

Revamp system before deciding number of doctors Canada needs?

Putting more doctors into practice won't necessarily improve the health care system or enhance access to services, a Toronto consultant says.

As of 2000, says Dr. Michael Rachlis, Nova Scotia had 201 doctors per 100 000 people against a national average of 187 per 100 000, and from 1997 to 2001 the number of physicians per capita grew by 6.1%. "Nova Scotia has by comparison with the rest of the country more physicians per capita, yet the headlines [about an MD shortage] don't differ," says Rachlis. "It doesn't seem to matter."

What does matter, he maintains, is the way physicians practise: Rachlis says that having doctors in solo practice seriously hampers access to care across the country. "While there may be more physicians than ever before, the big reason for the access problems is that doc-

tors are not practising comprehensive care. Even if we increased the number of doctors by 50%, it wouldn't remove the access problem."

Dr. Bob Miller, president of the Medical Society of Nova Scotia, agrees. "The number of doctors doesn't mean anything," he says. However, a move toward comprehensive care provided by teams of doctors and nurse practitioners in smaller community clinics will require a revamping of the health care system, and Miller hopes Roy Romanow gives this serious consideration when he releases his report on medicare later this month.

The ranks of physicians working solo directly reflects the way physicians are paid, adds Miller. "Instead of fixing the fee-for-service system, we keep looking for alternatives." He says Nova Scotia's MDs have thousands of pay-

ment codes to choose from, but there's not a single payment option for helping a patient over the phone or via email. "There are patients quite capable of communicating with their doctor by email, but doctors can't do that — they won't get paid."

Rachlis says any discussion of physician numbers is useless without a discussion of the system as a whole. "You can't talk about the right number of doctors without talking about the right number of nurses and social workers."

And he says any data on physician numbers must be used carefully. "Any information about how things can be more efficient can be misused. You could conclude you don't need more doctors, but that would be a mistake — you need to build a comprehensive system [before that decision can be made]." — *Donalee Moulton, Halifax*

Firing public health MD over pro-Kyoto comments a no-no, Alberta learns

An Alberta physician fired for voicing support for the Kyoto Protocol has declined an offer to return to his position. Dr. David Swann of Calgary, who was fired as chief medical officer of health by the Palliser Health Authority Oct. 2, had cited concerns about the board that oversees the health unit before making his decision. "My trust has been severely shaken during this process," he told *CMAJ* shortly before rejecting the offer to return in mid-October. "In a personal sense, it's a direct assault. In a professional sense, it undermines the basis on which we believe we're working under the Public Health Act. It damages the credibility I need to deal with threats to public health, and it has shaken me profoundly."

Swann's troubles began shortly after he was quoted in a Medicine Hat newspaper saying that Alberta should work with other provinces to meet environmental targets set by the international Kyoto agreement regarding reduced greenhouse gas emissions.

After the story appeared the board of the Palliser Health Authority, just south of Calgary, decided in a closed-door

meeting to fire Swann for speaking out, apparently because of the Alberta government's opposition to the Kyoto Protocol. The government is concerned about its potential economic impact.

Swann is no stranger to controversy. Aside from his longstanding support for antismoking legislation, he recently held a 24-hour vigil outside Progressive Conservative leader Joe Clark's Calgary constituency office to protest the impact Western economic sanctions are having on the children of Iraq (*CMAJ* 2002;166[10]:1319).

However, those were mere breezes compared with the recent gales. Within days of the board's move, federal Health Minister Anne McLellan and environmentalist David Suzuki, along with the Alberta Medical Association (AMA) and the Alberta and Canadian public health associations, had protested his dismissal. The result was a 5-hour meeting between the board and Swann, during which he was offered his job back. After mulling over the offer for several days, he declined it.

Swann, who still retains his duties with the nearby Headwaters Health Au-

thority, had held the Palliser post for 10 years. As far as his early-October dismissal is concerned, he commented: "It's like a chill has fallen on Alberta."

AMA President Steve Chambers received "countless" phone calls and emails of support for Swann. He sent a President's Letter supporting Swann to AMA members, and a separate one to the health authority's Board of Directors that called for Swann's reinstatement. "We feel that physicians should be able to speak out on matters of health if they feel it's important for the health of a patient. In the case of a medical officer of health, the patients are the people who live in that region."

Chambers, who said Swann had the full support of the AMA regardless of the decision he made about returning to the Palliser job, thinks that media attention focusing on the affair may have a positive impact. "One good thing is it's helped people look at the role of the medical officer of health. I think the public are reassured that the ability of a doctor to speak out for their patients has been crystallized." — *Brad Mackay, Toronto*