

## Oregon shuns universal care, US voters shun Democrats

When voters in Oregon crushed a proposition that would have established a Canadian-style, tax-financed, universal health care plan for all residents, they clearly signalled their unwillingness to pay higher taxes or to trust a government bureaucracy to run the system.

As one voter told the *Portland News-Review* after the November vote: "I have lots of friends from Canada and they think universal health care is a good idea. ... But I was worried about how much it could cost." So were the 79% of Oregon voters who voted no. Some re-

jected it because they were worried that ill people from across the US would move to Oregon to get free care.

Meanwhile, US voters were just as clearly shifting their trust concerning 2 major health care issues — prescription drug coverage and health insurance for 41 million uninsured Americans — from the Democrats to the Republicans.

With the Republicans now in control of the White House, Senate and House of Representatives, a bill that will subsidize private insurers who provide drug benefits to Medicare beneficiaries at low monthly premiums will likely be

brought forward. (Medicare provides health care coverage for American seniors and disabled people.)

To extend insurance coverage beyond people enrolled in employee plans, President George Bush is also expected to ask Congress to authorize tax credits for health insurance bought by people who don't have access to employer insurance or are not eligible for public programs. Republicans have also vowed to push for legislation limiting damage awards in medical malpractice cases. Until now, Democrats have opposed such limits. — *Milan Korvok*, Florida

### PULSE

## On-call duties total over 7.5 days a month for 25% of surgeons

On-call data provide some of the most important information gathered in the CMA's annual Physician Resource Questionnaire (PRQ).

One of the key findings to emerge in recent PRQs is the sheer volume of on-call hours faced by Canadian physicians, particularly surgical specialists. Results from the 2002 questionnaire

indicate that 25% of surgical specialists reported more than 180 hours — 7.5 days — of shared call duties per month. The same holds true for 18% of medical specialists, an increase from 13% in 2001, and for 15% of GP/FPs (13%). Rural physicians who take call are also more likely to put in longer hours than their urban colleagues:

26% report over 180 shared call hours in an average month, compared with 17% of urban physicians.

Because the number of call hours can seriously hamper family and other activities, it is probably no coincidence that specialties with less onerous call schedules, such as dermatology and ophthalmology, tend to be oversubscribed in annual residency matches. Demand for specialties with heavy call duties, such as obstetrics or rural family medicine, point in the opposite direction.

Today, physicians aged 35–44 are most likely to take call (81%), while those 65 and older are least likely (45%). Eighty-six percent of surgical specialists take call, compared with 77% of medical specialists and 69% of GP/FPs. Those in rural practice also tend to see more patients during their call rotations, with 56% indicating that they attend more than 40 patients a month while on call, compared with 26% of physicians in urban practice. — *Patrick Sullivan*, CMAJ; data provided by *Shelley Martin*, Senior Analyst, Research, Policy and Planning Directorate, CMA

