

Quebec's decision to draft MDs to work in ERs creates storm

Few patients have had as much impact on a health care system as Claude Dufresne. Dufresne, 51, died June 20 while en route to hospital in Trois-Rivières, Que., 30 minutes from his home in Shawinigan-Sud.

Dufresne, who had suffered his second myocardial infarction in 6 years, lived 3 blocks from his town's emergency department, but it had closed at midnight due to a physician shortage.

Thirty-five days after his death, the Quebec legislature responded by passing Bill 114, which enables regional health boards to conscript GPs to work in the province's understaffed ERs. Those who refuse face fines of up to \$5000.

But Dr. Renald Dutil, president of the Fédération des médecins omnipraticiens du Québec, says the law goes far beyond ensuring 24-hour emergency services. "It puts doctors under the power of the Essential Services Council, subject to the Quebec Labour Code," he says, and this means that the government no longer considers doctors autonomous professionals. "And we just can't accept that."

By August, Quebec's family physicians, residents and specialists had all united to oppose the new law. "This is a stop-gap measure," says Dr. Mark Roper, director of the Division of Primary Care at the McGill University Health Centre. "This problem has been in the making for the past decade. The misguided policy of cutting health care costs by limiting the supply of physicians is coming back to roost, and the public is getting angry."

Rather than coercing doctors into ER duty, he says, the government "needs to take a look at the efficiency of its bureaucracy and cut closer to home."

Before the law was passed, Quebec physicians had been working with provincial health officials to solve the ER crisis. In April a host of ERs at regional hospitals faced the possibility of summer closure, but by July 1 only 11 were in danger of having their services interrupted.

"My wife took 4 additional shifts and worked longer hours," says Dr. Stanley Volland, president of the Quebec Medical Association, who practises in Baie

Comeau. He describes the new legislation as "a slap in the face" of physicians who made that extra effort.

By the third week of July, only one ER was closed overnight due to a shortage of doctors. That hospital, in Shawinigan-Sud, has long-standing problems that extend beyond the ER. In fact, it has shut down operating rooms on several occasions and had closed the ER last summer — without provoking any government action. "It's unfair for the minister to put the responsibility for the dysfunctioning of this ER on doctors," says Volland.

Dr. Stéphane Ahern, president of the Fédération des médecins residents du Québec, calls the Parti Québécois' move, taken a year before provincial elections, a political adventure. "Many of my colleagues feel deceived. They don't understand why we're exposed to such a massive measure."

He fears that Quebec physicians will leave the province if Health and Social Services Minister François Legault pursues his plans for "a small revolution" to change the rules of practice in Quebec.

Dutil agrees. "We were not on strike, not using pressure tactics. We can't understand why the minister decided to go that route." He says the law sets a dangerous precedent that could threaten the status of all Canadian physicians.

Any Quebec GP who has billed for ER time in the last 4 years is eligible to be drafted for further work, and Dutil says this could put the public at risk because some of these physicians may no longer "have the skills to work in an ER."

"If you don't have family doctors in their offices," adds Roper, "you're going to have more patients ending up in emergency with diseases that should have been treated in primary care."

The Canadian Association of Emergency Physicians (CAEP) strongly opposes the legislation, which may "subject the public to an increased risk of poor clinical outcomes."

"It's a question of training," says CAEP president Dr. François Bélanger, who likens the situation to "asking [an] internist to do dermatology."

Like Bélanger, Ahern wonders if Bill 114 is in the public's best interest.

"Many of our emergency specialists work more than 40-hour weeks. Will they be forced to work more?"

"Physicians want to be part of a better health care system," says Volland, "but we want to be part of the planning. We don't want to be dictated to." — Heather Pengelley, Montreal

Working with movie stars may cause legal headache, CMPA warns

The movie business is providing a multibillion-dollar shot in the arm for the Canadian economy, but the Canadian Medical Protective Association (CMPA) says physicians should think carefully before becoming part of it.

Dr. Allan Eix, a senior medical officer, says doctors in major shooting locations such as Vancouver are providing a growing number of medical exams for movie stars to supplement their income. The exams are ordered for insurance purposes. Eix, writing in the CMPA's *Information Letter*, says insurers or others might sue if a movie star whose health an MD signed off on becomes ill and the doctor is alleged to have failed to diagnose a condition. He says physicians who work with foreign performers should have them sign a statement that if legal action is taken, it will be done in the jurisdiction where the doctor practises. The CMPA does not provide legal help if suits are filed outside Canada. Spokesperson Barb Wilson said the CMPA's initial interest arose because of MDs' roles in huge sports contracts. "Based on the growth we're seeing in the movie industry, we thought this was something doctors might want to be aware of."

Because of government subsidies and the weak dollar, movie-making has become a major industry in Canada, with spending by foreign companies topping \$1.7 billion in 2001. BC is now North America's third largest movie and film production centre, after Los Angeles and New York. — Patrick Sullivan, CMAJ