

# The President's Letter

Dr. Tzu-Kuang (T.K.) Lee



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Dear Member:

## Canadian Medical Association (CMA) General Council

The public-private interface in health care and pharmacists' prescribing were two topics of major debate at the CMA's General Council August 20-23 in Charlottetown, Prince Edward Island.

### *Pharmacists' prescribing*

A resolution advanced by myself and Dr. James E. Bell, President of the College of Physicians and Surgeons of Alberta, received near unanimous support after delegates added the words "without endorsing independent pharmacist prescribing":

"The Canadian Medical Association, in conjunction with its divisions and affiliates, without endorsing pharmacist independent prescribing, strongly urges the Government of Alberta to require pharmacists who are given independent prescribing authority to:

- a. require explicit, informed consent from a patient;
- b. maintain a patient's record;
- c. provide 24-hour availability to the patient;
- d. carry appropriate coverage for legal liability;
- e. disclose any potential conflict of interest as both a prescriber and dispenser of medication."

A number of delegates felt strongly that pharmacists do not have the education and training in diagnosis and, therefore, General Council should strongly oppose independent prescribing by pharmacists. I can only surmise they were among the 7% who did not support the resolution, even with the amendment.

As for the five criteria, they reflect the obligations that we, as physicians, must meet. Government and the public should not expect a lower standard when a pharmacist prescribes. (Or, if government supports a lower standard, then it should explain why.)

## *Public-private interface*

General Council delegates approved 19 resolutions dealing with various facets of the public-private interface such as funding, delivery, human resources, wait times, care guarantees and insurance.

Many delegates appeared to be open to private options because the publicly-funded system isn't meeting the needs of such patients and the frustratingly long wait times.

One resolution, which integrated an Alberta Medical Association (AMA) and a British Columbia Medical Association (BCMA) resolution, "encourages governments to establish a publicly-funded safety valve, with government payment for the treatment, travel and other appropriate costs for patients who have reached the maximum acceptable wait time to obtain treatment in their home jurisdiction, to mitigate against a province or territory not meeting clinically established wait time benchmarks."

Two others called on governments "to include public-private delivery mechanisms to expand system capacity, with regulation to evaluate quality and cost-effectiveness" and requested governments "remove existing bans that prevent physicians from practising in both the private and public sectors where such a restriction exists." (This restriction exists in Alberta.)

Another resolution called on the CMA itself to develop "specific recommendations that acknowledge the strengths of Canada's publicly-funded health care system and that identify reforms within the publicly-funded system to improve health care for all Canadians."

The 2005 General Council directed the CMA to inform the debate regarding public and private health care. As a result, a task force co-chaired by Dr. Robert M. Hollinshead of Calgary, a past AMA president, produced *It's about access*. This report was the focus of a special presentation.

Last year's *Chaoulli/Zeliotis* decision by the Supreme Court of Canada found it unconstitutional for the Quebec Government to ban private health insurance for medically necessary services when wait times are excessive.

Wait time guarantees is one of five priorities for the Federal Government. As is custom, the federal Minister of Health, Tony Clement, addressed General Council. He said, "Our health care system must provide patients with recourse if medically specified wait times can't be met."

The federal minister emphasized flexibility. "Different provinces may have different approaches to different circumstances." For Alberta, he referenced "extending the authority of its ombudsman to review health access issues." This, I would suggest, is a far cry from what the supreme court had in mind.

You can be assured that the AMA will continue to put Patients First® as we advocate for a wait time guarantee, as recommended in the 2001 Mazankowski report and which the Alberta Government purportedly accepted.

### ***2006-07 President-elect***

Some have misrepresented the election of Vancouver orthopedic surgeon Dr. Brian Day, the CMA's 2006-07 president-elect, as a vote against Medicare.

An important part of the process is an election at the divisional level, where British Columbia physicians elected Dr. Day from among six candidates. The British Columbia Medical Association was clear that Dr. Day was, therefore, its official candidate.

In his acceptance address, Dr. Day said: "My support for a universal system that delivers quick access to comprehensive care is unequivocal." And: "CMA's advocacy efforts on patient wait time guarantees ... and for appropriate resources for the health care system, will not change with my becoming CMA president-elect."

### ***Alberta representation***

The AMA had 22 delegates attending General Council. As is our practice, they included one representative from the Professional Association of Residents of Alberta, one representative for the two medical students' associations, the president and registrar of the College of Physicians and Surgeons of Alberta, and one of the deans of the medical schools.

Dr. Margaret F. Kirwan, from Grande Prairie, was re-elected speaker for 2006-07. She is a former speaker of the Representative Forum and a past president of the association. Also re-elected were Dr. Robert W. Broad, of Edmonton, to the CMA's Committee on Finance and Dr. Ian Mitchell, of Calgary, to the Committee on Ethics.

Dr. Ruth L. Collins-Nakai, of Edmonton, the CMA's 2005-06 president, now is the past president.

Dr. Guido M.A. Van Rosendaal, of Calgary, was reappointed as chair of CMA's Council on Health Care and Promotion and Dr. W.W. (Bill) Anderson, of Edmonton, was appointed chair of the Political Action Committee.

### **AMA commercial office insurance**

The AMA is pleased to announce its endorsement of Mardon Group Insurance Services (BC) Ltd. (Mardon) for a competitive commercial office insurance program exclusively for AMA members. The program is underwritten by Aviva Insurance Company of Canada, Canada's largest property and casualty underwriter. Aviva has been in business since 1906.

The policy automatically includes the most requested types of coverage such as office contents, general liability, loss of business income and crime insurance. Each coverage has been designed to meet the needs of the modern medical office and, unlike many other insurance policies available today, does so without the need to purchase expensive add-ons.

In order to obtain a quote, call Mardon at 1.866.846.4467, or go online at <http://www.mgins.ca>, click "Quote" and enter username "AMA" and password "insurance."

Yours truly,

Tzu-Kuang (T.K.) Lee, MB, BS  
President

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