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CMA SENDS MIXED MESSAGE TO CANADIANS, SAY CANADIAN DOCTORS FOR MEDICARE

Delegates pass contradictory resolutions and fail to heed the evidence

CHARLOTTETOWN – The Canadian Medical Association today reaffirmed its commitment to strengthening publicly funded Medicare, but failed to make the necessary decisions to protect it, said Canadian Doctors for Medicare (CDM) spokespeople.

“As physicians, we have to make choices that would improve access to healthcare for all our patients and not just a few,” said Dr. Danielle Martin, Board Chair of CDM. “We all agree that access to healthcare should be based on need, not ability to pay – but we have to walk the talk, and ensure that our decisions are based on our patients’ welfare.”

The 250 delegates attending the annual CMA meeting today endorsed resolutions supporting publicly rather than privately funded wait time guarantees, and committing the CMA to identify reforms within the publicly funded system in order to improve the health care of all Canadians. However, at the same time, delegates endorsed a motion that physicians be allowed to practice in both publicly and privately funded systems – a practice which would seriously undermine Medicare.

“In passing a resolution supporting dual practice within a parallel system, CMA delegates appear to be out of touch with the evidence, with the values of Canadians and with the needs of their patients”, said Dr. Martin, also last year’s recipient of the CMA Young Leaders Award. Dr. Martin, in attendance at the CMA meeting, requested leave to speak to the motion on dual practice but was denied the opportunity.

“We believe that most doctors in Canada want to improve the publicly funded healthcare system, but may not be aware of the evidence. In fact, CMA delegates ignored the conclusions of the CMA leadership studying this issue. Relaxing longstanding restrictions on the ability of physicians to practice in both systems would lengthen wait lists for the majority in the public system, exacerbate physician shortages, allow patients with financial resources to jump the queue, and place us as physicians in a serious conflict of interest,” said Dr. Nuala Kenny, paediatrician, ethicist and member of CDM’s Board. “Even the Alberta and Quebec governments rejected the option of allowing dual practice in their recent healthcare reforms.”

The CMA also sent a mixed message by electing Dr. Brian Day as President-Elect. Dr. Day had previously been regarded as an active advocate for user fees, private insurance and increased for-profit private delivery. However, in his election speech, he unequivocally stated that he had never been in favour of privatizing Medicare, and expressed his commitment to support public health care, serving patients based on need and not ability to pay.

As CDM has pointed out in one of its Medicare Backgrounders (available at www.canadiandoctorsformedicare.ca), in every Canadian province (and in most OECD countries), one of the most important protections for the public system is that physicians wishing to operate outside of its boundaries cannot practice in both the public and private system.

CDM intends to continue its efforts to provide evidence and analysis to physician colleagues across the country about various options for health care reform, and to work within the CMA to ensure that the collective voice of Canada's physicians works to maintain and strengthen our publicly funded Medicare system.

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