



## New billing system for Mountie patients

Physicians who treat Canada's Mounties must use a new billing procedure as of Dec. 13, the RCMP advises. The program, which covers uniformed officers but not their family members, will now be administered by Blue Cross and use the same system employed by Veterans Affairs Canada; benefits will remain the same. To register as a provider or to obtain a provider kit, call Blue Cross, 888 261-4033.



## Advise patients against hoarding drugs because of Y2K fears, MDs asked

Canada's physicians are being asked to discourage patients from hoarding or stockpiling drugs because of fears related to potential Y2K problems. "Any hoarding or stockpiling could cause a greater threat to the availability of medicines than computer failure," the Pharmacy Supply Chain Task Force says. It was created earlier this year to deal with hoarding and other issues related to the Y2K bug.

"Patients should know that if everyone gets an extra supply of drugs, then it might start a shortage," says Noelle-Dominique Willems of the Canadian Pharmacists Association. She suggests that if patients are worried, they should seek reassurance

from their pharmacists or physicians.

Willems says pharmacists usually have a "blip" of extra prescriptions to fill about Dec. 15 as people stock up to avoid having to make a holiday visit to a pharmacy, and drugstores want to avoid a bigger-than-normal rush this year. She says shortages occur regularly within the drug-supply chain, but they are usually solved quickly.

Willems says the only problems identified by the end of October involved some hospitals that appeared to have begun stockpiling drugs. She says they are being warned by drug companies that normal return policies will not be followed if hospitals try to return the drugs in the new year.

## NS sets precedent with maternity benefits for physicians

The Medical Society of Nova Scotia has set a precedent for medical associations in Canada and perhaps the US by providing maternity benefits for female members who have babies or adopt children. The program begins next year.

Society President Michael Riding says this type of coverage is long overdue and hopes other CMA divisions will follow suit. "The number of women coming out of medical school is growing and we know that governments across the country have concerns about keeping these young women in practice," says Riding. "They need to be encouraged to provide both primary and obstetrical care. I think we, as a society, have a duty and responsibility to help make this happen. Nobody can share

childbearing with these women and I think special steps have to be taken to ensure that they don't have to postpone childbearing because they can't afford it."

He points out that doctors who give birth or adopt children face a significant loss of income. In many cases, this can amount to as much as \$50 000 in lost income, as well as costs associated with locum coverage and overhead. Although details are not final, benefits will likely begin at the time of childbirth and will amount to \$15 000 over a 17-week period. There will be no cost to participants; the society's benefit program makes it possible to set aside \$500 000 a year to cover expenses.

"It will mean mothers won't be forced to go back to work any more



Having a child can be expensive: Dr. Anita Palepu with her 11-week-old daughter, Saffrin

quickly than they would in almost any other kind of job," Riding says. — Dorothy Grant, Hammonds Plains, NS