health care law and public policy in McGill University's law faculty, worries Quebec risks opening a Pandora's box by allowing for the possibility of contracting out operations to doctors who have left the public system, even though Couillard insists that is only a last resort.

"It means a physician who opts out no longer has really opted out, if he or she can be paid by public money," Prémont says.

Rénald Dutil, the president of Quebec's Federation of General Practitioners, said he is pleased the government plans to restrict the right to purchase private insurance. But he said his members have many questions about how the access guarantees will work. Waiting times don't begin the day your name is added to the list for surgery, he says. "What about the time leading up to that?"

The government will have to find a way to take those waiting times into account, he says — and that means tackling the chronic and pressing issue of improving access to family physicians and primary care. — Loreen Pindera, Montréal

Loreen Pindera is a journalist with CBC Radio in Montréal.

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Alberta's hybrid public–private "third way"

The Alberta Government claims its new Health Policy Framework allowing patients to pay out-of-pocket for certain surgeries, and physicians to slide between the public and private systems will help save a sinking health care system. Critics say the proposals put a hole in the boat.

The Framework, released Feb. 28, finally fleshes out Premier Ralph Klein's vague promises of a "third way" to deliver health care. Under the proposal, which must still be passed by the legislature, patients would be able to circumvent the public system, purchase extra insurance and buy specific, privately offered surgeries.

Health and Wellness Minister Iris Evans says this does not constitute 2–tiered health care."These changes are about offering more health care options and reducing wait times, not about buying better care," she says."No Albertan will be denied access to essential health services because they can't afford it. Physicians providing services in the private system may also be working in the public system, so the ability to purchase 'better'care is not an issue."

Canapress

Alberta Health Minister Iris Evans says the third way is not 2–tiered health care.

Alberta NDP Leader Brian Mason disagrees."I call it full-blown two–tiered health care," he said."It's not about a clash of ideology. It's not a reasoned debate. It's about greed and profit and a government that openly supports both."

Harvey Voogd, coordinator for the Friends Of Medicare lobby, was similarly blunt."It fundamentally violates Canadians' and Albertans' sense of fairness and violates the Canada Health Act with queue-jumping," he says."The only winner in this could be the provincial treasury, at the cost of people's pocketbooks."

Both Prime Minister Stephen Harper and Federal Health Minister Tony Clement say they plan to examine the framework for compliance with the Canada Health Act.

The 10-point policy framework would off-load the cost of continuing care and pharmaceutical drugs to private citizens and expanded insurance plans; allow people to pay out-of-pocket for joint replacement and cataract surgery at private clinics; and allow physicians to practice in the public and private systems simultaneously.

The province hopes private joint and cataract clinics will take patients off long public waiting lists and help Alberta keep annual increases to health care spending in line with inflation.

"This year inflation was 2.1% and our [health care] spending increased over 7%," says Evans. If this trend continues, "by the year 2030, health care will take over the entire provincial budget... The new Act gives us the legislative tools we need to allow for more flexibility in the public health system to meet emerging needs in a sustainable way."

Alberta now has a budget surplus of $7.4 billion.

Dr. Tzu Kuang Lee, president of the Alberta Medical Association, says members are split down the middle in supporting and opposing the government's plan. The AMA says the framework was vague and neglected to define care guarantees and a basket of core, insured services. "Without these 2 elements in the framework, discussion at this time is speculative," Lee says.

At a Mar. 11 meeting, the AMA's Representive Forum, a province-wide governing body of more than 100 members, passed resolutions calling on the province to define core services and respect benchmarks, wait times and care guarantees. They also offered support for any initiative that gives timely access for patients to quality medical care that would put the patient first.

The economics of public-versus-private health care in Alberta have spurred a decade of fierce debate, public protest and media hype.

Dr. Ian MacDonald, chair of Ophthalmology at the University of Alberta, raised concerns recently about oversight, continuity of care and competition in private cataract clinics.

In the early 1990s, when Alberta was restructuring health care delivery, the Calgary region opted to contract most of its cataract surgery to private clinics. Edmonton, conversely, consolidated most of its cataract care in the public system. Wait times are now shorter in Edmonton than in Calgary, says MacDonald.

But wait times should not be the only driver of a system, he says. Government contracts with private clinics focus on the number of surgeries performed, leaving no mechanism for gauging success rates, patient satisfaction and follow-up, he adds.

Alberta Liberal Leader Kevin Taft says health care should not be left to the open

marketplace."If we think we're having trouble confronting costs, wait until we turn over more chunks of health care to the marketplace," says Taft, author of *Clear Answers: the Economics and Politics of For-Profit Medicine*.

In April, the Alberta government plans to introduce a new Health Care Assurance Act, which would replace the Health Care Protection Act. The current legislation, once known as Bill 11, forbids privately–owned hospitals and alludes to the supremacy of the Canada Health Act. The new bill is expected to omit both. — Lisa Gregoire, Edmonton

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BC to reform health care

British Columbia is planning to enshrine the Canada Health Act's 5 basic principles in provincial legislation that will also consider more private health care delivery models, Premier Gordon Campbell outlined in a Throne Speech on Feb.14.

The speech also called for the addition of a sixth basic principle — sustainability — that would speak to the growing cost of delivering health care, which now accounts for 44 cents of every dollar the province spends.

"The need for sustainability is prompted by the major challenge that the fastest growing demographic in BC is 85-plus," said BC Health Minister George Abbott. "In every corner of the health care budget we are under pressure," he added, citing the demands of aging baby-boomers.

In the Throne Speech, the Campbell government questioned Canadians' reluctance to consider other mixed delivery models, such as those in use in Europe.

"Does it really matter to patients where or how they obtain their surgical treatment if it is paid for with public funds?" the speech asked. "Why are we so quick to condemn any consideration of other systems as a slippery slope to an American-style system that none of us wants?"

While the province has indicated that any changes it makes to the provincial system will be consistent with the Canada Health Act, Campbell also argued that the Act needs updating. "Accessibility, universality, portability, public administration and comprehensiveness are all things that we've embraced as Canadians," the premier told reporters after his speech. "But as we point out in the Throne Speech, they are really largely undefined across the country."

The Throne Speech also proposed establishing a Foundation for Health Care Innovation and Renewal to examine health models around the world, many of which incorporate a blend of public and private health care.

"We haven't made any decisions with respect to what the model will be, but in BC we have 70 or 80 private clinics today so there is already a mix. We want to find the best alignment of public and private," Abbott says. He and Campbell visited Sweden, Norway, France and the United Kingdom in March.

Some health care lobby groups, as well as the Opposition parties, questioned Campbell's devotion to medicare given his emphasis on costs.

"Adding the word 'sustainable' to the Canada Health Act can mean only one thing: the government will decide what's sustainable to cover under the public system. Anything beyond that, the government will strip from coverage under medicare and force patients to pay out of their own pockets,'' Debra McPherson, president of the BC Nurses' Union, said in a statement.

In her response to the Throne Speech, NDP Leader Carole James said the province should invest more in public health care. Instead, "the government has now embarked on an aggressive agenda to move to two-tiered health care."

Earlier this year, a Conference Board of Canada report rated BC as having the best medical system in the country, despite low patient satisfaction rates.

There continue to be difficulties in the province's system, including overly long wait times for orthopedic surgeries and problems in continuing care facilities, Abbott says. "In BC we do have to work on the public's understanding, but there are areas where we need improvement," Abbott says. — Andréa Ventimiglia, Ottawa

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> "We want to find the best alignment of public and private." — BC Health Minister George Abbott

Quebec included in CaRMS match

For the first time in its 35-year history, the 2006 residency match included Quebec's 3 francophone medical schools.

The addition of Laval, Sherbrooke and Montréal, makes the Canadian Resident Matching Service (CaRMS) truly national, says Director Sandra Banner. Previously, the 450 or so medical school graduates from these 3 institutions applied separately for residency spots in Quebec and the rest of Canada. Inclusion in CaRMS streamlines them. (McGill has always been part of CaRMS.)

First-round results announced on Feb. 22 show that 63% of Quebec students matched with their first choice of residency positions. Banner says she expects this to increase to 80% after round 2. The integration "went beautifully, we're thrilled," says Banner, who worked with the Fédération médicale étudiante du Québec and Canadian Federation of Medical Students on the change.

Across Canada, more than 80% of the 2052 applicants matched to one of their top 3 program choices. Of the 2101 available residency spots, 208 were still vacant after the first round; 20% more than in 2005.

This year's match also marked the first time that Quebec international