

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 cir-

cumstances 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*