

From her own practice at Calgary's Foothills Hospital, Straus knows physicians are overloaded with information and struggle to implement research results, even if they could improve the quality of lives of their patients. At least 50 randomized trials get published every day, she says. "When you wake up, you're already behind, so there's no way we can keep abreast."

Most of those studies also present barriers to knowledge transfer because they are not presented in a user-friendly format, Straus adds. Finally, neither clinicians nor patients have access to many of the journals that assess all of the studies and resources to determine which ones are valid and clinically important.

Straus plans to work with authors of clinical practice guidelines published in *CMAJ* to create tools to help physicians implement those guidelines and will later evaluate the success of those tools.

In addition to these practical measures, Straus will examine how *CMAJ* presents systematic reviews, to see if different formats can enhance the way people apply the content. She will also encourage senior clinicians and authors to work with residents and fellows on more reviews.

In her spare time, Straus enjoys travelling and spending time with her extended family and with friends. She intends to continue her practice at Foothills.

"That's where my research questions come from," she says. "I love interacting with the residents and medical students as well. It's what keeps me stimulated and on my toes."

Straus' new job follows naturally from her previous position as the director of the knowledge transfer program for the Calgary Health Region. She moved to Calgary from Toronto, where she completed residencies in internal medicine and geriatric medicine. Straus also has a master's degree in clinical epidemiology from the University of Toronto and attended the physician leadership course at the Harvard School of Public Health. — Laura Eggertson, Ottawa

Presidential musings: prescriptions for the nation

This article combines 2 previously published at www.cmaj.ca on Aug. 22 and Aug. 23, 2007.

Wait time programming is a poor "surrogate" for a proper health human resources strategy.

The use of private clinics to alleviate wait lists will eventually eliminate any possible need for private clinics.

Harsh truths, anomalies and seeming paradoxes marked the passing of the presidential torch at the Aug. 22 closing session of the Canadian Medical Association (CMA) 140th General Council in Vancouver as outgoing President Dr. Colin McMillan and incoming President Dr. Brian Day weighed in with their prescriptions for the nation's health care woes.

Day elicited a prolonged standing ovation from the 250 physician delegates after delivering a blunt inaugural address in which he accused opponents of private health care of shameless hypocrisy, dismissed the entire public-private health care debate as "largely irrelevant and counterproductive" and repeated earlier calls for a sys-

tem in which hospitals receive funding directly proportional to the number of patients they treat, rather than through block grants (*CMAJ* 2007;177[4]:333-4).

McMillan, meanwhile, wrapped up his tenure at the CMA helm by telling reporters that Canadians are now paying the price, and the health care system is moving into crisis, because of the short-sightedness of politicians who have failed to implement a comprehensive health human resources strategy that would have ensured there are enough doctors and other health professionals to meet the system's needs.

Asked if he believed the failure to implement a pan-Canadian strategy is a function of inertia, cost, lack of political will or jurisdictional wrangling between the federal and provincial governments, McMillan candidly replied, "some or all of the above."

"I think the basic template, however, is that the decisions that were made ... a generation ago are starting to reap the repercussions today," McMillan added. "The attention to wait times and wait lists is a surrogate to the lack of capacity and the chief lack of capacity is human resources."

There is a desperate need for a "made in Canada, pan-Canadian approach to



Wayne Kondro

Incoming CMA President Dr. Brian Day and outgoing President Dr. Colin McMillan exchange pleasantries shortly before their ceremonial march into the 140th annual General Council session at which the Vancouver-based orthopedic surgeon was installed at the association's helm. Day drew a prolonged standing ovation from delegates after an installation address in which he pitched for more private delivery of health care services.

human resources and eventually we [will] be self-sufficient," McMillan said.

Day said governments have compounded the problem by not offering "the opportunity for physicians to work once they graduate, and so they leave."

In his earlier inaugural address, Day dismissed the relentless public-private brouhaha as a non sequitur, arguing that the ship essentially sailed while the debate raged. "Canada has a multi-tiered health care system that allows selected Canadians access to quick and better care. The terms 'medically necessary' or 'required' are widely used, but have never been defined. As a result, patients are charged for 'upgraded' implants and devices and a host of other items prescribed by physicians. How can crutches after breaking one's leg or an ambulance for someone who has had a heart attack not be 'medically necessary'? How can antibiotics prescribed to fight an infection, or painkillers to relieve pain, not be 'medically necessary'?"

The staunchest advocates of publicly delivered medicine are hypocritically covered by private insurance in a way that the poor simply cannot afford, Day added. "It is a fact that almost 3 out of 4 Canadians have private insurance for these essential services in the form of extended health benefits. We tend to forget that it is the people who need it most who lack such coverage."

Day called for immediate action on 5 priority issues: an overhaul of the Canada Health Act, a new process for funding hospitals, an increase in the number of medical school graduates, funding for more extensive use of technologies by physicians and more private delivery of health services.

In order to ensure government accountability, Day said the Canada Health Act should be overhauled to include the principles of "effective," "efficient" and "responsible," as originally recommended by then-Saskatchewan Premier Tommy Douglas in the 1961 Saskatchewan Medical Insurance Act.

Elimination of block hospital funding would promote efficiency and lead to the treatment of more patients, Day said, noting Canada is the only developed nation that hasn't moved to a more market-driven system of funding hospitals.

Day also said the training of physi-

cians has been so neglected that Canada now ranks 26th among developed nations in the number of doctors per capita, while the medical community's adoption and use of information technology lags behind their international counterparts.

The Vancouver-based orthopedic surgeon and founder and operator of the for-profit Cambie Surgery Centre was equally unabashed in his defence of private delivery of health services.

"Our system must be redesigned based on rationality, not rationing. Wait listed patients are an unfunded liability on the books of governments. It is simplistic to equate the introduction of market principles with privatization or 'Americanization.' Market-oriented mechanisms reduce costs even in publicly funded, government operated services."

Day later told reporters that alleviating wait lists through the use of private clinics would yield systemic savings and ultimately put private operators out of business. "If there are no wait lists, then there's a lesser role for the private sector because there's no queue to jump."

Next-up: private clinic owner is president-elect

Delegates unanimously endorsed a second consecutive for-profit private clinic owner/operator to lead the association.

Radiologist and CMA board member Dr. Robert Ouellet, 62, will assume the helm when Day's term expires in August 2008. Ouellet runs 5 private clinics in Laval and Terrebonne, Que., including Canada's first private axial tomography clinic, a pair of MRI clinics and 2 diagnostic radiology clinics.

The selection of a second consecutive private clinic owner as CMA president "is not a trend," said Ouellet in an interview, adding that he makes no apologies for operating outside the public health care system.

Ouellet became involved in private clinics when, as head of the radiology department of La Cité de la Santé de Laval in the mid-1980s, he was told there would be a 2-year wait to obtain a CT scanner, but that local authorities would be happy to contract work from a private clinic if a group of local doctors put up

the money to buy the equipment.

"I'm proud of that because we were doing something for patients. We did the same thing 10 years after for an MRI."

The empire has since grown to 5 clinics, all privately owned and operated by local doctors.

Physician ownership of private clinics, rather than multinational corporations, is a major benefit to Canada's health care system, Ouellet said.

As the first "French-speaking radiologist" to be elected CMA president, Ouellet also hopes to build bridges between the Franco- and Anglo-Canadian medical communities, both in terms of the CMA and the Canadian health system at large.

"The CMA is not as involved in Quebec as it is in the other provinces," and it would be to everyone's advantage if more of the province's doctors were brought under the association umbrella, Ouellet said.

The 2 worlds have much to learn from each other in terms of systemic health reform, Ouellet added. Quebec, for example, could learn a great deal from Alberta about suitable means of incorporating information technologies into daily practice, while the rest of Canada could take a lesson from Quebec on the development of a drug insurance program that ensures everyone has coverage.

"I want to bring some ideas from Quebec to the rest of Canada and bring some ideas from the rest of Canada to Quebec."

Ouellet was motivated to become involved in medical politics by a desire to have an impact on problems like wait times. "I think the system is not work-



CMA president-elect Dr. Robert Ouellet says Canada's Franco and Anglo communities have much to learn from one another in terms of systemic health reforms.

ing properly. I don't want to change the world, but, at least, to have some little influence and to show that there are some solutions that we have, that are working."

"Waiting times of 9 months, 12 months, to have an MRI is nonsense," he added.

Ouellet was born in Longueuil, Que., earned his medical degree from the University of Montréal in 1970 and a certificate of specialty in diagnostic radiology in 1975. He served as president of the Québec Medical Association for 2 years beginning in 2005 and is married to Diane Marceau. The couple has 3 children: Maxime, Julie and Sandra. — Wayne Kondro, *CMAJ*

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Physicians go green

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Canadian doctors will be asked to become environmental stewards, after 95% of delegates to the Canadian Medical Association (CMA) General Council voted Aug. 22 to ask physicians to discuss environmental issues with patients, to work with health care facilities to reduce or recycle waste, to make their own work and home environments environmentally friendly and work to include environmental programs in medical education.

The motion on stewardship, put forth by Charlottetown ophthalmologist Gerald O'Hanley, was one of numerous environmental motions that delegates enthusiastically passed at the Vancouver meeting. Solutions to all other problems faced by doctors "will be fruitless if we ignore the health perils posed by global climate change," said O'Hanley in an impassioned plea for support that had the delegates alternately laughing or loudly applauding. "Our message needs to be clear: Canada's physicians, even its conservative, curmudgeonly, cold-steel-on-collagen surgeons like me, who demand high-order evidence to guide life and

death decisions, agree with international scientific consensus that it is highly likely mankind is responsible for poisoning the planet to the brink of a febrile convulsion from which many of us and our offspring may not recover."

"We are challenged as a people to dig our head out of the oil sand and face the difficult problems that await," said O'Hanley. "The public expects our leadership in dealing with this overarching issue, and we expect it of ourselves."



Rob Hill / iStockphoto

Canada's physicians urged to wave environmental banner.

In a session coloured distinctly green, delegates also agreed that the CMA should call for safe drinking water for all Canadians, oppose the cosmetic use of pesticides, take measures to reduce climate change or alleviate its effects, fight air pollution and reduce emissions.

They called on the CMA to lobby the federal government to undertake a national education and prevention campaign about the effect of environmental factors on human health, to start monitoring indoor air pollution and to provide funds to help the health care industry become more environmentally friendly.

Delegates also took aim at the tobacco industry, agreeing to oppose its involvement and sponsorship in education and research at universities, colleges and medical research institutions. They supported motions for a Canada-wide ban on smoking in vehicles carrying children and for restoring funding for a federal anti-smoking campaign.

Other motions supported new strategies to reduce emergency department wait times and overcrowding, and calls for the CMA to ask governments to find ways to promote the role of family physi-

cians; to revamp the Canada Food Guide; and reduce salt in processed foods.

CMA was also charged with reviewing the availability of and coverage for publicly funded medical services across Canada and acknowledging disparities in publicly insured Canadian medical care. "We have 14 different systems," said Dr. Gregory Flynn of Toronto, who presented both motions, "but I believe all Canadians should have access to the same basket of services."

Delegates also grappled with the pharmaceutical industry, with some 94% agreeing to ask Ottawa to strengthen laws that ban direct-to-consumer advertising of prescription drugs, thus prohibiting the current "disguised" advertisements that promote drugs without naming them. CMA was also instructed to ask governments to address the high cost of generic and off-patent prescription medicines. A controversial motion, calling on Ottawa to protect the domestic supply of prescription drugs by banning bulk exports to other countries, was defeated.

Delegates also urged adoption of a national physician human resource strategy, further expansion and integration of physician assistants in health care, a comprehensive study of financial and non-financial strategies to retain practising physicians. And they favoured motions to offer clinical electives to Canadian students studying medicine abroad, to institute a national standardized assessment protocol for evaluating international medical graduates, and to develop national, uniform licensure policies for residents.

Council also adopted a motion stating that other health professionals should not be used as physician substitutes. "We want to avoid the situation of multiple providers battling over the same patient without working together," said Dr. John Rapin of Kingston, Ont.

Dr. Bonnie Cham, chair of the CMA's committee on ethics, said that in November, the association will update its policy on conflict of interest between physicians and the pharmaceutical industry, following completion of an ongoing consultation exercise. — Deborah Jones, Vancouver

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