editorials

The talented Ms Botley

e could always cut off Bobby's arm." This was one of the suggestions for how my friends and I, 10 years old, could fund our new tree fort. Bobby's mom had purchased the insurance sold through elementary schools. You know, the one that paid your parents \$5000 if you lost a limb, \$10000 for two limbs, \$15000 for two limbs and an eye, and so on.

I don't like insurance companies. Don't get me wrong, they are some of the easiest companies to deal with when they're collecting your premiums. The problem comes when you try to make a claim. There is a reason that the tallest and most prestigiouslooking office towers in major cities across the country have insurance company logos on them. They don't like to pay claims and I would even go further and suggest that they often do everything possible to avoid paying claims.

Does anyone else hate those insurance company forms? They're often many pages, filled with stupid questions, and accompanied with requests for all your health records. Lastly, they state that the cost of all this must be borne by the patient who in many cases, in case anyone forgot, isn't

working and therefore doesn't have extra money. If patients succeed in getting short-term disability, they must repeat the whole painful process in order to apply for long-term disability if their condition persists. The patients then get yearly forms to fill out to make sure they are still disabled and frequent "friendly" follow-up calls from case managers just to make sure they are not vacationing in Hawaii. When it comes time to complete the physician portion of the form, I find myself writing things on them like, "Surprisingly, despite the years passing, Mr Smith's right arm has not grown back. I think he is purposely cutting off the new growth so that he can continue to collect money he doesn't need."

I have even had families experience difficulties collecting on life insurance. Usually, my patient has died prematurely of some horrible illness and the family is still reeling from the death. The grieving family then has to prove to the insurance company that their relative really is dead and didn't have a brain tumor 15 years ago when they first applied for the insurance. How do you prove that someone didn't have a pre-existing brain tumor after they're dead? "Honey, I think I'm going to pop in for a whole body scan

while you and the kids are in line to visit Santa, because you never know."

Lastly, how about those life insurance applications, 90% of which are handled by a company called Keyfacts Canada? First a request arrives for medical information about one of your patients who has applied. A few days later another letter arrives from Keyfacts asking for the status of your report. This is supplemented by the following week's request wanting an update on the status of your status. I have got my staff to fax them back, call the company, and even send letters asking them to stop, all without success.

These request letters are all signed by Ms Emma Botley. Since I am a cynic, I have long suspected that Ms Botley isn't a real individual as she couldn't possibly be talented enough to handle all of Canada's life insurance requests on her own. At the bottom of her letters is a contact phone number, which I dialed one day. I meant to leave a friendly message asking her to stop sending frequent requests for updates on a report that I just received and am doing the best I can to complete in a timely fashion. I intended to explain that I'm not sitting around twiddling my thumbs so please have a little patience. Sadly, I think what I actually said was, "Stop sending me those @#\$% letters you &*@#!"

Two days later I received an envelope from Keyfacts that I didn't open as it was either another request or a restraining order.

—DRR

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Unprofessional professionals

"The public does not expect its professional servants to simply act according to the rules and it expects a different kind of behaviour and one where professionals are seen to act with honour and concern for the population they serve." —Professor Averil Mansfield, former BMA president and Britain's first female professor of surgery

recent Canadian Institute of Health Information (CIHI) document1 misguidedly blamed doctors' fees as a major contributor to the rising costs of health care in Canada. In a previous editorial² I wrote on some financial issues facing doctors. Read both articles and you will, I hope, recognize that I was right and CIHI is wrong.

"When doctors talk ethics, they usually mean money." That was the cynical viewpoint of one of my early Canadian teachers. Nowadays a plumber bills \$180 for a house call, while a doctor is paid less than half that amount. Does the reality of medical reimbursement today explain some of the attitudes that prevail in modern medical practice? Perhaps.

Doctors have traditionally worked excessively long hours. Fee for service was a time-honored choice as the method of payment. Not anymore. In the last CMA survey on remuneration, only 23% of doctors favored fee for service as their preferred method of remuneration. Remember that fee for service is piecework and is a method that favors the employer and the consumer, not the employee. That is why unions wholeheartedly reject it.

I hope that the newer generation of doctors will be adequately rewarded for their work, but even more so, I hope they understand that they are different from many other workers in society. They are professionals. Medicine is a vocation. While I believe in market forces and fair financial rewards for physicians, we nevertheless have a unique role in looking after those who have become victims of illness or injury.

A friend was recently hospitalized at a major BC hospital, suffering from a serious acute illness. Sadly, his experience was very poor. He was cared for by a so-called team, something that is becoming more and more the norm as our profession pursues a work-life balance (whatever that is), rather than the traditional patient-centred approach to care. The doctor with (nominally) primary responsibility changed several times during his stay. Astoundingly, none of the team leaders was available or responsive to requests from the worried and distressed wife of the patient. She did receive one rude



admonishment from a resident after multiple requests for some information regarding the state of her husband. Having spent many years of my professional life in teaching and training residents, I felt bad for both my friend's wife, who was subjected to inappropriate abuse, and for the resident who was clearly not being taught that respect and compassion were important qualities of a good doctor.

We sometimes fail to realize that what we consider routine is, to a patient, a unique and frightening time. Physicians must treat patients the way they or their loved ones would like and expect to be treated when they need care.

Some anonymous team leaders have forgotten their role. Perhaps they perceive the role of their fellows and residents as being to protect the leader's time and privacy. Perhaps they are teaching medicine well in a didactic or academic sense. That is not enough. Young doctors need to learn professional behavior and the art of medicine. Clearly, some teachers are incapable of fulfilling this role.

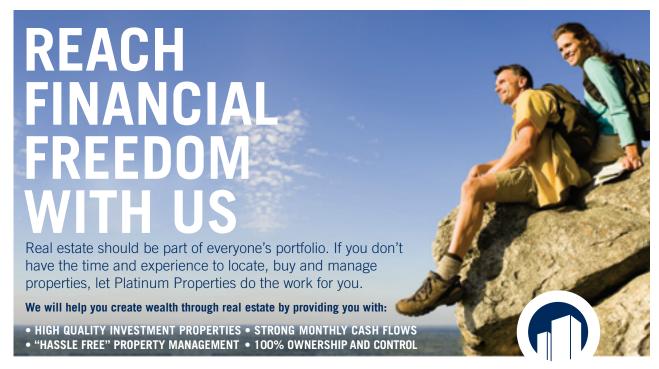
Government policies enacted 20 years ago have produced a Canadian health system in which there is an extreme shortage of doctors. Those policies were based on the advice of now discredited health economists who apparently felt that the role of a health economist was to economize on heath. As a result, Canada now needs 26 000 more doctors to equal the OECD average. BC has reacted better than most to this shortage, but the response is still inadequate as 5 million Canadian patients remain without a family doctor. Canadian specialists no longer have to build a referral practice and they develop instant wait lists. Family doctors can pick and choose their patients. In parts of Canada, patients put their name into a lottery in the hope of getting a doctor. Doctors don't have to try too hard to please because patients have little choice anyway.

"Medical professionalism" is now taught in our medical schools. In placing it as just another part of the curriculum, we may have lost sight of what it actually represents. Professionalism cannot be taught in a didactic course. It requires a behavioral attitude that can only be learned by exposure to caring and compassionate physicians. Anonymous team leaders who fail to lead are not the role models we want. All of us will one day be patients. What kind of team leader do you want when you become ill?

—BD

References

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