



Preferential treatment for WCB patients angers some MDs

Eleanor LeBourdais

Some physicians are questioning the ethics of giving Workers' Compensation Board patients preferential treatment. They argue that the practice essentially undermines the equal-access provision of the Canada Health Act (CHA).

Canada's WCBs, which are funded by employers, are exempt from the Canada Health Act and are allowed by legislation to purchase health care services, either publicly or privately, for injured workers. The idea is to get workers back on the job as quickly as possible.

But that argument doesn't wash with Dr. Philip Berger, a family physician and assistant professor of medicine at the University of Toronto, who insists that medicare and workers' compensation are all public funds. "Workers' compensation is an employer tax, a government-created institution with a duty imposed upon employers by governments as a cost of their doing business. Given that it's all public funds, if we're going to have officially sanctioned queue-jumping in the public system, it should be debated publicly in the legislature, with committee hearings to see what the citizens feel about it."

Berger suggests that the social costs of WCB queue-jumping for anyone not covered by workers' compensation must also be weighed. "If a worker happens to get injured away from work, should he be made to wait longer just because it wasn't an occupational injury? What about the quality of life of an elderly person who has to wait while employees get more rapid service? I think the social benefit of decreased cost to society has to be weighed against the prolongation of reduced quality of life for those not employed, and even those who are employed but get injured off the job."

For now the current legislation holds, although the Workers' Compensation Board of BC is taking an innovative approach that meets both its needs and the needs of non-WCB waiting patients.

"We have public facilities that have unused capacity and closed-down operating rooms," explains Dr. David Blair, executive director of medical services for BC's WCB. "We saw it as more cost-effective and accessible for workers if we could acquire some of that unused time in those facilities and put them to work."

This past year, for example, the WCB paid the Dawson Creek District Hospital to provide 1 day of operating room time per week for WCB patients. It later added another half-day. "WCB cases definitely get in more quickly

than they did before," says orthopedic surgeon Dr. Carel Ackermann. "If I see a WCB patient with a [meniscus-related problem], for example, I can usually get him on the slate within 2-3 weeks. If he was not a WCB case, it would take perhaps 6 months."

But the arrangement also benefits the area's 70 000 residents, because Ackermann is allowed to add on Medical Service Plan patients after WCB patients have been treated. It also ensured that the part-time service he offers in the area remained financially viable after funding cuts affected his OR time.

In addition to Dawson Creek, the WCB has made similar arrangements for expedited surgery with hospitals in Trail, Vernon and Campbell River, and is negotiating with other communities.

Blair says WCB funding may be a welcome alternative for hospitals when requests for extra public funding are turned down. "We have a sort of understanding with the ministry that we're going to be focusing our efforts on areas where there's an acknowledged wait-list problem."

Still, Ackermann wonders how the arrangement would work in a larger context. "My gut feeling is that it's a more friendly system in a small setting. In a big setting, I just wonder whether more WCB would get done and there wouldn't be time for the [medicare] cases. Then it would take time and energy away from the rest of the public."

Dr. Jim Lane, past president of the BC Medical Association, says the situation in British Columbia simply emphasizes that the medicare system is in crisis and facing chaos. "Politicians have to start to debate seriously how we're going to have a publicly funded health care system survive into the future. Our present system is failing because of wait lists; the WCB wouldn't be doing this if our system was adequate."

Dr. Michael Rachlis, a well-known medical commentator, offers similar criticism, but at the same time he has some sympathy for the WCB's position. "My view is that we're getting these initiatives from the WCB because the health care system and work-related injuries are so poorly managed right now. It just highlights that the real answer to all these problems isn't to try to make a better system for a small number of Canadians but to make a better system for everyone."

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