

## Doctor shortage in Quebec a real numbers game

If there is consensus in Quebec about any one thing, it's that there aren't enough doctors. But how many are needed is hotly disputed. And whether more are needed in Quebec than elsewhere is also a contentious point.

It all started when the Canadian Institute of Health Information (CIHI) released statistics at the end of May indicating that Quebec has more physicians per capita than any other province: 214 per 100 000, compared with 180 in Ontario and 166 in Alberta.

Yet the number of physicians in Quebec has increased by only 3.5% over the past 5 years, whereas Ontario and Alberta increased their supply by 8.7% and 16.2% respectively during the same period.

Doctors' and patients' groups in Quebec are dismayed that, despite growing waiting lists, doctors cap their work hours and people looking for a physician often can't find one. Meanwhile, the rest of the country seems to think there is a glut of medical expertise in Quebec.

"Even if certain numbers from CIHI show that we are the best equipped of the provinces with respect to doctor-patient ratios, we have a different point of view," says Dr. Jean Rodrigue, a spokesperson for the Fédération des omnipraticiens du Québec, Quebec's association of family physicians.

Rodrigue says that CIHI's statistics overestimate the number of practitioners because they did not take full-time equivalents into account and counted physician researchers, teachers and administrators as full-time clinicians. "We have a good proportion of doctors — 20% — who are salaried employees at CLSCs and hospitals. They estimate that we have 7800 family doctors. Our estimates are more like 6800, which is the number of full-time practising GPs. That's one family doctor for every 1079 people, in hospital and out."

Rodrigue estimates that Quebec needs at least 700 more full-time doctors to provide primary care and hospital services, and used himself — the communication director of a professional association — as an example of the kind of doctor who is counted in by CIHI, but

who does not practise clinical medicine.

The Collège des médecins du Québec goes one step further. Making its own calculations based on full-time equivalents and the number of physicians currently paying annual dues to the Collège, at least 1000 more doctors are needed in the province. Its president, Dr. Yves Lamontagne, attributes differences between their numbers and CIHI's to the number of physicians included in the statistics who are no longer practising (1614), and the higher numbers of younger women practising family medicine in Quebec than in the rest of Canada. Female physicians tend to have shorter work weeks than their male colleagues: 40.8 hours, as opposed

to 45.9 for men. Indeed, physicians in Quebec tend to work shorter weeks than their counterparts in the rest of Canada, perhaps because many are on a salary based on a 35-hour work week, and others in private practice have their incomes capped by the province after billing their quota of patients per month.

François Legault, Quebec's health minister, agrees that more doctors are needed, but says that the Collège des médecins is exaggerating the number.

"According to our numbers, we're actually lacking 370 specialists and 70 general practitioners," he said. The government is currently working on remedying the problem. — *Susan Pinker, Montreal*

### Breast is best for avoiding obesity

A recent Scottish study shows that breast-fed babies are at reduced risk of developing childhood obesity.

Julie Armstrong, John Reilly and colleagues studied 52 394 Scottish children aged 39–42 months, 25% of whom had been fed only breast milk as infants and 7% breast milk and formula. After adjusting for socioeconomic status, birth weight and sex, the children who were breast-fed had a significantly lower prevalence of obesity compared with children who were fed formula.

"The magnitude of risk reduction [approximately 30%] is modest and is consistent with other work in this area," states Reilly. "A previous study in the United States concluded that, at this level of risk, approximately 10% of cases of adult obesity could be attributed to formula feeding."

While there is proof that breast-feeding is beneficial in reducing obesity, the authors say it is still unclear why. "Breast-fed infants have a good deal of control over the feeding process, but in formula-fed babies control is removed and this may lead to impaired ability to regulate food intake," says Reilly. "[Also,] a number of endocrine/metabolic differences have been described between breast and formula feeders, suggesting that development of fat cells is more tightly controlled in the breast-fed baby."

The study (*Lancet* 2002;359:2003–4) presents evidence that breast-feeding could be useful in population-based strategies aimed at preventing childhood obesity, and it gives a further boost to child health practitioners who wish to promote the beneficial effects of breast-feeding. — *Cathel Kerr, Fife, Scotland*



Health Canada