



Keep Bay Street at bay!

I am disturbed by a comment in the editorial "Physician resource planning in an era of uncertainty and change" (*Can Med Assoc J* 1997;157[9]:1227-8), by Dr. Bruce J. Fried. The Canadian health care system is undergoing change, and health care planners do play a vital role in the survival of our national system. However, I am concerned by his comment about our choices: regulation or a market-based economic strategy. Although regulation may not be ideal, a market-based system is far less palatable.

As a Canadian physician working in the US, I face the problems of a market-based health care system daily. Any system in which 15% of the population is uninsured, and in which an equal number of people have inadequate insurance, is a failure. Managed care and health maintenance do just that: they manage the care of *healthy* people. What they do not do is provide adequate care for the chronically ill, elderly people and those with catastrophic illness. In the free market, commercial health care organizations do their best not to treat these "costly" patients.

Canada has a chance to learn a great deal from managed care mistakes made in the US. Something is wrong with a country that spends more than 14% of its gross domestic product on health care, yet has millions of people without health insurance, a high rate of infant and maternal mortality, and lower-than-average life expectancy compared with other developed countries. Canada would be best served by choosing Fried's first option for reform: regulation. I know, because I have served in both systems.

Readers may question why I currently practise in the US. I recognize

the problems in the Canadian system and would like to contribute to the solutions. However, I was offered an opportunity to train in health care management and public health planning while practising in a large emergency room, and I am using the opportunity to acquire the skills I need to help plan and deliver health care effectively. At the same time I am gaining firsthand experience in how the market economy has failed to provide universal coverage. I will return home once my training is complete.

In Canada we should keep Bay Street (and Wall Street) from making a business of health care. The health and well-being of Canadians should never be managed and traded as a commodity!

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Canada's drug problem: new solutions needed

I was pleased to see the articles "Mainstreaming methadone maintenance treatment: the role of the family physician" (*Can Med Assoc J* 1997;157[4]:395-8), by Drs. Mark Latowsky and Evelyn Kallen, and "Methadone maintenance treatment: a Canadian perspective" (*Can Med Assoc J* 1997;157[4]:399-401), by Drs. Bruna Brands and David C. Marsh. The subject was treated sensibly and dispassionately.

We need to learn more about the

use of narcotics and their value, and this knowledge must be disseminated. Research has already shown that although people with chronic pain or terminal illness may become dependent on narcotics, they do not become psychologically addicted. I find it a weird contradiction that we seem to tolerate alcohol use and even alcohol abuse that can cause severe damage or death, yet drug use is treated harshly, particularly in the US.

I am not an advocate of drug taking, but it appears that the present system of drug control is failing terribly. I hope we will see more articles by experts in the field, and that more attention will be paid to scientific facts and less to emotional and biased arguments.

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[Two of the authors respond:]

Our editorial was meant to stimulate further interest and discussion, so we welcome Dr. Durnin's comments. Currently, 3 models have been proposed to deal with the illicit drug "problem": punishment, maintenance and legalization.

As discussed in our editorial, punitive models promote incarceration as a consequence and abstinence as a logical outcome goal. We agree, as others have argued, that the failure of the "war on drugs" has at its root a fundamental flaw of profit motive¹ and entails significant economic costs.² Many authors argue further that criminalization itself has been the most significant factor responsible for the current social problem of opioid addiction.³

Methadone maintenance, in contrast, has achieved a certain measure of success. Where it has failed, how-