Letters

Correspondance

Bill 114: Who broke trust?

I was dismayed by your editorial on Quebec's Bill 114.[1] The claim that physicians broke the trust that forms the basis of the physician–patient relationship directly implies that, to maintain that trust, physicians have the primary responsibility for ensuring that emergency departments of major hospitals are staffed at all times. It also demonstrates an unfortunate lack of understanding of the critical physician-resource situation in this country and ignores the fact that emergency department physicians in a regional hospital require a unique skill set.

The relationship of trust is one that physicians hold dear and strive to protect and strengthen every day. Our patients trust us to provide an appropriate level of care at all times. Simply providing a warm body at a time of need is inappropriate: it poses a very real threat to the quality of care and to patient safety, and it threatens the very trust the editorial discusses. If we take it upon ourselves to staff important emergency departments with unwilling, overworked and underqualified physicians, we are doing both our profession and our patients a grave disservice.

Martin Vogel
General Practitioner
Shaunavon, Sask.

Reference

1. Quebec's Bill 114 [editorial]. *CMAJ* 2002;167 (6):617.

Your editorial[1] was based on poorly researched information, and the statement that "the ED had closed for the night because none of the hospital's 60 family physicians or internists were available to staff it" requires clarification. How many full-time equivalent physicians practise in the hospital? How many have recently left or retired who also used to work in the emergency department?

As chair of a committee on medical manpower for general practitioners in the Montreal area, I am aware that Quebec counts on its list of physicians many doctors who no longer practise or who now practise part time. Quebec is not alone: many other governments and organizations do the same.

If there is a manpower shortage, we can assume that it is due to the early-retirement program you mentioned and to a lack of incentives for physicians working outside major centres. But how much do physicians have to do to make up for the negligence of the system's managers? For example, must a GP give up a HIV practice to retrain in emergency medicine?

I agree that the physician–patient trust relationship is deteriorating, but it has been doing so since the government implicated itself in the health care system. As Osler said, "the physician must always retain control of the ward."

Mark Roper
Family Physician
Montreal, Que.

Reference

1. Quebec's Bill 114 [editorial]. *CMAJ* 2002;167 (6):617.

Your editorial[1] raises important questions about what it means to be a physician. These questions have a long history and often resurface when there are conflicts between individual physicians, medical organizations and third-party payers such as government and private insurers.

Ethical discussion surrounding such conflicts ranges from the view that individual physicians can choose when and how to work (such that a refusal to provide medical services does not reflect poorly on their professionalism) to the view that the duties and obligations of physicians are intrinsic to their professionalism and are a trust that they hold in the public interest.[2-4]

In the latter view, the privilege of self-regulation implies a collective and intrinsic duty to provide care to individuals and the public.[2-4] The fulfilment of this duty might be perceived as taking precedence over most other factors, sometimes including potential personal danger. From this perspective, a failure to provide emergency and other essential services does not meet society's acceptable expectations of the medical profession.

Most observers agreed that the Quebec government's handling of the potentially volatile situation there was likely to provoke strong reaction from physicians, who cherish their professional independence. On the other hand, the concept of the nonabandonment of patients is espoused by many as one of medicine's core values.[5,6]

Physicians in training and those already in practice should examine the implications of belonging to a self-regulating profession. Certain duties and obligations may result from our enviable status; these might include undertaking responsibilities that avoid putting individual patients and the public in general at untoward risk, especially during times of crisis.[7]

If we are willing to abandon our special duties and obligations as physicians, it is possible that we may inadvertently sacrifice some of the cherished ethical and professional values that we believe separate us from other members of society.

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References

1. Quebec's Bill 114 [editorial]. *CMAJ* 2002;167 (6):617.
2. Wynia MK, Latham SR, Kao AC, Emanuel LL. Medical professionalism in society. *N Engl J Med* 1999;341:1612-5.
3. ABIM Foundation, ACP–ASIM Foundation and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. *Ann Int Med* 2002;136:243-6.
4. Gordon M. Beyond the Hippocratic oath: ethical challenges in the care of elders. *J Geriatric Care* 2002;1:180-3.

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