



they spend treating them. They work harder and earn less." By mid-April, with negotiations at a standstill, Anderson predicted that between 75 and 80% of AMA members were ready to walk out.

The AMA says doctors' fees have fallen 30% behind inflation. In 1993 gross fees were cut 5%, then capped. Since then there has been no increase for inflation or a growing population. Doctors also aren't compensated for new duties, such as coordinating early discharges. The AMA wants the 5% cut restored and more funding to alleviate chronic bed shortages and crowded emergency rooms.

The province did increase funding to regional health authorities by 6.7% in 1998, but the AMA says this "still falls short of what is realistically needed." In May doctors voted on an offer giving them an 8% increase over 3 years. Vote results weren't known at press time.

And it still remains to be seen whether an exodus of physicians is under way. There are already vacancies in 10 specialties, not to mention a shortage of rural family physicians.

Not all MDs support job action, Medical Reform Group says

Not all physicians favour the militant actions being taken by physicians across Canada and some actively oppose attempts to introduce private medicine in Canada. At the moment, the Medical Reform Group of Ontario (MRG) is to medicine's left wing what the British Columbia Medical Association is to its right.

"When proponents of a two-tier system speak out we're there to counter them," says Hamilton physician Gordon Guyatt, an MRG spokesperson. Not surprisingly, the group doesn't support job actions either. "The main mobilizations are largely around reimbursement and some working conditions," complains Guyatt.

The MRG's 200 members actively lobby to support their beliefs. For Guyatt's part, he believes there is more physician job action now because of worldwide changes in the way medicine is being delivered. He says the new stresses include pressure to reduce public funding, an aging population and the availability of more expensive services. He says these stresses combine to squeeze physicians and service delivery alike.

The MRG, which was founded in 1978, would like to become a national organization. However, it has been unable to attract the required critical mass of new members.

Manitoba

Alberta and BC took the "the more traditional approach" of job action to create leverage, but Manitoba doctors are taking their complaints to court. "We wanted to apply pressure in a broad way without using the public," said Dr. Ian White, past president of the Manitoba Medical Association (MMA). "Our big ally is our patients. We need their support but it's hard to get it when you take away care."

So the MMA, which represents 2000 physicians, filed suit against Manitoba Health to recover \$7 million in fees and \$27 million in special damages for what it claims are "broken promises" and "less than honest" behaviour on the province's part. The statement claims that under a 5-year contract, which expired Mar. 31, the province violated key provisions to cut insured services and use the money for fee increases.

For 4 years, the MMA worked with the Manitoba Medical Services Council, a joint management team with members from government, the public and the medical profession, to generate cost-saving measures. These totalled between \$5 and \$6 million annually, and were approved in principle by the health minister; there was a written undertaking to use the savings for global fee increases. Then a new minister took over, and nothing has happened for a year.

"The basis of our lawsuit is that the government acted in bad faith," says White, whose term ended Apr. 25. "They had no intention of honouring our contract. They [the cost-saving measures] were perceived as limiting health care. It's alright to limit [funding] on the backs of those providing care, but not on services."

An examination for discovery is scheduled for May or June, and the MMA wants it to be open to the public. "We've had incredible support from other health care professionals and the media and public, and physician morale has improved," says White. "The association is seen to be holding the government accountable. We're not seen as being self-serving and we're not affecting patient care."

He says their "very unusual approach" was 5 years in the making, and it didn't hurt that John Laplume, the association's executive director, is a lawyer. It's likely the first time a provincial medical association has sued its employer.

Quebec

In Quebec, cuts to health care have been 5 times greater than for any other government department. The closure of 6 Montreal-area hospitals has created more work — without adequate resources — for the remaining institutions, and the shortage of anesthetists is now so bad that one Montreal hospital had to close 5 operating rooms.

Not surprisingly, physicians have responded. In Mon-