



appear optimistic that agreement will be reached, the obstetricians have said that if a solution is not found by Feb. 1, all low-risk deliveries will have to be handled by GPs. Obstetricians will be involved only in providing essential and tertiary services for high-risk patients.

Senikas says the insurance issue brought the plight of her specialty into focus in Quebec, where obstetricians make \$252 per vaginal delivery — less than in any province except Newfoundland. She says an obstetrician who handles an average of 120 deliveries a year has a take-home pay of \$20 per delivery. Many obstetricians outside the cities perform even fewer deliveries, but their insurance costs remain the same. Malpractice premiums are expected to reach \$40 000 by 2000.

In recent years, many Quebec obstetricians have become so angry about the situation that they left for the US or other provinces; many others began deciding at a younger age to drop obstetrics and stick to gynecology. "There's no future for our young people here, and they sense it," Senikas argues. "We're doing this for the future of the specialty, before it's too late and people have left or stopped. We're not asking for any increases except for work related to the delivery room."

Obstetricians are seeking reimbursement of their malpractice premiums, so that they would pay \$4900, with the government paying the rest; this arrangement is already in place in Ontario. They also want the fee for a vaginal delivery raised to \$400, an increase in bonuses for evening and night deliveries, and an agreement that any money earned in the delivery room will not be included in the annual salary ceiling of \$257 000.

Meanwhile, the general practitioners who perform 42% of deliveries in Quebec think obstetricians have reason to complain. The 600 GPs who perform obstetrics pay malpractice fees of \$4980 a year. Dr. Jean Ro-

drigues, a spokesperson for the Federation of GPs of Quebec, says it wants to encourage GPs to handle births. In the short term, however, "I think it would be difficult for GPs to deal with the situation" if obstetricians increase their pressure tactics.

Meanwhile, a government council recently proposed that midwives be allowed to practise in hospitals, birthing centres and private homes.

However, it said midwife-assisted births should not take place more than 30 minutes from a hospital. —

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Physician numbers hold steady

The number of physicians in Canada dropped by 48 — or less than 0.1% — in 1996. Figures released by the

Popularity of laser eye surgery grows in BC

Laser eye surgery is thriving to such an extent on the West Coast that a Vancouver ophthalmologist says British Columbia may be the busiest area for the procedure in North America. Since the first private clinics opened here 7 years ago, says Dr. Hugo Sutton, up to 30 000 eyes have been treated in Vancouver. Sutton, 1 of about 20 BC ophthalmologists active in the field, says these numbers are "approached in Calgary and Windsor, but not in the US." He attributes the popularity of excimer laser photorefractive surgery here to "a recognition of Canadian refractive surgery for its careful due diligence as well as high volume and successful outcomes."

Patients, who can refer themselves, typically pay up to \$5000 for bilateral refractive surgery. Americans account for about 20% of the caseload for Dr. Michael Berman, another ophthalmologist with a laser-surgery clinic in Vancouver. He says Canada's approval process for the second and third generation of laser equipment has been faster than in the US, and this means that American patients may receive more advanced surgical techniques here.

Techniques have been improving. Laser in situ keratomileusis (LASIK) procedures, which in-



Dr. Michael Berman in the operating room at his Vancouver clinic

volve cutting the cornea, creating a tissue flap and then applying the laser treatment, began just last year; it now accounts for about 80% of the work in Sutton's clinic.

Why have these procedures become so popular? Sutton says that eliminating glasses or contact lenses is a "life-enhancing procedure for many people." Berman concludes that "people seem to want to be free of glasses and contact lenses," and laser surgery has given him "another lease on ophthalmology." — © *Heather Kent*



Canadian Institute for Health Information (CIHI) in December show that the number of physicians dropped to 54 958 in 1996 from 55 006 in 1995. The decrease is consistent with declines that occurred in 1994 and 1995. (The total includes only active civilian physicians. Medical students, residents and retired and military physicians are not included.) Although the number of physicians dropped, there were 350 more specialists in Canada in 1996 than in 1995; the 26 737 specialists practising in 1996 accounted for 49% of the total. The 51%-49% split with family physicians has remained relatively constant for the last 20 years.

CIHI also reported that the national physician-patient ratio moved from 1:542 in 1995 to 1:548 in 1996; this compares with ratios of 1:395 in the US and 1:554 in the United Kingdom.

Newfoundland's unending attempts to solve MD shortages

Memorial University's Faculty of Medicine takes the problems of physician shortages in rural areas seriously, because it has sponsored annual rural health forums in each of the past 7 years in an attempt to find solutions.

Many of the issues discussed at Rural Health Forum '97 this fall were familiar, but some new initiatives were unveiled to deal with the ongoing problem of physician recruitment

and retention. For instance, a new program to assess and upgrade family physicians was announced by the province's minister of health, and in the past year the province has increased salaries for rural doctors by 20% to 50%. Still, isolated areas continue to face severe shortages.

"While money is important, it's only part of the issue," said Joan Marie Aylward, Newfoundland's minister of health. "We have grave difficulty attracting sole practitioners and we have to build models of care that cluster

professionals in practice centres."

She said pilot projects to establish primary care service and teaching units are being put in place in Twillingate and Port aux Basques, and services at the existing unit in Happy Valley-Goose Bay are being enhanced.

Although Rural Health Forum '97 allowed for discussion of problems and solutions in rural medicine, the men and women who actually do the job had issues of their own to discuss. When the forum ended, rural family medicine preceptors spent a long

AMA reveals inflation's bite

The Alberta Medical Association (AMA) says that not only are the province's physicians being "devalued" by low fees for physician services but also inflation is eating away at their income. Fees in Alberta have fallen 5% since 1993-94 and the AMA claims that the "significant gap" between fees and the cost of living continues to grow. In preparing for fee negotiations, the AMA

recently produced a detailed list of the 100 services physicians provide most frequently. It compares current fees with those of 10 years ago, and factors in annual adjustments for inflation. The fee information was released as part of the AMA's Care to know how much doctors are paid? campaign to educate Albertans on how much physicians receive for each service provided.

Service	Jan. '87 fee	Jan. '97 fee	'97 fee if adjusted for inflation
Office visit (family physician)	\$ 21.25	\$ 21.54	\$ 28.24
Chest x-ray	\$ 20.50	\$ 21.64	\$ 27.24
Major consultation (psychiatry)	\$ 98.40	\$108.92	\$130.76
Osteoporosis examination	\$154.00	\$162.19	\$204.64
Cataract removal with insertion of lens	\$572.00	\$505.13	\$760.10



McMaster University student Christopher Andrews took this photo of skulls and femurs in Murambi, one of the many sites where genocide occurred in Rwanda in 1994. It is estimated to have claimed 500 000 to 1 million lives. Andrews, who described his chilling visit to Murambi in an Experience article in the Jan. 13, 1998, issue of *CMAJ*, had been completing an elective in nearby Uganda when he visited Rwanda. He says the bodies, bones and body parts that have been gathered in an unfinished school at Murambi offer mute testimony to mass murder.