fect of the Chaoulli decision, says Dr. Antonia Maioni, director of the McGill Institute for the Study of Canada.

On the surface, the decision itself had little impact, other than the government of Quebec's proposed response to establish wait time guarantees for cataract, knee and hip surgeries, and allow elective surgeries for those 3 to be covered by private insurance and performed by a limited number of affiliated private clinics, Maioni says.

"However, there has been a big shift in the public debate around health care," Maioni adds. "What Chaoulli did was to open up the playing field to legitimize a wider range of alternatives for the direction of Canada's health care system."

> "It's no longer taboo to talk about private financing."

Conference Board of Canada Director of Health Programs Glen Roberts concurs. "It's no longer taboo to talk about private financing."

Skinner argues the debate has already turned in favour of private financing. "The largest impact has been to change the consensus on whether or not the health care system is sustainable. It's changed the consensus on whether it's even just." As importantly, it's affected a shift in provincial government behaviour, Skinner adds. "While they maintain the rhetoric of the Canada Health Act, there's a reluctance to enforce it because they know that on legal grounds they would fail."

But others say that the debate and threat of privatization have served to rejuvenate the national will to save medicare, resulting in significant re-investment in the system, a raft of reforms to reduce wait times, as well as legislative initiatives like Ontario's Commitment to the Future of Medicare Act to protect public financing of the system.

The public system is poised to demonstrate there's no need for a major overhaul, argues Dr. Danielle Martin, chair of the newly formed Canadian Doctors for Medicare.

"We're at the thin edge of the wedge of re-investment into the system," says Martin, a Toronto FP. Wait times are decreasing and people are getting faster access to diagnostics, she says. "In the space of only a year, [that] is pretty impressive."

Still, Martin concedes, the impetus for privatization isn't likely to disappear, whether it stems from patient need and patient demand, or "whether the impetus for privatization is somebody wants to make some money."

That makes it ever more incumbent that physicians "stand with our patients" to save and strengthen the system, she adds. "The threat is never gone. This debate will never go away. In some ways, that's good because ... the medicare project that we've undertaken in this country ... [is] a costly one although not as costly as the alternatives and it requires a big social commitment and so we have to re-commit to it all the time. It's one of those things that we all have to wake up every morning and choose it again."

CMA President Dr. Ruth Collins-Nakai says she welcomes Martin's group and the input of Canadians. "It's wonderful to have different people becoming involved in the debate. It has to be a public debate." — Wayne Kondro, *CMAJ*

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Medical students oppose two-tier, petition CMA

More than 20% of Canadian medical students have signed a petition asking the CMA to support publicly funded and accessible medical services.

The petition was set up by the Student Medical Reform Group following CMA delegates' vote last August to support allowing private health insurance and private-sector health services. The reform group, which started 3 years ago at the University of Toronto, is affiliated with the Medical Reform Group, a voluntary group of socially minded physicians concerned with the social, economic and political factors influencing health care.

As of late May, the petition (www.medicalreform.ca) had garnered 1107 signatures representing every Canadian medical school; there are 8177 medical students across Canada.

"It's pretty significant for a grassroots initiative," says Larissa Liontos, who is in the third year of the MD/PhD program at the University of Toronto.

The reform group hopes the petition will result in the CMA "publically stating they support a universally accessible health care system and that patients' ability to pay won't interfere with their access to care," says Liontos, co-chair of the reform group's Toronto chapter. "Paying out of pocket is counter to accessibility," she added. "We don't want to see our future colleagues going down that road."

The vote has also embodied an inherent conflict of interest since physicians stand to gain from the move, she pointed out. — Barbara Sibbald, *CMAJ*

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CMA proposes options for private–public split

Published at www.cmaj.ca on June 8, 2006.

Canadians and physicians must decide the degree to which they would like to increase private health care financing and delivery in light of the unsustainability of the existing system.

The CMA unequivocally states in its June 7 discussion paper, *It's about Access! Informing the Debate on Public and Private Health Care* (www.cma.ca), that the status quo is not tenable and delineates 4 options Canadians may consider in reforming the system.

Delegates at the CMA Annual Meeting Aug. 21–23 will be asked to use the paper to reconsider the private–public