
The President's Letter

Dr. Christopher J.(Chip) Doig



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Dear Member:

Premier's "freeze" request

In his televised address last night, Premier Ed Stelmach announced the Alberta Government will be asking physicians, nurses, teachers and public sector workers to accept a two-year fee/salary freeze. The last year of our three-year fiscal agreement, which is also the last year of our eight-year master agreement, calls for a 4.5% increase to the Physician Services Budget on April 1, 2010. Both agreements expire March 31, 2011.

In the next day or two, I will be sending you another *President's Letter* that assesses the premier's request in considerable detail and in the context of the future of Alberta's health care system. There are implications for the work of the Minister's Advisory Committee on Health, which is the focus of this letter.

Minister's Advisory Committee on Health

Principles to guide Alberta's health care system, including the quintet in the Canada Health Act, will be front-and-centre October 19 when the Alberta Medical Association (AMA) appears before the Minister's Advisory Committee on Health.

The AMA has long been on record as advocating for a well-funded public health care system that provides timely access to quality care – Patients First®.

The five principles of the Canada Health Act – public administration, comprehensiveness, universality, portability and accessibility – provide a sound foundation on which to build a publicly-funded health care system.

The advisory committee, however, may have influence beyond its immediate mandate by developing ideas and recommendations that could define Alberta's philosophy and approach for the province's health care system for the 21st century.

Alberta is responsible for determining its own legislative framework for health care. The Canada Health Act is mostly concerned with the conditions under which the Federal Government transfers federal health care dollars to the provincial and territorial governments.

The advisory committee may decide Alberta should reform its legislative framework by suggesting Alberta explicitly adopt the principles currently in the Canada Health Act and update or add to the principles of existing programs.

Given the extremely tight timelines of the advisory committee, the Alberta Medical Association views next Monday's meeting as one step in our efforts to provide perspective and information.

At its October 9 meeting, the Executive Committee endorsed an approach that incorporates many of the AMA's previous statements and positions. But the presentation and brief which we file should not be regarded as our final and definitive work.

The initial brief will be posted on the AMA website with the opportunity for comments. The association is also considering a member survey and a public opinion survey. The advisory committee is on the October 23 agenda of the Board of Directors.

In preparing our initial commentary, in addition to the Canada Health Act principles, the AMA is assessing whether we include a number of other proposals, concepts and issues such as:

- A patient's charter of rights and responsibilities
- Care guarantees
- A new principle – accountability – not only of health care professionals and providers, but also accountability of government and of Alberta Health Services (AHS)
- Protecting patients who are ill or infirm
- Wellness, health promotion and health
- Primary care teams and scopes of practice
- Physicians' historic role as agents for their patients, including the obligation to advocate for patients and to speak out freely
- Clinical independence
- Governance, e.g., the role of the Minister of Health and Wellness in determining a profession's scope of practice
- Transparency
- Quality
- Evidence-based decision-making
- Sustainability
- Utilization

As I grew up, I had the privilege of knowing many of the physicians who represented our profession and patients during the controversy when Medicare was introduced in Saskatchewan in the early 1960s.

These physicians defended the unique nature and necessity of the patient-physician relationship including:

- As physicians we are the agents of our patients and, as such, we must be able to provide care without interference from administration or government dictating clinical practice.
- Patients must have the right to choose their physician.
- Physicians must have the independence to decide the focus of our practice and where we wish to practise.

Tommy Douglas and the Saskatchewan government of the day deserve credit for transforming Canadian health care and introducing what has become Medicare.

Perhaps Mr. Douglas' most important contribution was reversing his initial position of government control over the practice of medicine and accepting the confidence expressed by the public in their physicians.

The principles raised by the medical profession became the cornerstone upon which the Saskatoon Agreement of 1962 was built: the understanding that government and administration would not interfere "with the rights and duties of doctors in the exercise of their profession."

These principles are as relevant and as important for health care, patients and physicians in the 21st century as they were 47 years ago!

Earlier this week we met for two hours with Fred Horne (MLA, Edmonton-Rutherford), chair of the advisory committee, and Dr. Raj Sherman (MLA, Edmonton-Meadowlark), parliamentary assistant to Health and Wellness Minister Ron Liepert. They appreciate the medical profession's call for, and willingness to participate in, discussions on health care transformation.

My impression is that both MLAs value a collaborative relationship with the AMA and the medical profession, both recognize the potential synergy and alignment of the AMA's Patients First® vision with the government's promotion of a patient-centred health care system, and both understand the role and symbolism of the Canada Health Act.

The minister's advisory committee could lead to major health care transformation in Alberta. As my predecessor, Dr. Noel W. Grisdale, said in presenting the report from the Board of Directors to the Representative Forum on September 25:

"We have also noted that some of the issues being considered by the advisory committee could affect arrangements and funding of the trilateral agreement.

"Taken together, Minister Liepert's comments and the mandate of his advisory committee could propel a major restructuring of Alberta's health care system."

The Alberta Medical Association appreciates the opportunity to meet with the minister's advisory committee. I am willing to commit our efforts to ensuring that health care transformation will be in the best interests of the patients we serve, and will not violate the principles which underscored the recognition of the role of our profession in Saskatchewan in 1962.

Regardless of the work of the advisory committee, it is the 71-member Government PC Caucus that will likely decide the future of Alberta's health care system.

As such, the AMA requires your active participation too. In response to this letter I hope to receive emails from AMA members. We appreciate your feedback, and your participation in AMA surveys.

If you have a relationship with your MLA, or if you are willing to develop one, then I would encourage you to become an MD-MLA contact in the AMA's *Doctor's Black Bag* government affairs program. For more information, email Dr. John Huang, Chair, Government Affairs Committee, at md.mlacontacts@albertadoctors.org.

I look forward to your ideas and comments regarding the AMA's submission and follow-up with the Minister's Advisory Committee on Health. Your input is very important in the AMA's priority setting and advocacy, and to all Albertans.

Yours truly,

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President