A conversation with Dr. Day: the joys of notoriety

Few will likely ever assume the Canadian Medical Association (CMA) presidency with such advance notoriety.

"Dr. Profit" and "Darth Vader" are among the tags that have been attached to Vancouver-based orthopedic surgeon Dr. Brian Day for having founded and continued to operate a successful private surgical facility. He's become embroiled in a public mudslinging match with federal New Democrat leader Jack Layton over whether the latter paid for hernia treatment at a private Toronto clinic with a credit card. And the Ottawa-based Canadian Health Coalition has installed a "Fact check on Brian Day, MD" section on its Web site. All this before Day even assumes the presidency on Aug. 22 during the CMA's 140th annual meeting in Vancouver.

The controversies, though, seemed to amuse, if not delight, the 60-year-old father of 6 during a recent interview with *CMAJ*.

Day grinned and noted of the Layton dust-up that "one of my rules is that I always tell the truth."

As for the labels, "Dr. Profit is not bad. I'd sooner be called that than Dr. Loser. And Darth Vader turned out to be a good guy when he didn't kill Luke Skywalker."

Day expressed pride in becoming the first orthopedic surgeon to assume the helm of the roughly 65 000-member association and beating challengers for his presidency (*CMAJ* 2006; 175[6]:566). This is the third time in CMA history that the presidency has been contested.

Notoriety, says Day, "helps my cause." In his mind, that cause is simple, clear and compelling. "I don't want to do this and not make a difference," he notes, re-affirming his oft-stated belief that private health care delivery can help to reduce wait lists. The latter issue is the one on which he hopes to leave his imprimatur. "To me, access and wait lists are my number 1 issue. I think that leads to everything else."

"I'm not the voice for private medicine. I believe in a strong public system," he adds, while arguing for a system in which hospitals receive funding directly proportional to the number of patients they treat, rather than a block grant. "I'd like to see hospitals competing with one another for patients."

Founder of Cambie Surgeries Co. and medical director of the for-profit Cambie Surgery Centre since 1985, Day says his practice now routinely attracts elite athletes from the National Basketball Association and various European professional soccer leagues. He began practising at the Vancouver General Hospital in 1978, and eventually decided to focus his efforts on the embryonic field of orthopedic sports medicine and arthroscopy. "I liked sports and I liked dealing with sports injuries and they're great patients because they all are motivated. They all want to get better, as quickly as possible. They want to get back."

The son of a pharmacist who was murdered by a pair of drug addicts in his own home after being followed from his pharmacy, Day grew up in post-war Liverpool, describing it as a once-proud shipbuilding port that had become economically depressed after its main industry was "destroyed by the unions."

He recalls being told by visiting doctors, as a 9-year-old working in his father's shop, "it's better to be a doctor."

Why?

"Well, because the doctor tells the pharmacist off."

Day graduated from high school at the age of 17 and enrolled at the University of Manchester medical school, becoming a doctor at 21. He interned as a general surgeon at the Manchester Royal Infirmary and then at the Hammersmith Hospital in London, before accepting a residency in orthopedics at the University of British Columbia in 1973, where he also completed a Master of Science degree.

Day chaired the resident academic program for the university's department of orthopaedics 1978–94 and the Orthopedic Test Committee of the Royal College of Surgeons of Canada 1989–94. Other professional activities have included a stint as president of the Arthroscopy Association of North America in 2004, as well as involvement in the formation of the Canadian Independent Medical Clinics Association; he has served as president since its creation in 2005.

Courtesy of Dr. Brian Day

Shortening wait lists is the priority for Day, shown here with his wife, Dr. Nina Bland.

Day also takes pride in having been in the vanguard of the use of technologies in medicine, noting that he was a pioneer in the creation of the world's first surgical robot, was involved in the "first live satellite transmission to China," teaching a course to Chinese medical students, and was an early proponent of the use of electronic health records.

"I've always liked toys," he says, adding that frustration over the lack of access to new medical technologies lay at the root of his involvement in Canadian medical politics. "In the late '80s, early '90s, the crunch started to come as health care got more expensive and we were being denied access to the latest technology. The other way that they rationed our access was to cut down on our operating time. It got cut down from 22 hours a week to 5 hours and the Canadian Orthopaedic Association recommends 15 hours to maintain competence."

"That's when we decided to build our own centre. Or else we had to leave the country."

"Now I've seen that the private sector has a role to play," Day adds. "It can complement the public system and yet all of the rhetoric is built up around the 'anti-private sector' component, notwithstanding the fact that 30% of the health care in Canada is already private."

Day and his wife, Dr. Nina Bland, a family physician and former Canadian tennis champion, have 4 young children: Alexander, Jamie, Stephanie and Andrew. Day has 2 children by his first marriage, Christopher and Jonathan.

"The most stressful thing I do is go watch my kids play soccer," the Everton football fan says. Notoriety, by contrast, "doesn't stress me out." — Wayne Kondro, *CMAJ*

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Ontario overhauls medical audit regime

Ontario's medical audit system will become less onerous this fall as a result of recent provincial legislation that limits the worst abuses of its widely criticized predecessor, the Ontario Medical Association (OMA) says.

The new system addresses many of previous system's shortcomings by providing "transparency and fairness," says OMA President, Dr. Janice Willett. "It will also provide accountability on physician billing."

"The legislation is ... a big improvement," she added.

Bill 171 (the Health System Improvements Act, 2006), which was passed in June, establishes the Physician Payment Review Board, charged with determining whether a physician's billings to the Ontario Health Insurance Plan (OHIP) for medical services have been appropriate, and/or whether a physician must make repayment for claims that were false. Each year, Ontario's 24 000 physicians bill OHIP $5 billion, about 100 doctors are audited and $5 million in payments is recovered.

The new regime replaces one formerly run by the Medical Review Committee of the College of Physicians and Surgeons of Ontario, which was pilloried by former Supreme Court Justice Peter Cory in an April 2005 report. Cory found that audits took too long to complete, the methods of assessment and collection were unfair and the hearing process left doctors feeling they were presumed guilty from the start.

Cory wrote that "The medical audit system in Ontario has had a debilitating and, in some cases devastating ... effect" on physicians.

Cory recommended adopting most of the reforms suggested by the OMA, including establishing an independent physician audit board.

Willett says the new system incorporates many of Cory's recommendations. the OMA plans to continue working with government to set up the committees.

The new Physician Payment Review Board will comprised between 26 and 40 members, at least 20 of whom must be practising physicians. Panels of 4 (including 3 physicians) will handle individual cases.

If the agency decides the medical services weren't provided, weren't medically necessary, were unprofessionally delivered or were misrepresented, the physician will be notified and have the option of either accepting or challenging OHIP's decision before an independent panel. The recorded hearings must be held in accordance with procedural standards, and findings can be appealed to the Divisional Court of Ontario.

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Ontario's new audit system introduces a measure of natural justice and due process.

The board will have to power to suspend a doctor's right to bill OHIP and must report all findings of misconduct to the college. Among other changes are a new method for calculating interest awards, a provision that allows doctors to recover legal costs and limitations on the authority of auditors to "extrapolate" and order reimbursement for a large number of claims based on the review of just a few. — Wayne Kondro, *CMAJ*

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C. difficile outbreaks in Gatineau, Sault Ste. Marie

A virulent strain of *Clostridium difficile* that has killed close to 2000 people in Quebec spread to a Gatineau hospital this spring, hospital officials have confirmed.

There were 15 cases of this strain of *C. difficile* at the Santé Service Sociale de Gatineau's Hull hospital campus in April and May, says Denis Saint-Jean, the hospital's director of communications. As of July 5, 3 people remained ill with *C. difficile*.

"Through surveillance by our infection control team, we found out that the strain we have now is the same more strenuous strain that they have in Montréal," Saint-Jean says.

Officially known as NPA1/027, the strain produces levels of 2 kinds of toxins that are 16–23 times more potent than the common strain of *C. difficile* (*Annals of Surgery* 2007;245:267-72).

"Just to be on the safe side, we now take all our sampling and send it to Montréal, so they can really identify that it's the same strain," says Saint-Jean.

The hospital surmised that the strain was probably introduced into the institution through a patients transferred from Montréal. No one has died