

PULSE

The burden of on-call coverage

Results from the CMA's 2001 Physician Resource Questionnaire (PRQ) indicate that 74% of Canadian physicians either take or share call. Physicians in the 35-44 age group are most likely to take call (83%), while those aged 65 and older are least likely (42%). Eighty-six

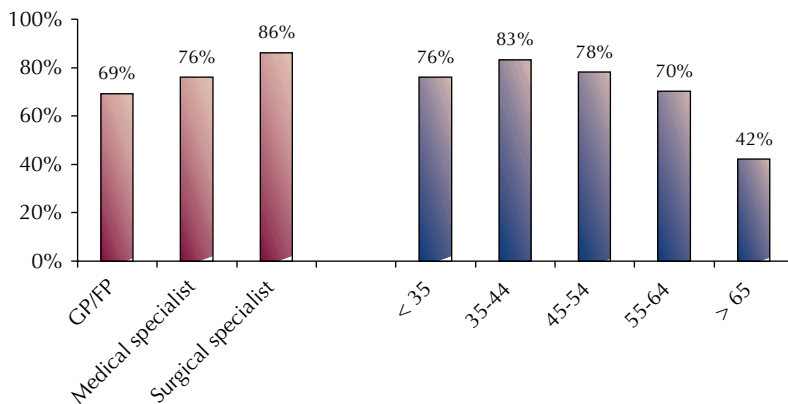
percent of surgical specialists take call, compared with 76% of medical specialists and 69% of GP/FPs.

Among physicians who take call, surgical specialists are almost twice as likely as GP/FPs to record more than 180 hours of shared call per month

(25% compared with 13%); 14% of medical specialists report more than 180 hours of shared call in an average month. Rural physicians who take call are somewhat more likely to put in longer hours than their urban colleagues: 23% report over 180 shared-call hours in an average month, compared with 15% of urban physicians.

Physicians in rural practice also tend to see more patients during their call rotations, with 49% indicating that they attend more than 40 patients a month while on call, compared with 25% of physicians in urban practice. Thirty-eight percent of doctors under age 35 report attending to more than 40 patients while on call in an average month, compared with 27% overall. Not surprisingly, physicians who see more patients while on call tend to spend more time providing medical services; 37% of rural physicians and 31% of physicians under age 35 report spending more than 40 hours per month attending to on-call patients, a figure that drops to 27% when all physicians are considered. — *Shelley Martin, shelley.martin@cma.ca*

Proportion of physicians who take or share call in Canada



Disgruntled Newfoundland MDs take job action

Doctors in Newfoundland and Labrador have been asked to resign from all government committees in a bid to force the province to come up with more money to attract and retain physicians. In September, the Newfoundland and Labrador Medical Association called on Health Minister Julie Bettney to increase family physicians' fees and pay for on-call work, but she said the cost was too high. The NLMA responded with the resignation plan Oct. 3. "Our negotiating committee is the only government-related committee that is still operational," said NLMA President Lydia Hatcher. In early October, no negotiations were under way.

Hatcher says Newfoundland physicians are paid 25% less than other doctors in Atlantic Canada, and the resignations were requested because "until government is prepared to address our

concerns over a deterioration in the quality of patient care, we will not support any of its initiatives." Hatcher says the province's high level of physician turnover makes continuity of patient care "very difficult." At the moment, half of the family doctors in Newfoundland and Labrador are unable to accept new patients. The average waiting time to see a specialist is 4 months, the second longest in Canada.

Hatcher says the NLMA job action is designed to minimize the impact on patient care. This point will be stressed in an advertising campaign being launched across the province.

The doctors' memorandum of understanding with the province was signed in 1998 and does not expire until September 2002. The NLMA represents more than 1300 physicians and physicians in training. — *Beth Ryan, St. John's*

Homicide's toll

Blacks in the US live 6 fewer years than whites, and homicide is the third-largest contributor to this discrepancy, a new report says (*MMWR* 2001;50[36];780-3). *MMWR*, published by the US Centers for Disease Control and Prevention, says that whites lived 6.2 years longer than blacks in 1998, with heart disease accounting for 1.7 years (27.4%) of the difference, cancer (1.2 years, 19.4%) and homicide (0.6 years, 9.7%). Among black men, homicide accounted for 0.9 years, or 14.1%, of the differential (black women, 0.2 years and 4.5%). Overall, life expectancy in the US is now 77.26 years, 74.37 years for men and 80.05 years for women. — *Patrick Sullivan, CMAJ*