

Quebec looks to rejig family practice

Family medicine groups (FMGs) will be introduced in Quebec this fall in an attempt to improve access to FPs. An agreement between the Fédération des médecins omnipraticiens du Québec (FMOQ) and the province calls for a 2-year phase-in of the new program, which initially will involve about 300 doctors in 20 group practices. Establishment of the groups was a principal recommendation

in the 2001 Clair Commission report on health care reform in Quebec. It proposed their creation after receiving a similar recommendation from the FMOQ during commission hearings.

Modelled on a similar program in Ontario, the new Quebec groups of 6 to 10 physicians will share the services of 2 nurses and 2 administrative personnel and will provide a range of services and

extended hours. Services will include patient assessment, care and follow-up, diagnosis and treatment of acute and chronic problems, disease prevention and health promotion. The groups' services are supposed to complement those already provided by community health centres (CLSCs), hospitals and emergency rooms.

Many Quebec FPs already work in groups. "The main differences are that we introduce the idea of having other professionals in the office and of having the patient register with one physician, while the physician receives a fee for taking charge of the patient's file," says FMOQ Vice-President Louis Godin.

Godin says the new program won't solve Quebec's shortage of FPs but it should improve access to primary care and also ease pressure on emergency departments. The groups will collaborate with local CLSCs and will be obliged to provide services that regional health boards deem a priority in their area.

The pilot FMGs are located in all health regions. Members of the first 20 groups already know other members of their groups because their private offices are in the same location or because they work together in CLSCs or clinics. The physicians will choose a member to manage the group, who will receive an extra \$300 a week.

All FMGs are covered by the same agreement concerning conditions of practice, although some differences between groups may be allowed. They will be paid according to the system used before they joined their FMG: those practising in private offices will receive \$69.55 per hour and those who get a fixed salary will continue to receive \$91 688 per year, plus benefits.

The FMG system also introduces 2 new payments. Full-time group members will be paid an hourly rate for 3 hours a week to cover time spent attending meetings or doing paperwork. FMG physicians will receive a yearly lump sum for each person registered as a patient; this will be paid twice a year for patients 70 and older. The rate will be \$7 per patient for MDs in private offices and \$5.50 per patient for those who work in CLSCs or hospital family medicine units. — *Janice Hamilton*, Montreal

Cut circumcision from list of routine services, Saskatchewan MDs advised

The College of Physicians and Surgeons of Saskatchewan is asking family doctors to consider the physical risk to the patient and the legal risk to the physician before becoming involved in the routine circumcision of infants.

It warns that circumcision poses a greater risk of harm than benefit and could form the basis of lawsuits by circumcised adults. The college says physicians should perform circumcisions only when medically indicated or, in the case of religious and cultural reasons, after thorough discussion with parents.

"It's a bit of an awkward situation, and we simply suggest physicians get reliable advice from the [Canadian Medical Protective Association] about how they should structure the informed-consent process," said Dr. Dennis Kendel, the college registrar.

About 27% of infant males in Saskatchewan are circumcised, one of the highest rates in the country. Kendel said most parents request the procedure because "daddy had it," but many would not choose it if fully informed of the medical risks.

Benefits of circumcision may include a reduced incidence of urinary tract infections and a reduced risk of HIV/AIDS in adults. Risks may include bleeding, infection and a blocked urinary tract. "There are not too many areas in medicine where we undertake surgery based on culture and tradition," says Kendel.

Dr. Joel Yelland, vice-president of the Saskatchewan Medical Association, says parents pressure FPs to perform circumcisions, but because of the medical and legal risks involved he cannot understand why FPs would give in.

Kendel says the threat of litigation is now producing "a great deal of sober second thought" among physicians. "It could have what we call 'long-tail liability' if this societal movement takes on more steam and more men become angry because they think they ought not to have been circumcised." There are numerous Web sites opposing circumcision, including Doctors Opposing Circumcision (faculty.washington.edu/gcd/DOC) and Mothers Against Circumcision (www.mothersagainstcirc.org).

Rates of circumcision in Saskatchewan have dropped by about 10% since the procedure was delisted as an insured service in 1996. Today parents pay \$50 to \$100 to have their infants circumcised. Manitoba is the only province that still covers the procedure under its medicare plan. — *Amy Jo Elhman*, Saskatoon



See you in court