When will they ever learn?

There has been a lot of press and commentary lately about the family medicine crisis in BC, and with good reason. As a full-service family physician, I and many of my colleagues feel this crisis on a daily basis. Although this editorial focuses on the family medicine crisis, I acknowledge that our specialist colleagues, in many cases, are also worried about the future of their disciplines.

As family physicians, we regularly navigate the health care system on behalf of our patients. Every day, I search the Pathways website to find specialists who will be able to see my patients in a timely fashion. It seems that specialists in certain disciplines are also leaving private practice for settings that do not involve them running an office with overhead costs. In my community, there are no psychiatrists in private practice. They all work in the hospital or mental health units funded by the health authority. There are fewer general internal medicine specialists in office-based practices in our community as well. They can be found working hard in our hospital CCU, medical wards, and outpatient clinics at our hospital. We no longer have an office-based dermatologist in our community. In fact, we have no dermatologist in our community, period.

Physician Master Agreement negotiations between Doctors of BC and the BC government are underway at the time of writing. I believe that the crisis in family medicine in BC is going to get much worse unless drastic measures are taken very soon. I have heard that the nurses' and teachers' unions are preparing to strike, which means that the BC government is having to look at the bigger picture. They need to look at the big picture of the health care needs of all their citizens, including their teachers and nurses, who all need family physicians.

Twenty-five years ago, the government introduced something called *prorationing*. When expenditures for medical services ran over budget, the government clawed back money from physicians. In response, the then–BC Medical Association introduced reduced activity days, where family doctors closed their offices, and anesthesiologists did not work on elective surgeries, effectively shutting down operating rooms on those days. There was public outcry, and eventually prorationing was stopped.

Twenty years ago, after agreeing to binding arbitration with doctors, the BC government passed a bill in the legislature to cancel the agreement, after a well-reasoned and fair judgment by a retired chief justice of the BC Supreme Court went in favor of doctors. Doctors were incensed, and gradually and increasingly withdrew services (does anybody remember education days?), until another agreement was reached. Today, doctors are again, in effect, withdrawing office-based family medicine services by going to work as hospitalists or UPCC physicians, or retiring earlier than planned, or just working less.

I believe that the crisis in family medicine in BC is going to get much worse unless drastic measures are taken very soon.

I hope that the government and Doctors of BC realize the magnitude of the problem and can come up with meaningful ways to solve it. I will leave you with a song, sung to the tune of "Where have all the flowers gone," with apologies to Pete Seeger. In case you're not familiar with the tune, here it is: https://youtu.be/bI3QVsW30j0.

Where have all the fam docs gone,
long time passing?
Where have all the fam docs gone,
long time ago?
Where have all the fam docs gone?
Clinics picked them, every one.
When will they ever learn? When will
they ever learn?

Where have all the clinic docs gone,
long time passing?
Where have all the clinic docs
gone, long time ago?
Where have all the clinic docs gone?
Work in UPCCs, every one.
When will they ever learn? When will
they ever learn?

Where have all the "oopsy" docs gone,
long time passing?
Where have all the "oopsy" docs
gone, long time ago?
Where have all the "oopsy" docs gone?
Switched to hospitalists, every one.
When will they ever learn? When will
they ever learn?

Where have all the hospitalists gone,
long time passing?
Where have all the hospitalists
gone, long time ago?
Where have all the hospitalists gone?
Seeing orphaned patients, every one.
When will they ever learn? When will
they ever learn?

Where have all the orphaned patients gone,
long time passing?
Where have all the orphaned
patients gone, long time ago?
Where have all the orphaned patients gone?
Still looking for a fam doc, every one.
When will they ever learn? When will
they ever learn? ■

—David Chapman, MBChB

The CMA: Something needs to change

Being just 3 months younger than Canada, the Canadian Medical Association (CMA) is one of our country's oldest societies. The association's first president, Sir Charles Tupper, was a founding father and the first and last physician–prime minister.

Unlike provincial associations, the CMA is not involved in remunerative negotiations. It is free to critique government policies that clash with the needs of patients and health workers without fear of reprisals from its de facto employer.

About 15 years ago, I was elected CMA president. The CMA staff I encountered were extremely impressive and knowledgeable. They and the elected delegates welcomed and supported me in my mission to create a better system for all. My years there were hectic, productive, and filled with optimism.

Canadian doctors lack the political influence that doctors in Britain enjoy. I attended the British Medical Association's 2008 annual meeting in my birth town of Liverpool. Tom Sackville had been a junior health minister under Margaret Thatcher. He revealed that the Iron Lady feared confrontation with doctors, remarking, "She fearlessly took on Gorbachev and the Red Army and asserted her will over Ronald Reagan; she decimated the power of the British trade unions; she ordered the British Navy, with heir to the throne Prince Andrew on board, to the South Atlantic to engage Argentina in war. She drew the line at waging battle against the BMA."

There is no such fear of the CMA by our government.

Governments avoid controversial policy issues. That's why decisions on abortion, same-sex marriage, assisted dying, prisoners' rights, safe-injection sites, and medicare have ended up in the courts.

A 2007 independent study on the costs of waiting for care revealed the economic cost of waiting across just four provinces was $14.8 billion. Long wait times impose both medical and monetary harms on patients and the economy. The calculations did not include waiting from GP to specialist consultation, nor the long-term costs of chronic irreversible harms, drug addiction, and depression. Other studies estimated that mental illness cost our economy $51 billion in just 1 year. We pay to prevent patients from being treated, and shorter wait lists would actually save money. Preventive medicine should not mean preventing patients from being treated.

We also advocated for wait-time guarantees and patient-focused (activity-based) funding (both will soon be policy in Quebec).

Dr Barry Turchen presented a study at the CMA using BC's Freedom of Information and Protection of Privacy Act (despite government opposition). He found that administrative costs in BC's system were 16%, representing 6 to 7 times what was claimed, and over 3 times that of US public Medicare. An earlier report by Commissioner Judi Korbin had pointed out that 80% of all new health care jobs in BC were in middle management.

During my tenure, Dr John Haggie (CMA president, 2011), put forward a motion at the CMA asking that Canada's Auditors General investigate such costs. They did not respond. Dr Haggie later became Newfoundland and Labrador's Minister of Health and, so far, has not ordered such a review in his province.

My time at the CMA taught me a great deal about the health disparities between different communities in Canada. We did succeed in pressuring governments to train more health workers in Canada. That was too little and too late.

Last year I surveyed former CMA leaders on their thoughts on the state of our system and how the CMA was performing. Almost all respondents opined that the CMA had lost influence with doctors and government. It was not reaching out to its grassroots membership and was enjoying its new status as a very wealthy entity after the sale of MD Financial Management to Scotiabank for almost $3 billion.

The following CMA policy preceded my tenure: "When timely access to care cannot be provided in the public health care system the patient should be able to utilize private health insurance to reimburse the cost of care obtained in the private sector."

Yet the CMA refused to participate in a constitutional case aimed at making its own policies on health insurance and freedom to practise matters of government policy. Its membership among practising physicians has dropped and, sadly, given the CMA's historical roots in Quebec, the Quebec affiliate has disbanded. Doctors of BC has ended compulsory membership.

For what I believe was the first time in its long history, the CMA recently suspended a member, denying them the chance to stand in a democratic election for nominee as president-elect. The courts overturned the suspension and awarded substantial costs against the CMA. The CMA's action appears to demonstrate a lack of concern for the democratic process and members' assets. Its $3 billion windfall means it does not need to consider its members, nor does it need their annual dues to remain viable.

Our 1926 BCMA president, Dr J.H. MacDermot, warned: "Our noble tradition that no sick person of any age, sex, race, or religion whatsoever, shall ever suffer for need of medical care . . . should be based on our willingness to give. . . . It should not be exploited: nor should it be assumed as a God-given right. . . . Least of all should it be a right-of-way for needy and penurious governmental and administrative bodies."

Dr MacDermot's warning has become a reality. Patients and their doctors are now controlled and dominated by the state.

I am concerned about the CMA's lack of action and support for doctors, their patients, and the democratic process. Something needs to change, and I see some hope in light of the current impressive elected presidential line. But they need democratic grassroots support and input. Let's give them what they need. ■

—Brian Day, MB