

“Improvements in a few short months”: Romanow

Roy Romanow has promised Canada’s doctors that clarity and speedy action will be the watchwords for recommendations emerging from his much-anticipated report on the future of medicare.

Speaking at the CMA’s 135th annual meeting Aug. 20, the former Saskatchewan premier said Canadians could start seeing improvements in medicare within “a few short months” of his report’s November release, although some improvements will definitely take longer.

And governments will reject his report at their peril, he warned. “If the report ... resonates with [Canadians] values and with how they think the system can be repaired [and the government then rejects it], I think that is a prescription for political suicide.”

He also promised to concentrate on several key problem areas and will not offer “5500 recommendations.”

Although he is still finalizing those recommendations, Romanow dropped a couple of broad hints about issues they might address, including the Canada Health Act. “The CHA was ... great for its time but I think it needs revision.”

One of the greatest challenges the system faces is public expectations about what medicare will and will not provide. Romanow argued that sustainability depends on realistic expectations. “No one thought in 1962 that medicare would cover everything for everybody.” With that in mind, the report will contain an evidence-based section on adequate funding.

Romanow also pledged to make the delivery of health care a healthier occupation: “A healthy workplace should be the first pillar of Canada’s health human resource strategy.” The second pillar is a system that provides the best care in a timely fashion according to the best evidence available, and the third is adequate public funding.

Over the past 15 months, Romanow’s commission has received 600 presentations from groups such as the CMA and more than 10 000 emails and letters. — *Barbara Sibbald, CMAJ*

Quebec’s MDs get nationwide support in their battle with government

As Quebec’s physicians plan a court challenge of the controversial legislation that either forces them to staff emergency departments or face \$5000-a-day fines, they’re drawing lots of support from doctors across the country.

Feelings were running so strongly during the CMA annual meeting that delegates held an emergency debate Aug. 21 and passed 7 motions that called the Parti Québécois actions (*CMAJ* 2002;167[5]:530) an attack on physician autonomy and supported Quebec MDs’ fight against them. Running through the meeting was a strong current that the actions might have a domino effect.

The legal challenge, which will come from the federations representing Quebec’s specialists and family physicians, concerns Bill 114, which was passed by a special session of the Quebec legislature July 25 (see Editorial, p. 617). Many physicians are convinced that it violates Canada’s Charter of Rights and Freedoms.

Quebec’s FPs began investigating legal action as soon as the bill was approved. “The physicians of Quebec are very angry about this law,” said Quebec Medical Association President Stanley Vollant. “The quality of medicine will get worse.”

During the emergency debate, Dr. Jay Duncan of Brandon, Man., said Bill 114 may violate 5 sections of the Charter. “This is an attack on the liberty and freedom of physicians. It must be fought and struck down because of the mockery it makes of our democracy.”

Duncan, who said the law violates Charter guarantees ranging from the right to liberty of the person to the right of every individual to equal treatment before and under the law, said the medical profession “can’t leave something like this unchallenged.”

Bill 114 requires all doctors who have worked in an emergency room during the past 4 years to make themselves available to provide further coverage. Physicians who do not face fines of up to \$5000 a day and the threat of no payment for medical services provided outside the ER. The bill also forbids physicians from “reducing, slowing down or modifying their professional activities”



Dr. Stanley Vollant: “The troops are demoralized.”

or opting out of the health care system.

The law expires at the end of 2002, but legislation due to be introduced this fall may force physicians to agree to a number of conditions, such as where they can work and under what conditions.

The retiring CMA president, Quebec gastroenterologist Henry Haddad, said the province had “set a dangerous precedent, without consulting the public or health professionals. It’s unacceptable to the practice of medicine.”

The CMA is also worried the law will overburden physicians and be detrimental to patient care. “A physician who hasn’t worked in the ER for 3 years [will be] uncomfortable doing it,” said Haddad. “Don’t ask me to do it. I’ll retire or move somewhere else.”

He said the CMA has already formed a working group to oppose the bill and “to devise a national plan of action to ... protect the profession.” It may also launch its own legal challenge under the Charter.

The working group will look at non-coercive ways to solve Quebec’s staffing problems. Ontario faced the same problem with ER coverage in 1994, and a special committee of doctors, nurses and government representatives developed a solution that addressed funding gaps and working conditions. Haddad said that solution is still working.

Vollant found the countrywide support uplifting. “The troops in Quebec are demoralized,” he told the *Globe and Mail*. “Having 53 000 doctors behind us is very encouraging.” — *Barbara Sibbald, CMAJ*