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Your editorial refers to a breach of trust between patient and physician, and to damage to the relationship between physician and government as a consequence of Bill 114.<sup>1</sup> The Canadian Association of Emergency Physicians (CAEP) believes the only breach involves the physician-government relationship.

Our emergency departments are functioning solely because of the dedication of emergency health care providers, who deliver quality care despite the inadequacy of today's health care system. The public clearly understands that the disruption of service in Shawinigan this summer was yet another example of the many stresses being imposed on our emergency departments.

Emergency health services must be available continuously in urban and nonurban settings. However, governments that act in isolation are unlikely to establish successfully an effective emergency health care system for all regions. Canadians can develop and maintain a well-coordinated regionalized system of care by taking advantage of the unique perspective of emergency physicians, emergency nurses and other emergency personnel. If governments and administrators listen to these emergency workers and act on their advice, they will find the solutions they seek.

This is why CAEP is calling for a National Forum on Emergency Health Services. This forum, which must be supported by the federal, provincial and territorial governments, would focus on designing a template of excellence for emergency health services in all regions of Canada. It would move beyond mere guidelines and result in practical and applicable national standards that ensure the patient's right of access to the best emergency care. A national forum would also give an opportunity for input to all levels of government, emer-

gency, family and rural physicians, emergency nurses, paramedics, hospital administrators and regional health authorities.

Although Bill 114 has exacerbated the schism between physicians and government, the real consequence is an infringement on patient rights. Now more than ever, a collaborative approach is required if we are to maintain an effective emergency health care system. This system is the Canadian patient's right.

**François P. Bélanger**

President  
Canadian Association of Emergency  
Physicians  
Ottawa, Ont.

**Reference**

1. Quebec's Bill 114 [editorial]. *CMAJ* 2002;167(6):617.

The situation that led to Quebec's Bill 114<sup>1</sup> is not unique, since all provinces are experiencing chronic problems in delivering emergency services. However, the obvious concern is that the ill-conceived and regrettable remedy chosen by Quebec will be duplicated elsewhere. Rather than pointing a finger, now is the time to step back and consider the numerous problems besetting emergency services in Canada and to reflect on ways to solve them.

The most significant problem is the overcrowded emergency department (ED). All parts of Canada are faced with overcrowded EDs.<sup>2</sup> The root causes are a shortage of acute care beds and inappropriate management policies, and we must no longer accept the rhetoric that extols the virtues of policies that divert patients away from EDs.

The human resources component of emergency services has been studiously ignored:<sup>3</sup> there has never been a comprehensive review of the needs of Canada's 850 EDs. The existence of 2 distinct training programs is an international anomaly, and neither has been proven superior to the other. Studies conducted in the early 1990s suggested that recent family practice graduates

did not feel comfortable working in EDs because they lacked the needed skills.<sup>4,5</sup> A working group suggested that minimum precensure training should include 2 months of adult and 1 month of pediatric emergency medicine,<sup>6</sup> but no jurisdiction has implemented this.

As well, there are no enforceable minimum performance standards for EDs. The federal government last published guidelines in 1988, and despite its stance on maintaining standards of access consistent with the Canada Health Act, it has all but abandoned this component. Ontario introduced guidelines for emergency units in 1989, but a 1991 survey revealed that only 50% of EDs met the minimum requirement.<sup>7</sup> No standards currently exist in Ontario.

The Canadian Association of Emergency Physicians has developed a 6-point plan for restoring public confidence in EDs. Surely Canadians deserve an emergency service that will not let them down when they are acutely ill or injured, and surely no more Canadians should be turned away from an ED because of a demonstrable lack of system planning.

**Alan Drummond**

Past President  
Canadian Association of Emergency  
Physicians  
Perth, Ont.

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