



The President's Letter

Dr. Linda M. Slocombe



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Dear Member:

In this letter:

- *An inquiry into queue jumping will not fix what is wrong: we need a public inquiry into physician intimidation.*
- *A system that stifles advocacy does less than it should do for patients.*
- *Government should acknowledge the damage done to patients, physicians and the system.*

Yesterday the minister of health and wellness announced that “allegations of queue jumping will be conducted in accordance with special provisions in the *Health Quality Council of Alberta Act* that was passed in the Legislature last fall. The terms of reference for the public inquiry will direct the inquiry to consider:

1. Whether improper preferential access to publicly funded health services is occurring; and,
2. If there is evidence of improper preferential access to publicly funded health services occurring, make recommendations to prevent improper access in the future.”

Media were quick to ask what the Alberta Medical Association thinks about this direction. I have been replying by expressing my disappointment with the narrow scope of the inquiry to be held. A much broader inquiry is warranted – and necessary – on the issue of physician intimidation.

Last week’s report released by the Health Quality Council of Alberta made it clear that intimidation of physicians is a serious and pervasive problem. This matters at a very fundamental level.

Of all of our professional responsibilities, advocacy is perhaps the most intrinsic to our calling as physicians. That is because advocacy is much more than something we do. It is the bridge between what patients need at the front line and what administrators make available through funding and programs.

The gulf between front-line care for patients and the decision-making mechanisms of administration has grown so wide! We can only bridge it by clearing the air and getting to the root of the intimidation that has occurred. Only this way can we build a system that puts Patients First® and operates effectively and efficiently.

A system that stifles advocacy is doing less than it should be doing for patients. I will conclude by saying that, given the degree to which advocacy has been impaired, it would have been appropriate for government to make a greater acknowledgement that intimidation is a major problem and that damage has been done to individual patients, physicians and the system.

An inquiry into queue jumping bandages over the problem. The patient deserves more. Let's find a cure.

Yours truly,

Linda M. Slocombe, MDCM, CCFP
President