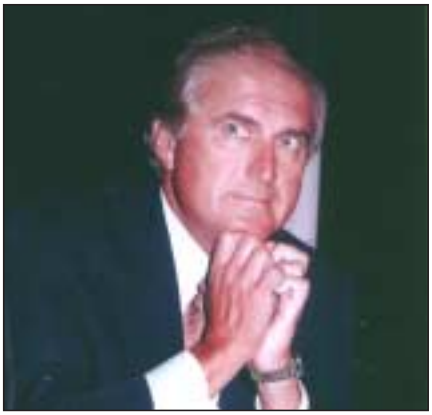
# Romanow promises change, and lots of it

Change has been the centrepiece of health care for the past decade, and if Roy Romanow has his way Canadians are going to see a lot more of it. Last month the former Saskatchewan premier told the CMA annual meeting that the creation of a "culture of continuous improvement" is one of the main goals of his Commission on the Future of Health Care in Canada. And he acknowledged that the job won't be easy.

Romanow said doctors and patients can adapt relatively easily to piecemeal change "that conforms to our habits and prejudices," but it is far more difficult to accept never-ending change. His key message was that change of every type, from user fees to privatization, is on the table as he prepares his recommendations. "I'm prepared to listen to evidence . . . but I will be challenging everyone. And if someone is making an argument it has to be evidence based and factually based." He also added: "My mandate is to make the public system work."

Change was 1 of the 4 commission themes outlined by Romanow, who must submit his recommendations to the prime minister by November 2002. The others are:

- The need for collaborative relationships: Romanow said the current system "is peppered" with mistrust, uncertainty, fear and built-in adversarial relations. "We need to shore up the partnership that went into achieving medicare and restore the trust that different levels of government must have if they are to work together successfully. Canadians are fed up with political bickering."
- The system's sustainability: He said Canadians have to ask 2 questions when deciding this: To what extent are they prepared to make changes within the system in order to reduce costs? To what extent are they prepared to pay more?
- The need for public input: Romanow said Canada is probably the only country in the world in which the health care system is "our core symbolic program" and he wants to understand how and why. This means Canadians must have "meaningful input" into the future direction of public health care.



Jacques Bourdages, CMA

**Romanow: "Can we really tell the public that $95 billion a year is ungenerous?"**

Romanow said his 1-man commission is a chance to forge a new consensus on medicare, but he acknowledged that it faces some difficult questions. "Can we really tell the public that $95 billion a year is an ungenerous amount to be spending on [health care], for what by world standards is a very healthy population? And when Canadians report very high levels of satisfaction with services received [*CMAJ* 2001;165(5):621], can it be simultaneously true that the system is on the brink of collapse?"

When asked if his report might not end up gathering dust like so many others, Romanow said he is determined to produce a report that Canadians and their politicians *have* to deal with. "This is my last go at public policy. If the recommendations resonate with the public, no government will be able to ignore them.

"If I fail, I guess I fail. But I don't expect to." — *Patrick Sullivan*, CMAJ

## MDs' postop directives a medicolegal land mine: CMPA

The Canadian Medical Protective Association (CMPA) is warning physicians to discuss every possible adverse event with patients when providing postoperative instructions. "The duty to inform and explain risks is as important after the intervention as before," CMPA legal counsel Margaret Ross said during the CMPA annual meeting in Quebec City last month.

But Ross also acknowledged that this is becoming harder to do. Even though courts are telling physicians to discuss important postoperative or post-treatment conditions that may lead to adverse — if rare — outcomes, quicker discharge times often make it impossible to know which patients are receiving at least some postintervention care. Ross described the situation as a legal "land mine."

She said physicians' best defence is to inform patients as clearly as possible of all potential complications and give them precise directions about what to do if these arise. "My problem is that this is really a systemic issue, but it is the physician who is taking all the liability," responded Dr. Barb Kane, a Prince George, BC, psychiatrist. "I think we are expecting a lot of our patients [by asking them] to recognize their complications."

The CMPA is also warning doctors that courts will not accept that physicians cannot meet the standard of care due to limited resources. In her report to members, Ross stated: "There is little doubt that very soon the courts will have to face squarely the [limited-resources] issue and decide whether there should be any change to the standard of care expected of physicians, depending on the environment in which they work. In the meantime, it does not appear that the courts are prepared to [accept] a lower standard of care based on cost considerations." — *Steven Wharry*, CMAJ