



The President's Letter

Dr. Christopher J.(Chip) Doig



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Dear Member:

Alberta should consider its own *Alberta Health Act* that “would lay out the objectives and program principles” for the province’s health care system, the Alberta Medical Association (AMA) recommended in its brief to the Minister’s Advisory Committee on Health when we met this past Monday.

The five principles of the *Canada Health Act* provide “a strong foundation.” However, two of the principles – comprehensiveness and accessibility – need to be updated, and two new ones – sustainability and accountability – should be added.

“If the final product of the committee is simply a set of well-structured principles that can be discussed with all Albertans, it will have delivered a valuable service,” the AMA stated. As for overall system objectives, the AMA’s vision of Patients First® “aligns well with the patient-centric and patient-empowered approach that appears to be the focus of the committee.”

An *Alberta Health Act* could replace some existing legislation. It could include “the rights and responsibilities of patients” as well as “the responsibility and accountability of funders and managers to patients and society more broadly,” I suggested.

And, given the doctor-patient relationship with physicians’ responsibility to be advocates for patients, legislation should include “recognition and protection of organized medicine and the unique role of physicians within the health care system.”

Alberta’s health care system “must provide a ‘life boat’ scenario where the care of the vulnerable – those who are sick, injured or infirm – are not sacrificed,” I encouraged the 16-member committee, which has a reporting date of November 15.

It is important that “all Albertans must have timely and safe access to quality care based primarily on need rather than ability to pay. Albertans do receive high quality care, when they can access it. Quality must include the opportunity to access care within a reasonable period of time.”

The doctor-patient relationship “founded on compassion, trust and respect” must remain a cornerstone of the health system. This includes patients’ historic right “to choose their physician, physicians acting as the agents of their patients – within the broadest meaning of the term ‘agency’ – always in the best interests of their patients.”

This relationship “also requires the clinical and professional freedom of physicians including our right to choose the appropriate clinical care needed by our patients, and to advocate for the provision of this care unfettered by administrative or legislative oversight.”

Indeed, it was the sanctity of the doctor-patient relationship that was at the crux of the 1962 dispute between the Saskatchewan Government, the medical profession and patients.

Our presentation reflects the AMA’s long-standing advocacy for a well-funded public health care system with timely access and quality care. Other points raised were:

- Under the *Canada Health Act* comprehensiveness applies only to hospital and physician services. The minister’s advisory committee should consider “expanding the breadth of publicly funded services.”
- As for accessibility, Albertans “are not as certain that the system will be there when they are ill,” and they “require a clear understanding of what the public program will provide, under what terms and conditions, and with some sense of the level and timeliness of access.”
- Sustainability and accountability should be introduced as two new principles.
 - “Sustainability refers not only to money, but also critically to the sustaining of non-financial resources to reach the objectives: providers; plant; equipment; supplies.
 - “Physicians and other providers are used to being held accountable for their decisions; other accountabilities in the system also have to be clearly specified,” including improved transparency and evidence for decisions that change scopes of practice.
- “Wellness should be viewed as an investment that may reduce future health service costs, but does not replace nor reduce society’s obligation to assist with those requiring care today.”
- A “more transparent and evidence-based process for determining core services” is needed.
- “A patient charter would communicate to Albertans what they can expect of their health care system.”

- The Alberta Medical Association “is on record supporting wait time guarantees for Albertans.”
- Much of the innovation “should be done outside legislation.”
- The Health Quality Council of Alberta “should be established as an independent entity” to monitor and report on system quality and performance, work with stakeholders on program evaluation, and house the process for advising the minister on core services.

Because the AMA is prepared to continue working with the minister’s advisory committee, I’d welcome and encourage your feedback. The 10-page brief with a 64-page appendix and my speaking notes are on the AMA’s website at <http://www.albertadoctors.org/PresLetter/Index>.

Yours truly,

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President