

major tightening of health spending into the future, eliminating crucial revenues that hospitals use to fund clinical research and front-line patient care should be a non-starter, particularly for the nation's leading medical journal.

Canada is in a very difficult economic period and health care across the country faces serious challenges in terms of funding, affordability and accountability (particularly in primary care, which has high costs and almost no publicly reported accountability or performance metrics). Surely *CMAJ* has something to say about these and other more relevant issues, instead of banging away on the populist drum about parking fees.

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Reference

1. Kale R. Parking-centred health care [editorial]. *CMAJ* 2011;184:11.

CMAJ 2012. DOI:10.1503/cmaj.112-2026

I support free hospital parking for patients. I would probably also support free transport to and from hospital visits, reimbursement for time lost from work due to hospital visits, and reimbursement for myriad of ancillary costs that hospital visits generate. That's the easy part. The hard part is knowing where to draw the line and who picks up the tab? Dr. Kale proposes that hospitals absorb the cost.¹ They certainly could, but at what price? If the Ottawa Hospital no longer generated the "small sum" of \$10.8 million from its parking revenues, it would have to find \$10.8 million worth of services to reduce or eliminate. Will the hospital then be more patient-centric? This was the reason such a proposal was defeated in England. No one was lining up with their chequebook to pick up the tab. If the objective of your editorial¹ is to provoke a larger debate about user fees, Godspeed. Your proposed remedy will not make our hospitals more patient-centric, but it will appeal to the media and the politician looking for a populist quick-fix.

Tim Meagher MD

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Reference

1. Kale R. Parking-centred health care [editorial]. *CMAJ* 2011;184:11.

CMAJ 2012. DOI:10.1503/cmaj.112-2027

I was somewhat dismayed to read the *CMAJ* editorial regarding parking fees¹ given the need for sober and serious debate about the real funding issues in our current health care system. Just as a popular physician movement likes to point out that there is "no free lunch," I would like to point out that there is no free parking. Many might be puzzled by this statement because they experience daily the convenience of parking at big box retailers. However, retailers and landlords often work into their price point or leases "fees" for parking. Hospitals and medical clinics have no capacity to do this.

My cynicism for political motives leads me to believe that the politicians in the United Kingdom who outlawed parking fees for patients bought votes from patients, not parking spots for patients.

Although editorials such as these are provocative and entertaining, they distract from the real issues surrounding health care sustainability and access problems.

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Reference

1. Kale R. Parking-centred health care [editorial]. *CMAJ* 2011;184:11.

CMAJ 2012. DOI:10.1503/cmaj.112-2028

Letters to the editor

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