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# The President's Letter

Dr. Darryl D. LaBuick



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September 19, 2008

Dear Member:

*This is an abridged version of my valedictory that I will deliver tomorrow at the annual general meeting. The complete text is available on the Alberta Medical Association (AMA) website at <http://www.albertadoctors.org/InsideAMA/President>.*

*You can also view videos on YouTube where I discuss Bill 41, Alberta Health Services, patient-focused funding and pharmacists' prescribing. Please watch for MD Scope next Thursday, September 25, for the link.*

It has been, to say the least, a tumultuous year. Bill 41. Pharmacists' prescribing. Huge uncertainty surrounding the government's IM-IT agenda. The future of the Physician Office System Program (POSP). Negotiations 2008. Demise of nine regional health authorities. Alberta Health Services.

Let us not forget that despite major reform 14 years ago and realignment six-to-seven years ago in our health care delivery in this province, we still eagerly await improvement in patient care.

Bill 41 wiped out a century of self-regulation by the medical profession in Alberta. Today the College of Physicians and Surgeons of Alberta operates under the Damocles' sword of ministerial approval and intervention. All other professions under the *Health Professions Act* are similarly threatened.

Medicine, nursing and pharmacy – the three senior health professions – are among the most trusted and respected groups in society. Politicians don't fare quite so well with the public. Yet a politician now has the power to dictate what physicians must do – I repeat, "MUST do" – and even how we must do it.

I want to discuss one of the other issues that has the potential to dramatically change where physicians practise, not only within Alberta but across Canada.

A few weeks ago the provincial and territorial premiers agreed to make it easier for the members of various professions and trades to practise and work anywhere in Canada. Alberta and British Columbia were already completing such reciprocity.

It remains to be seen what the impact will be on the ability of the different jurisdictions to attract and keep physicians, especially those international medical graduates now restricted to rural, remote and northern areas. Places like High Prairie, Grande Prairie, Fort McMurray, Vermilion and Pincher Creek.

Alberta Health Services is the most visible and prominent example of the changes occurring with Alberta's health care system. I fully expect that it will be the catalyst for many of the changes that the minister is expected to announce over the next two or three months.

The principles that we have endorsed provide a sound framework for the AMA, the district medical associations and every physician in dealing with the new, single and very powerful health board.

One of the first indicators of how Alberta Health Services will impact physicians and our ability to provide care to our patients will be the new province-wide medical staff bylaws.

The bylaws will reflect the board's understanding of the importance of physicians having the ability to be advocates for our patients and our colleagues, not only within the system itself, but also publicly.

As the health care system is restructured, there are some who would like to diminish the role of physicians. Their strategy is to denigrate our contributions. They complain that "docs run the system" and it is time to put an end to this. So, they seek opportunities to criticize us and they look for ways to exclude us.

If a health care system wants to deliver timely care and quality care, it cannot afford to alienate physicians, to disengage physicians and to marginalize physicians. I would like to remind all that this is the attitude that was taken in the mid-1990s.

The health care system doesn't exist for doctors and nurses and other health professionals. It doesn't exist for administrators and it doesn't exist for politicians. The health care system exists for patients!

As a professional association, the mission and the activities of the AMA go far beyond financial matters. Our vision is Patients First®.

Obviously we have a mandate to be advocates for physicians and we are the voice of the medical profession in Alberta. But we are active on many other fronts. For example, Alberta is justifiably proud of the new protocol that has really improved access to hip-and-knee replacement surgeries.

What most people don't know is that the genesis – some might in fact say the “genius” – for the new protocol were members of the AMA's Section of Orthopedics, with considerable time and expertise donated by the orthopedic surgeons over several years.

The AMA itself was on several provincial committees that were responsible for taking the work of the orthopedic surgeons and then rolling out the pilot project.

The operating philosophy of Alberta Health Services will greatly influence its ability to increase access, improve quality, enhance the continuum of care, find efficiencies, achieve sustainability, recruit and keep physicians and other health care professionals, and build on Alberta's reputation for offering world-class research and innovation in health care.

As an association, we have made tremendous strides over the past few years in identifying the highest priorities and the best opportunities. But we can do a better job of aligning all our activities from negotiations and allocation to advocacy and performance metrics.

The trilateral agreement has been an instrument to be a partner and a team player on behalf of Albertans.

The three-year plan for 2008 to 2011 that Alberta Health and Wellness released this year outlines a number of goals and objectives that physicians – and only physicians – can help the department to achieve.

Physicians and the Alberta Medical Association must continue to encourage a patient-focused system. Patients must be seen as the centre of the system. Regarding patients as a liability and as a cost are attitudes that should not be tolerated in the 21st century.

One way to change this mentality is to move hospitals and regional health authorities off block funding. I support the Canadian Medical Association's efforts to introduce “patient-focused funding.”

The concept of patient-focused or incentive-based funding is not foreign to us as physicians – we call it fee for service.

As physicians, we must continue to support the concept that patients should have choice, that care should be based on need and not the ability to pay, and that the physician-patient relationship is the cornerstone to the best care that a patient can receive and the most cost-effective care that government can pay for.

Physicians have a responsibility to speak out on behalf of their patients whether it be an individual or a group of patients or, as in the case of medical officers, whole populations.

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Because I want to be very clear – as physicians, our obligation is to our patients. Governments and their departments and health authorities must not be our master. Our only master must be our patients. As quoted from the original Hippocratic Oath, “I come for the benefit of the sick, remaining free of all intentional injustice.”

In closing, I want to thank many people for all your support, encouragement and counsel over the past year including:

- The many members who emailed me . . . and emailed me . . . and emailed me. Also, those who wrote or telephoned. Your feedback from the so-called “grass roots” always reminded me why the AMA exists and how passionate so many of you are about our profession and patient care.
- The members who completed the quarterly tracker survey. Your feedback is most valuable to the AMA in determining priorities and activities.

Again, thank you for this tremendous honor of being your president. It’s a year with a lifetime of memories.

Yours truly,

Darryl D. LaBuick, MD, CCFP

President