Renewal of health care is finally going to happen, minister tells CMA

For the fourth time since becoming health minister, Allan Rock stood in front of the CMA to defend his government's record on health care and to promise that better days lie ahead. However, given the recent meeting of provincial premiers, these days may actually start to materialize shortly.

Rock acknowledged that many of the elements for attaining sustainable health care that he presented to 200 delegates attending the CMA's August annual meeting in Saskatoon, Sask., were old news. But, he said, recent circumstances make him optimistic. For the first time "all the governments are talking about the same elements, we have a specific time frame of 30 days to talk, federal money is committed and we have broad professional support and accumulated evidence."

The provincial and territorial premiers will meet with Prime Minister Jean Chrétien in September to finalize the health care renewal platform. "It's very encouraging," said Rock.

The CMA's outgoing president, cardiac surgeon Hugh Scully, said he too is optimistic that "we can move forward. In the last 6 months I've seen more accord and participation than ever. The environment is better than it has been in the last decade."

Saskatchewan Premier Roy Romanow added that, given the input from providers and consumers, "I don't think the government will have the guts to destroy this consensus."

Rock pledged to include physicians in the renewal plans and to ensure that the renewal takes place within the principles of the Canada Health Act.

Unfortunately, many physicians didn't appear as optimistic as Rock. Their questions following his address indicated that they are fed up and disgruntled over the length of time renewal has taken.

Rock acknowledged it has "taken too long. The process of working with 13 governments is cumbersome but we are on the verge of putting things into place and acting on them."

Indeed, Chrétien recently announced the government's willingness to increase health care funding according to a "shared vision and plan."

To fund or not to fund

No matter what the funding arrangement is between the federal and provincial governments, Scully and Romanow said one thing is clear: not everything can be paid for.

Rock did promise that "essential services will be supported," adding that the public will have to identify what is "essential and what isn't essential." But he added: "I do not believe that delisting of currently insured programs is called for. What I'm talking about is future listing."

Both Scully and Romanow said the public should be involved in making these decisions and urged Ottawa to launch a national review of the health system — the first of its kind since Justice Emmett Hall headed the commission that led to the introduction of medicare in 1966. Rock politely agreed to consider this review option.

CMA rescinds controversial policy

The CMA has rescinded a controversial policy on mandatory HIV testing for nonconsenting patients that was passed during the 1999 annual meeting.

Physicians and other health care workers are familiar with the anguish that results from percutaneous and mucocutaneous exposure to blood and at-risk biologic substances. (In 1996, almost 1 million health care workers in the US faced such exposure, with nurses being at particular risk.) The risk of HIV transmission following a needlestick injury from an HIV-positive person is about 3 per 1000 (Moloughney BW. *Bloodborne pathogen source testing: a review of the evidence*. Ottawa: Canadian Medical Association; 2000). This risk can be reduced to less than 1 per 1000 with postexposure treatment, but such prophylactic efforts entail frequent side effects; some of these, such as pancytopenia, are rare, but they can be life threatening. To lessen anxiety and to make rational decisions about continuation of prophylaxis and sexual relationships, health care workers want to know whether the patient involved in the exposure is HIV positive.

Most patients readily agree to HIV testing in these cases and most health care providers discontinue prophylaxis when the result is negative. However, about 5 patients per 1000 either refuse to be tested or are incapable of consenting. It was precisely this situation that was targeted last year by General Council, which passed a resolution that such patients "be required to sign a waiver that would allow [HIV testing]." The policy was criticized as uninformed and impractical in a *CMAJ* article (Tyndall MW, Schechter MT. HIV testing of patients: Let's waive the waiver. *CMAJ* 2000;162[2]:210-1).

Implementation of this resolution caused considerable grief for the CMA Board of Directors because it violated several sections and many of the values of the CMA Code of Ethics; the code itself would have had to be revised to accommodate the new policy. As well, mandatory testing of nonconsenting patients was a direct and nontrivial violation of an individual's rights to "security of person" and to "protection from unreasonable search or seizure," both of which are guaranteed under the Canadian Charter of Rights and Freedoms.

Legal counsel was sought on 2 occasions as the board struggled with the resolution. In the end, the board split over the issue and decided to refer the motion back to General Council. And again this year there was passionate debate, but when the votes were tallied delegates approved a resolution to rescind the original 1999 motion. Thus, the CMA no longer supports mandatory HIV testing of nonconsenting patients and returns to its original and widely supported policies on the virus. — *John Hoey,* CMAJ

System under siege

The stresses facing the existing system was the theme of the inaugural address by the CMA's new president, Saskatoon urologist Peter Barrett (*CMAJ* 2000;13[3]:325). He warned that Canada's health care system is "under siege and in danger of coming apart if we don't take significant action now." Barrett lamented the widespread "passive privatization" taking place in Canada. He emphasized the need to act on crucial issues, such as ensuring stable funding and an adequate physician workforce, and determining which medical services are essential.

The Ontario-based Medical Reform Group, which acknowledges that it has "seldom" sent congratulatory messages to leaders of any medical organization, announced its "enthusiasm" for Barrett's address in a press release. Its members strongly support publicly funded health care. "It seems that we may now have a CMA president who will call not only for more money, but also for ensuring a system that benefits all Canadians by ensuring equitable access to care," stated Dr. Gordon Guyatt, the group's spokesperson.

New CMA President Peter Barrett laments passive privatization

CMA plans sustainability

The CMA set a blueprint for sustaining Canada's health care system by passing 16 resolutions calling for everything from cash transfers to a national dialogue among physicians, government, the public and others to decide what services will and will not be covered under medicare.

Scully urged governments to stop bickering and develop a long-term agenda for health care, but some physicians viewed a motion calling for governments to "rise above political differences" as unrealistic. "It ain't going to happen," said Dr. Ian Warrack of Vanier, Ont.

The approved resolutions related to sustainability and included a call for health-specific federal cash transfers to the provinces and territories. To prevent any further erosion of federal funding, the CMA wants an escalator mechanism to increase funding according to factors such as the aging population and improved technology. — *Barbara Sibbald*, CMAJ

CMPA fees for Ontario doctors up 13.6%, decreases in rest of country

Ontario physicians are taking money out of their share of the Canadian Medical Protective Association legal settlement reserves to prevent huge fee increases. This means the aggregate CMPA fees of Ontario doctors will rise by only 13.6% in 2001, instead of an anticipated 50%. "They are mortgaging their own future, in effect," Secretary Treasurer John Gray said during the CMPA's annual meeting in Saskatoon on Aug. 16.

Problems arose this year after the CMPA decided to move from a national to regional method of setting its rates because the size of legal settlements differ greatly across the country. Most notably, awards are much higher in Ontario and much lower in Quebec. The CMPA now pays about $46 million more to provide malpractice protection for Ontario doctors every year than it earns in fees ($131 million vs. $85 million).

The Ontario government, which pays more than 70% of Ontario doctors' CMPA costs because of its fee agreement with the Ontario Medical Association, and the OMA were threatening to form a separate protective association. Instead, they signed a 3-year deal with the CMPA in mid-July (*CMAJ* 2000;163[4]:433).

Under the new plan, the CMPA fees of Ontario doctors will rise by an average 13.6% in 2001; meanwhile, fees for Quebec doctors will drop by 50.3% and physicians in the rest of the country will see a decrease of 8.8%. Ontario doctors are likely to face similar increases in 2002 and 2003 as well.

But Dr. Peter Fraser, who presented the fee levels for 2001, warned that further increases may be in the offing. "If there are poor investment returns, the fees could increase dramatically."

To prevent this, the CMPA has recently introduced cost-containment measures that include computerized case management and a case review committee, more education sessions for doctors and tort-reform efforts. In particular, it has embarked on reform in 3 areas: legislating structured settlements, eliminating the right of governments to recover the cost of health care made necessary by a physician's negligence and streamlining the defence process through alternate dispute resolution and other mechanisms.

Despite presenting an overhead of a slow-moving glacier, Dr. Michael Lawrence, who heads the CMPA's tort- and court-reform efforts, said he hopes for "real progress by 2001."

The CMPA also simplified its initial plan to divide the country into 5 regions for rating purposes. There are now 3 regions: Ontario, Quebec and the rest of the country. Each region's finances are separate, with each share of reserves depending on each region's share of potential liability. — *Barbara Sibbald*, CMAJ