



Court rejects differential pay for MDs trained outside BC

British Columbia doctors have won an appeal court battle that prevents the provincial government from paying physicians trained outside the province less than those trained in BC. Under a system introduced in 1994, physicians trained outside BC who were setting up practices in places like Vancouver that were deemed to have too many physicians received reduced fees for the first 5 years, after which they were eligible for billing numbers that paid the full rate anywhere in the province. This agreement was challenged by the Professional Association of Residents of BC on the grounds that it violated physicians' mobility rights under the Canadian Charter of Rights and Freedoms. The doctors won that case in 1997 but the government appealed. The BC Court of Appeal decision, handed down last month, still allows the government to set variable fees for overserved and underserved areas as long as they do not discriminate against doctors trained

outside BC. Thus far, the government has kept fees in these areas the same.

Dr. Ian Courtice, president of the BC Medical Association, calls the court decision "a mixed blessing." He's pleased that punitive aspects of the previous arrangement have been struck down, but even though all doctors will be free to practise where they want, they are "still showing a reluctance to come to BC — much more so than 4 or 5 years ago." However, Courtice is happy that the BCMA will have a chance to find ways to encourage physicians to practise in underserved areas.

The BCMA has been negotiating with the government for several months on rural-medicine issues, including payment for on-call work, improved CME opportunities, enhanced locum availability and extra funding for rural training for medical students. Courtice supports financial subsidies for rural training, but admits that convincing the government to provide

funding now, when the payoff may be 5 years away, is a challenge.

The 21-year-old Northern Isolation Allowance, which has been the only financial incentive for doctors to move to rural and remote areas, was supplemented with a new emergency medical coverage program for 400 physicians last year; it was introduced following a 5-month labour dispute with rural doctors and costs \$8.7 million annually.

Garry Curtis of the Medical Services Commission feels "quite positive" about the ruling because "it gives us some tools that we didn't have before." The court upheld the province's legislative authority to "grandfather" established physicians and create different payment arrangements for new ones. "This is quite different, because with any scheme you introduce you would want to phase it in," said Curtis. "The lower court decision prevented us from phasing in any kind of new measure." — *Heather Kent, Vancouver*



Barbara Sibbald

New president for FMWC

Dr. Shirley Hovan, a general practitioner from Red Deer, Alta., is the new president of the Federation of Medical Women of Canada. Hovan's involvement with the organization began 8 years ago when she helped found her local branch. She was also president of the central Alberta branch for several years. During her 1-year term she plans to focus on work and education issues affecting undergraduate and postgraduate women.

New breast-feeding management guidelines

Because up to 50% of infants are weaned from the breast within 14 days of birth, physicians working in maternal health may be interested in new *Evidence-based guidelines for breastfeeding management during the first 14 days*, produced by the International Lactation Consultant Association. Guidelines in the booklet are based on the best available research, with the evidence for each standard ranked. Each of the 24 management strategies, which cover everything from facilitating early breast-feeding to contraception, include rationales and evidence. To obtain the publication, call 919 787-5181; ilca@erols.com. The Web site address is www.ilca.org.

New approach to dyspepsia

An evidence-based approach to the diagnosis and management of dyspepsia has been developed by a team of Canadian FPs, gastroenterologists and pharmacists. The new clinical management tool designed by the Canadian Dyspepsia Working Group (CanDys) divides management of the problem into 5 main decision points. "By systematically addressing each of these components physicians can work through the tool in an orderly fashion so that they end up being able to manage a patient's symptoms with confidence," explains CanDys member Dr. Nigel Flook of the University of Alberta. Dyspepsia affects 30% of Canadian adults.