



Panelists at the Halifax Medicare summit included (from left) Maclean's national editor Andrew Coyne, Doctors Nova Scotia president Dr. Jane Brooks, moderator Ken MacQueen, Canadian Medical Association president Dr. Jeff Turnbull, Canadian Cancer Society Nova Scotia Division CEO Maureen Summers and N.S. provincial adviser on emergency care Dr. John Ross.

Access versus cost issue stirs summit

CMA/Maclean's 'Time to Rebuild Medicare' town hall calls for less resistance to change

by Alison DeLory

HALIFAX | Canadians embrace mediocre health care and need to demand better, the capacity audience at the Jan. 26 Canadian Medical Association/Maclean's town hall meeting in Halifax heard.

Themed "Time to Rebuild Medicare," a panel of health-care experts including CMA president Dr. Jeff Turnbull led a two-hour discussion focused on examining our health system's current state of disrepair and examining solutions to improve patient experiences.

It was a call to action inspired by the need to transform health care into a system that focuses on patients rather than providers, integrates best practices, makes better use of available technologies and reflects upon whether the Canada Health Act is still relevant.

Underpinning the conversation was the necessity of reforming health care into a system that offers maximum value for dollars spent.

Dr. Jane Brooks, president of Doctors Nova Scotia, said she believes getting better health care means every Canadian

having access to a family physician, plus the ability to receive the care they need, when they need it.

Dr. Brooks works in a collaborative rural practice with her husband (also a family physician), a third FP, two nurse practitioners, a family practice nurse and a dietitian. She told the *Medical Post* that in her practice, there is no team leader. The staff meets every day and makes decisions concerning patient care by consensus.

Physicians' autonomy

"Physicians are afraid of losing autonomy but shouldn't be," Dr. Brooks said, emphasizing the need for physicians to stay flexible, to listen to what their patients tell them they need and to learn from each other. As a result of doing those things, her practice is now opened for evening clinics, something as a working mother she doesn't love but knows is necessary. "Physicians feel they've been doing things a certain way for so long it must be the right way," Dr. Brooks said. "It's not so."

Maureen Summers, CEO of the Canadian Cancer Society Nova Scotia Division, also advocated listening to patients. In Nova Scotia, which has the highest cancer rates in Canada, the society has a 32-bed lodge attached to its administrative headquarters. Patients travel-

"The Hippocratic Oath demands we do all that we can for our patients but we can't afford it." —Dr. Camille Hancock Friesen

ling from outside Halifax can stay there, allowing staff to visit and speak to them directly about their experiences. Patients talk about the gross inadequacies in cancer care, the significant financial burdens they face and prolonged wait times. One patient watched a tumour in her abdomen grow for six weeks after diagnosis before she got to see an oncologist. "Universal care should not be care by pocketbook or postal code," Summers said.

"It's a reactive system, not a proactive system," said Dr. John Ross, who has more than 20 years' experience as an emergency physician. He warned that tough decisions lie ahead, such as whether we can afford to pay for certain diagnostic tests when palliation might be the better option.

A cardiac surgeon in the audience, Dr. Camille Hancock Friesen, illustrated this point, saying the diagnostic toolkit has become too big. X-rays, ultrasounds, CT scans—as they are invented they are added into the diagnostic basics, she said. Today doctors often order them all. "The Hippocratic Oath demands we do all that we can for our patients but we can't afford it," Dr. Hancock

Friesen said.

Dr. Ross is fresh off a year spent visiting every emergency department in Nova Scotia as the province's first provincial adviser on emergency care. He called for a renewed focus on public health initiatives and questioned whether health care is even an accurate label, saying today's model would more accurately be called "disease care." He referenced Health Canada's 12 determinants of health, pointing out in particular the link between being poor and being sick.

"We need to take more risks and believe we are capable of doing more," Dr. Ross said. "We need to step up as individuals and groups with innovative solutions."

Dr. Brooks said this all requires an integrated approach to primary care, plus some innovative thinking and a cross-country sharing of best practices.

Dr. Turnbull said: "A few years ago I would have said the biggest problem we face in health care is access. Today, I say its apathy."

This national dialogue will continue at similar town hall events that will be held across Canada in the coming months.