

Why is Ontario becoming a have not medical province?

The Ontario government has once again been making unilateral decisions for doctors. It is obviously not much of a partnership if one side makes all the decisions. Past decisions have directly impacted surgeons with changes in billing parameters and call situations. Ontario has taken a heavy-handed approach, and historically with most medical direction in this country, as goes Ontario so goes Canada.

Other provinces have taken Ontario's one-sided approach, and it may not be long until this is a Canadian trend. Last year the Quebec government passed legislation that put unprecedented power in the hands of the government — mainly the office of the minister of health. They now hold most of the power in negotiations with the physicians in the province. The newer decisions coming down from Ontario may seem to have less direct impact on surgeons, but will impact us all the same.

Currently there are more than 800 000 Ontarians without a family doctor. About 140 000 people are added to the population of Ontario each year. In the face of these numbers the Ontario government has decided to cut 50 residency positions in family medicine (FM). Although it was estimated that program expansion in the last decade helped to provide care to 2.1 million Ontarians who now have access to primary health care services and are no longer “unattached” patients,¹ the government is now looking to roll this program back. This decision is not in patients' or physicians' best interests.

I am unsure of the fiscal reasons for closing FM residency spots without closing medical school positions. If the government was being logical, these cuts would probably have to go hand in hand. As post-medical school training is mandatory, the closing of FM spots will push candidates into specialty training, expanding specialist services over those of FM programs. Specialty care — both for training and practice — is more expensive for the government.

In Quebec, access to primary care is so poor that patients end up in surgical clinics for referral to non-

surgical services and for prescription of medication because it is easier to see the specialist than find a family doctor. Patients with no other access to health care who keep coming back to surgical clinics will count against surgical number restrictions. This fine balance of patient care between FM practitioners and specialists is precariously near a tipping point in many regions of the country.

Unilateral government management of health care is not desirable for physicians or the patients who depend on us to treat them promptly and efficiently. We once looked to Ontario, and later to Alberta, as a strong medical leadership group protecting physicians' and patients' interests. Certainly the Ontario Medical Association (OMA) is under siege. Once so powerful that it could hold a province hostage by calling for a general strike, the OMA has fallen from prominence. The OMA has seemed to back down from protecting even fees for basic services. Who would have thought that the colonoscopy fee in Quebec would ever be higher than in Ontario? Well that magic line has now been crossed and even eclipsed in all other provinces. The time where we looked to Ontario for leadership might be over, but if we don't all stand together with Ontario and ensure that physician opinion matters, then our practice profiles are going to change radically — and not for the better.

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Competing interests: E.J. Harvey is the Chief Medical Officer of Greybox Healthcare (Montréal) and Chairman of the Board of NXTSens Inc. (Montréal).

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Reference

1. Council of Ontario Universities. *Family Medicine Expansion Report 2013*. Available: <http://cou.on.ca/reports/family-medicine-expansion/> (accessed 2015 Sept. 3).