also developed the world's first robot for prostate surgery, now on trial at Guy's Hospital in London.