

Challenges for a Conservative minority

The new federal Conservative government's minority position means it will not be able to do anything too drastic, says a professor of political science at the University of Windsor.

"To the extent that [Prime Minister-elect Stephen Harper] wants to undo any of the federal/provincial deals, that is going to be very hard to do," says Heather MacIvor. Although the Health Accord that the Liberals negotiated with the provinces in 2004 is not legally binding, for example, "there is a certain amount of political capital invested, especially on the provincial side," says MacIvor, a researcher on the rebuilding of the Conservative Party.

Any tampering would throw funding promises — some of which were guaranteed over 10 years — out the window. "It would be an incredible hornet's test for Harper to stir up," she said.

The Conservatives won 124 seats in the Jan. 23 election. The Liberals were reduced to 103, the Bloc Québécois dropped to 51, the NDP moved up to 29, and 1 MP, André Arthur, won a seat

as an Independent. (Recounts are pending for some results.)

The majority government requires 155 seats, meaning that Harper will have to forge coalitions with other parties in the Commons, likely on an issue-by-issue basis, to remain in power.

In the early weeks of campaigning, Harper promised that any changes he made to medicare would comply with the principles of the Canada Health Act. "Anything less is the violation of a sacrosanct commitment that all governments have made to Canadians," he said.

"We must treat all patients equally for essential health care services, regardless of ability to pay — anything less is un-Canadian."

Only 4 of the 11 doctors who ran for federal office were elected — all 4 were sitting MPs. Dr. Carolyn Bennett (Toronto's St. Paul's riding), Dr. Bernard Patry (Quebec's Pierrefonds-Dollard), Dr. Hedy Fry (Vancouver Centre) and Dr. Keith Martin (BC's Esquimalt–Juan de Fuca) were all re-elected for the Liberals.

The 7 defeated physicians were:

- Conservative candidate Dr. Bob Mullan, who lost to Liberal Scott Brison in Nova Scotia's Kings–Hants;

- Liberal Dr. Robert Vaughan, in Ontario's Prince Edward–Hastings riding;
- Dr. Gordon Guyatt, an NDP candidate in the Ontario riding of Ancaster–Dundas–Flamborough–Westdale;
- Dr. Martin Plaisance, an NDP candidate in Quebec's Sherbrooke riding;
- Dr. Richard Mathias, who ran for the Green Party in BC's Richmond riding;
- Dr. Chris Milburn, a Green candidate in Nova Scotia's Sydney–Victoria; and
- Dr. Ron Matsusaki, trying for the Greens in PEI's Egmont riding.

— Laura Eggertson and Barbara Sibbald, *CMAJ*

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News @ a glance

Closed book: Health Canada plans to halve its budget at 6 Ottawa health science libraries and reduce staff from 26 to 10 over the next 3 years. At the same time the department will create an electronic library in collaboration with the National Research Council at a cost of \$41.8 million over 5 years. The move is part of a federal effort to trim \$269 million from the department's budget. The Canadian Health Library Association says federal scientists can't do their jobs without timely access to scientific publications. "It's a big loss for scientists and researchers," says CHLA President Tamsin Addams-Webber. Without library access, many individuals and departments may have to purchase resources directly. The cuts "could be a false economy," says Addams-Webber.

The Lottery: A Quebec coroner wants lottery ticket vendors to be trained to help combat compulsive gambling. The recommendations stem from an investigation into the Aug. 21, 2005, suicide of 62-year-old André Baril. The Carignan man killed himself after spending his life savings of \$50 000 primarily on a lottery game called Banco. Like vendors of alcohol, people who sell lottery tickets "are responsible for the welfare of their customers," wrote coroner Jean-François Dorval. He says lotto retailers

Promises, promises

During the 56-day election campaign, Stephen Harper vowed "there will be no private, parallel system" of health care under the Conservatives' stewardship. There will, however, be "real reform and real change." The Tories promised to:

- comply with the principles of the Canada Health Act
- work with the provinces to "allow for a mix of public and private health care delivery, as long as health care remains publicly funded and universally accessible"
- create a Patient Wait-Times Guarantee to ensure essential medical treatment within clinically acceptable times — or allow treatment in another jurisdiction
- establish wait-time reduction targets by the end of 2006 (instead of 2007 as scheduled)
- expand educational programs for health care professionals
- improve access to natural and complementary health products and supplements
- finance a \$260-million, 5-year Canadian Strategy for Cancer Control
- immediately compensate people who contracted hepatitis C from tainted blood
- introduce a National Disability Act
- spend 1% of all federal health funding annually promoting physical activity
- provide tax credits of up to \$500 annually for parents of children enrolled in programs promoting physical activity
- abandon Kyoto Protocol targets in favour of a new Clean Air Act



should be licensed and trained to recognize gambling addicts and refuse to sell scratch-and-win and online tickets to customers they think should not buy them. Loto-Quebec said this would be difficult, given that there are 10 000 vendors across the province, many with more than one person selling tickets. Loto-Quebec already has a hotline for compulsive gamblers (866 767-5389).

Milk banks: The coordinator of Canada's only breast milk bank is calling for other regions to establish similar banks. "With the increased research on the benefits of human milk, there's greater demand," says Frances Jones at BC Women's Hospital in Vancouver. Its bank supplied 63 recipients in 2000 and 255 recipients in 2004. She believes more people would take advantage of the service if they were aware of it. About 100–120 donors supply the bank with milk, which is screened for infections, pasteurized and shipped to infants who need it, based on medical priority. Groups in Ontario, Montreal and Saskatchewan are considering setting up similar banks. Without milk banks, women often go to friends or even buy breast milk from strangers they contact over the Internet, says Jones. "The recipients often, especially if it's over the Internet, have no knowledge of the donor's health or history and they don't actually know for sure if they are getting human milk," she says. — Laura Eggertson, *CMAJ*

Reddoch case: The Yukon Medical Council has apologized to CMA past president Dr. Allon Reddoch for the loss of files that were stolen while in the Council's keeping. The files pertained to Reddoch's appeal of a YMC finding of "unprofessional conduct" after the death of a teenage girl under his care in

1995. In a letter dated Dec. 7, 2005, YMC chair Dr. Bruce Beaton apologized for the loss the files in March 2000 and acknowledged the "personal and professional distress" this caused Reddoch. The Yukon Court of Appeal eventually dismissed the charge of unprofessional conduct in late 2001. Reddoch says he's "pleased" with the apology. — Compiled by Barbara Sibbald, *CMAJ*

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PULSE

Do richer provinces have shorter waiting times to see specialists?

According to the 2004 National Physician Survey Database, provinces with the greatest gross domestic product (GDP) per capita (Alberta, Ontario, Saskatchewan and British Columbia) had among the longest wait times for urgent referrals to a specialist, in particular Alberta (Fig. 1). Prince Edward Island and Quebec had the shortest wait times, despite having lower GDPs.

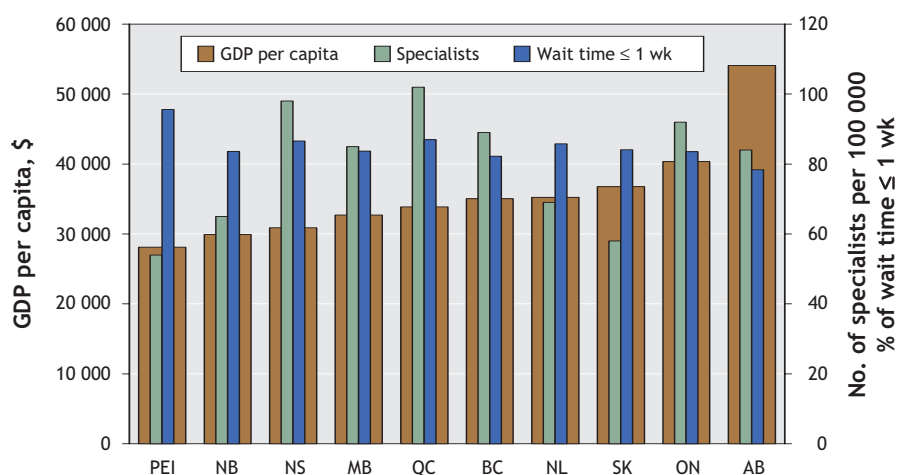
Aside from Quebec, which had among the shortest wait times for ur-

gent referrals and the greatest number of specialists per 100 000 population, there was no clear pattern between wait times and the number of specialists per capita. For example, Ontario and BC respectively had the third and fourth largest number of specialists per 100 000 population, yet they had longer than average wait times. Multiple regression analysis showed a statistically significant negative relation between the percentage of wait times from referral to consultation that were 1 week or less and the provincial GDP ($p = 0.04$) and a nonsignificant relation between such wait times and the number of specialists ($p = 0.43$).

Although PEI had the shortest wait times for urgent referrals, these results may not be comparable to those of other provinces because of the relatively small number of specialists in the province.

These survey results suggest that, first, there are factors affecting the efficiency of our provincial health care systems other than the number of specialists per capita and, second, the richer provinces (in terms of GDP per capita) are not performing the best in this measure of health care efficiency and access. — Mark O. Baerlocher and Allan S. Detsky, Toronto

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Source: Statistics Canada and 2004 National Physician Survey.

Fig. 1: Provincial wealth (in terms of gross domestic product [GDP] per capita), number of specialists per 100 000 population, and percentage of wait times that were 1 week or less from referral to consultation with specialist.