



## Patients buy peace of mind at breast cancer centre

Susan Pinker

When Teresa Rousseau found a lump in her breast, she didn't go to the hospital. Instead, she went to Montreal's Ville Marie Breast Centre for a clinical exam as well as a mammogram, needle biopsy and ultrasonography. Even though private lab fees were involved, the 41-year-old Rousseau chose the private clinic over a public hospital because she thought the process would be smoother.

It was. "Knowing that I could have the diagnostic work done faster and that I would have an answer sooner influenced my decision to go to a private clinic," she says. "There's no doubt that time was the major factor."

Her experience is not unique. More and more patients in Quebec are choosing private medical settings over hospital outpatient clinics and government-funded community clinics. Even though medicare in Quebec covers laboratory and radiology work only if it is done within the hospital setting, many patients prefer the efficiency and intimacy of private clinics, where a multidisciplinary team is already assembled and it is easier to get an appointment.

At the Ville Marie Centre, the exam, mammogram, ultrasonography and infrared imaging can be done during the first visit. Needle biopsies can be completed the same day, with results available within 24 hours, and the relevant medical specialists, from surgeon to pathologist, are on site.

"It's one-stop shopping," says Renee McGilly, a Ville Marie patient and cancer survivor now living in Victoria. "The radiologist puts the plates in front of you and you discuss them immediately. Then you're seen by a team of at least 3 doctors who give you a clinical exam. Believe me, if you have anything, you know that it has been found."

Compare this to diagnostic services in local hospitals. After an abnormal mammogram, the waiting list for an ultrasound study ranges from 10 days for urgent queries (McGill University Hospital Centre) to 4 months (Hôpital Sacre Cœur). In many ultrasound departments, the referring physician must call for the appointment after receiving the mammogram report, and this often leaves the anxious patient — who wants to speed up the process — feeling helpless. The coordination of clinical information, imaging data and follow-up with the patient can weave a

bureaucratic web that frustrates both physician and patient.

That's one reason why Dr. John Keyserlingk established his centre in 1994. In its pink brochure, the clinic lists 33 doctors and 15 support staff, all of whom share its commitment to "minimize the delay and alleviate the anxiety" of patients and to provide treatment in a reassuring environment. From 100 to 150 patients are seen here each day, a sample of the 15 000 patients who transferred to the centre since its inception.

"In the hospital, we had a huge managerial monkey on our backs," says Keyserlingk, the 51-year-old surgeon who directs centre operations. "In the clinic environment, the stress and hassles of moving within the bureaucracy were gone."

He is careful to add that there are excellent, hospital-based breast centres throughout the country, and that all services at his centre except for ultrasonography, infrared imaging and psychological help are covered by provincial health insurance. The cost for the noninsured part of each complete workup is \$200.

The centre covers almost the entire 10th floor of a stately downtown office building. A spacious, glassed-in waiting area lends the centre the atmosphere of an upscale hotel lobby. Down the hall is the associated radiology clinic, which is privately owned but by a different group. Patients make their first stop here, shepherded by 1 of the centre's 5 clinical

coordinators. These women, chosen for their empathic personalities, act as patient representatives. They answer questions and coordinate the centre's myriad services, including surgery and participation in clinical trials.

The calm, ordered tableau presents a sharp contrast to the impersonal bustle of most hospital-based oncology departments. It also poses the specter of a two-tiered medical system, one in which patients who can afford to pay for extras are seen faster and have better access to information and services.

Keyserlingk rejects any suggestion of élitism, noting that patients only pay directly for ultrasound and infrared imaging services. "When the former is thought to be urgently required, or the latter is requested by a patient who either has no private insurance or finds the fee onerous, they are performed free of charge."

*Susan Pinker is a freelance journalist in Montreal.*



Dr. John Keyserlingk: one-stop shopping