

## Concern over rights of Quebec MDs goes national

Canada's doctors are worried that actions taken in Quebec could trigger a nationwide assault against physician autonomy. That became clear during the CMA's 135th annual meeting in Saint John, NB, Aug. 19–21, when the Quebec situation dominated much of the debate.

"We have grave concerns over reports that the Quebec government is considering further action [that would] essentially make physicians government employees," said CMA President Henry Haddad. "We feel this would create a layer between patients and physicians and have adverse consequences for the patient–physician relationship, upon which the entire therapeutic process is based."

Quebec's Bill 114 mandates that MDs who have practised in an emergency department in the past 4 years must be available for further work. It was passed in July following the death of a patient whose local ER was closed because of a physician shortage (see page 530). The law, when combined with new legislation expected this fall, had many delegates worried that Quebec physicians will become government employees.

Haddad said the issue had already been discussed at a special meeting of the CMA and all 12 of its divisions. "Our concern is that these draconian measures do not offer a sustainable solution," he said.

While obviously leery about walking into the political quicksand surrounding a provincial issue, Federal Health Minister Anne McLellan recognized "the importance of autonomy [to the] profession" and said "collaborative and cooperative measures are certainly more positive than coercive ones." Dr. Stanley Vollant, president of the Quebec Medical Association, appreciated her promise to raise physicians' concerns about the Quebec situation during the upcoming meeting of the country's health ministers in Banff, Alta.

"This issue could affect every physician in Canada, and all health ministers must be made aware that the medical profession does not agree that such coercive measures are necessary," said Vollant.

Delegates considered several motions concerning the Quebec situation, including one that condemned "any coercive legislation that constitutes an assault on professional autonomy." The motions were debated during a special 1-hour session Aug. 21. — *Steven Wharry*, Saint John

## CMA urges prenatal HIV tests

The CMA is going to urge governments, health authorities and physicians to offer women routine prenatal HIV screening, General Council has decided.

The motion, proposed by BC internist Victor Dirnfeld, follows publication of a recent *CMAJ* article (2002;166[7]:904-5) that concluded "the continued occurrence of perinatally transmitted HIV infections is unacceptable in view of the very high efficacy of preventive measures that are currently available for HIV-infected pregnant women." Women would be allowed to opt out of testing, since several provinces have legislation that prohibits compulsory screening. "This will give patients the option of being informed," said Dirnfeld, a CMA past president.

In supporting the motion, Toronto family physician Stan Lofsky said about 20 HIV-positive babies are still being born in Ontario each year. — *CMAJ*

## "Renewal" not code for "two-tier," McLellan tells CMA

Roy Romanow's recommendations for the future of medicare in Canada are not due until November, but Federal Health Minister Anne McLellan is already pledging swift action on them. In a major Aug. 19 policy speech to physicians attending the CMA's annual meeting, she promised to deliver a working plan within months of receiving Romanow's conclusions, although implementing it could take several years. She also advised the 222 delegates that health care "renewal" is not code for "two-tier" medicine. "That's not going to happen [because] that's not what Canadians want."

McLellan also used her first visit to the CMA's annual meeting to deliver the feel-good message that she wishes to "rely heavily on the expertise of individual health care providers and organizations like the CMA" when she prepares her working plan for the refurbished system. She said the system should then remain in place for several decades because the Romanow report "should provide us with the kind of analysis needed to inform the kinds of choices and the kinds of trade-offs that will be required."

She called the CMA's proposal for a new Health Charter "intriguing" but wondered how it would "bridge the different federal and provincial constitutional responsibilities." She did promise that Ottawa will bolster the system by maintaining and strengthening universal accessibility and addressing the timeliness and quality of the care being delivered.

"Our national recommitment to universal, quality health care will not falter due to lack of funding. The federal government will do its fair share."

### Medical marijuana

During last year's annual meeting, then Federal Health Minister Allan Rock told critics of his government's pledge to supply medical marijuana to qualified patients that Ottawa was "breaking new ground because it is the right thing to do." At this year's meeting doctors received a much different message, with McLellan saying that no marijuana will be delivered until clinical trials are completed. This essentially means that Rock's plan is on the back burner. Although Rock said the government had acted "out of compassion," McLellan said she wants some clarity from the courts. Unlike Rock, she feels "a certain degree of discomfort around this issue." — *Barbara Sibbald*, Saint John



McLellan: "We'll move fast."