

**Dr. Christopher J. (Chip) Doig**  
**President, Alberta Medical Association**  
**Presentation to Minister's Advisory Committee on Health**  
**October 19, 2009**

On behalf of the Alberta Medical Association and the physicians of the province who are its members, I would like to thank the co-chairs and the other members of the committee for inviting us to present.

My name is Dr. Christopher James Doig, and I am the President of the AMA.

Also with me are:

- Michael Gormley, the AMA's Executive Director
- Sharon Johnson, Assistant Executive Director, Health Economics
- Ron Kustra, Assistant Executive Director, Public Affairs

If it is acceptable to the committee, I will make some introductory remarks ... followed by a presentation by Mr. Gormley ... and with concluding comments by me.

We look forward to the opportunity to dialogue with the committee following our presentation. We have also prepared a written presentation, with executive summary and supporting documents.

I will provide two caveats to our presentation. First, the authority of the AMA resides first with its members, their elected representatives who meet at our Representative Forum, and the Board which is responsible to the Forum.

The timelines of the advisory committee have reasonably precluded detailed input by all parts of our organization. As such, we hope that the committee reasonably considers this a preliminary presentation and we will look forward to ongoing dialogue with the committee.

Second, unique aspects of the Trilateral Agreement between the AMA, Alberta Health and Wellness and Alberta Health Services are such that presentations to the committee – written and verbal – are without prejudice to the right of the AMA to choose a position with respect to the operation and implementation of this agreement, or any other existing agreement or venue.

I have had the privilege of caring for patients since 1983 when I first joined an EMS service in Saskatchewan (in case one member of the committee is interested, it was M.D. Ambulance).

Since that time I have witnessed a pretty remarkable transformation in health care from "Scoop and run" to taking advanced pre-hospital resuscitative interventions to the sick and injured ... the use of thrombolytics first to treat acute myocardial infarction and now its use for stroke ... a CT scan of the brain, which in 1986 took approximately an

hour to perform, to today where the standard of care for multisystem trauma is a “total body CT scan” imaging the head, spine, chest, abdomen and pelvis. This scan takes as short as 30 seconds to perform.

Other changes have included the transition of what was once hospital-based care to out-patient care. For example:

- The 10-14 day hospital stay of an open cholecystectomy to the overnight stay of a laparoscopic cholecystectomy
- The same day or overnight discharge after an uncomplicated birth, and the endovascular repair of coronary atherosclerosis by percutaneous interventions rather than surgery.

In the immediate future ... if not already occurring ... the advent of molecular-based pharmacotherapy, and the mapping of the genome, will result in “personalized medicine” i.e., a diagnosis, prognosis, and treatment based on knowledge of the individual patient’s unique genetic material, and how this interplays with understanding the mechanisms of disease and likely response to treatment and prognosis. The potential for personalized medicine will similarly revolutionize care.

There are two important commonalities to these examples of changing health care delivery:

- (1) I sincerely doubt that 40 years ago or sooner, that many of these changes were envisioned, and
- (2) These fundamental changes have been based on experts in health care developing and evaluating the evidence to inform these changes.

Likewise, in Canada, there has also been one constant in the past 47 or so years, and that is the commitment to care for individuals based on their need, not their ability to pay. This value has become embedded within the 5 principles of the Canada Health Act.

It is with this background that I will then ask Mr. Gormley to proceed.

#### *MIKE’S PRESENTATION*

In summary to the presentation, I will make the following statements on behalf of the AMA.

**One** – In terms of overall system objectives, the AMA has encapsulated its views in the vision statement of Patient’s First®. We believe it aligns well with the patient-centric and patient-empowered approach that appears to be the focus of the committee.

We believe that these objectives have merit and hope that they can be incorporated into the committee’s report. The AMA and its members believe this is a core principle. As a

partner, we will guarantee the committee that professional self interest will not violate this principle.

**Two** – The AMA remains committed to the principles of the Canada Health Act. Specifically, 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.

**Three** – Accessibility and sustainability of the health care system must recognize that the most important resource for the future of Alberta’s health care system are well-trained and well-educated health care professionals.

Furthermore, advances in the health care system are dependent on the infrastructure which develops new knowledge through research. As such, well-resourced and long-term committed financial support for advanced education and academic health care centres is a necessity.

**Four** – A health care system must provide a “life-boat” scenario where the care of the vulnerable ... the sick, injured, and infirm ... are not sacrificed.

**Five** – Physicians – individually and collectively – are the experts in the delivery of **medical** services. Physicians are partners with funders and managers in the overall management of the health care system.

No other jurisdiction in Canada has better recognized this relationship than in Alberta with the advent of the trilateral agreement. This agreement has brought significant advances which have improved the health system such as physician-led team-based care in Primary Care Networks.

A well resourced health care system is an important contributor to the short and long-term economy of the province.

**Six** – The relationship between physician and patient ... founded on compassion, trust, and respect ... remains a cornerstone of the health system. This has historically included, and must continue to include, a patient’s right to choose their physician, physicians acting as the agents of their patients – within the broadest meaning of the term of Agency – always in the best interests of their patient.

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. To expand on this point, physicians are ... and are held accountable ... by our patients and by our profession, and this is the appropriate level of authority for such judgment.

In conclusion, the Alberta Medical Association believes that legislation should be efficient, meaning as minimal as possible to get the job done. Acts and regulations do not care for persons ... care is provided by health care professionals, and legislation should simply support the care provided by these individuals ... including the limits determined by society on treatment options.

Legislation should embody a set of principles which outline the beliefs about our health care system: a vision and mission statement per se.

Legislation should include the rights and responsibilities of patients, recognition and protection of organized medicine and the unique role of physicians within the health care system ... as well as the responsibility and accountability of funders and managers to patients and society more broadly.

In closing, we appreciate the time and attention of the committee. We look forward to ongoing opportunities to discuss these issues with the committee.