

## Is there a psychiatrist in the house?

Waits of up to 6 months for referrals to psychiatrists have been slashed under a new roster service developed by the Ottawa Academy of Medicine.

In its first month, the 6-month pilot project exceeded expectations by providing 56 referrals. The average waiting times for urgent cases is about 2 weeks. Sixty community-based psychiatrists are participating in the referral service; FPs send the academy an outline of their patients' requirements and it responds with 2 poten-

tial referrals. Dr. Keith Anderson, chair of the academy's psychiatry section, said demand for 600 referrals a year had been anticipated, but more than 700 are now expected.

"It's a wonderful model that we will be watching closely," said Dr. Mike Myers, past president of the Canadian Psychiatric Association.

Because a national shortage of psychiatrists has arrived at the same time as the closure of some local psychiatric ser-

vices, frustrated Ottawa FPs were finding it increasingly difficult to find community-based psychiatrists, much less get timely referrals. Myers says the national shortage is most severe in Atlantic Canada and rural areas.

Dr. Steve Kline, chair of the Royal College's Specialty Committee, says province-wide referral systems are needed across the country. "We aren't meeting the needs of the public," he says. — *Barbara Sibbald, CMAJ*

## MP–MD angry after marijuana bill goes up in smoke

Alliance MP Keith Martin shattered parliamentary tradition in April because of his anger over the Liberals' use of a procedural manoeuvre to kill his private member's bill. The bill, which called for the decriminalization of marijuana possession, had been his pet project.

"It's an unprecedented poison-pill amendment that prevents the bill from being brought forward and read," said Martin, an emergency physician who has represented his BC riding in the House of Commons for 9 years. "The bill should have been voted on freely. It was an utter violation of our democratic rights as MPs."

Martin was so angry that at one point he grabbed the ceremonial mace in the Commons — a serious violation of parliamentary tradition. He later apologized.

Bill C-344 would have made simple marijuana possession a minor civil offence rather than a criminal one — an idea several national organizations, including the CMA, have supported. The CMA says this would allow funds to be redirected from criminal prosecution to the treatment of addiction.

Under the current system, someone found guilty of "simple possession" (30 g or less) of marijuana receives a criminal record, faces up to 6 months in prison and a fine of up to \$1000. Martin's bill, which was introduced in May 2001, would have made a first offence punishable by a fine of \$200. This would increase to \$500 for a second offence and to \$1000 for all subsequent ones. According to Martin, more than half of MPs support decriminalization.

His bill made it to second reading before a Liberal motion to refer it to a spe-



**Dr. Keith Martin maced the Commons**

cial parliamentary committee effectively killed it. Government House Leader Ralph Goodale said the referral action was not "unreasonable."

Martin says few private member's bills have been passed since the last federal election. In the current session of Parliament, only 3 bills have become law; all 3 came from the Senate and none involved a substantive issue. Not one of the 248 private member's proposed by MPs since this session of Parliament opened in 2001 has been passed.

"The system," says Martin, "is designed to stop MPs from being innovative and constructive." — *Louise Gagnon, Ottawa*

## Guarantee medical services outside Canada if treatment delayed here: Senate

A new Senate report says the publicly funded health care system should guarantee treatment within a maximum period, and if it fails it should pay to send patients outside the country for treatment.

In releasing a series of principles and recommendations in April, the Senate Committee on Social Affairs, Science and Technology also warned that Canadians — not their governments — will have to make the tough choices about what the system will provide.

"In the end, if medicare is to receive an infusion of new money — as we believe that it must — it will come down to some hard choices for Canadians," said Senator Michael Kirby, the committee chair. "All of us will have to balance our desire for more publicly funded health services against our willingness to pay for them."

The 14-member Senate committee endorses the single-payer model — with funding provided either by governments or arm's length agencies — to purchase hospital and doctors' services. The report also says the committee's "current inclination" is to have primary care teams act as purchasers of all health care services for their patients. In the 1990s a similar idea was tried and abandoned by Britain's National Health Service. — *Steven Wharry, CMAJ*