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Globe and Mail (August 21, 2008)
Letters to the Editor (4)
Re: Accept The Reality Of Private Health Care: CMA Chief (Aug. 20)

The CMA chief should be ashamed. Evidence shows that more private delivery of health care will result in less access. Opening more for-profit clinics, such as those owned by Dr. Robert Ouellet, takes medical staff out of the public system and charges the public purse a premium.

By Linda Silas, President, Canadian Federation of Nurses Unions

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The new CMA chief has the support of the entire medical community when it comes to bringing prescription drugs into medicare. When it comes to introducing profit-making into the provision of medically necessary services, it's a different story.

By Danielle Martin, Canadian Doctors for Medicare

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It is truly scary that new Canadian Medical Association president Robert Ouellet looks to his horoscope for encouragement in his campaign to privatize health care (Accept The Reality Of Private Health Care: CMA Chief - Aug. 20). Canada's next step should be to enhance our material and human resources for the public good. Rather than just looking to the stars, this might have to involve finding appropriate leadership, committed to improving health care for all, regardless of their ability to pay for it.

By Robert Huish

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"Patient-focused funding" forces hospitals to compete for patients and the public dollars they will bring with them. In Britain, patient-focused funding has driven up administrative and overall costs, and increased hospital admission rates. The British Medical Association has been critical of this system of "fragmenting care into saleable bits on which profits can be made."

By Janet E. Harris

2. _____

NDP.ca (August 20, 2008)

Jack Layton's letter to the new President of the CMA Robert Ouellet

Robert Ouellet, MD
President, Canadian Medical Association
1867 Alta Vista Drive
Ottawa, ON K1G 5W8

Dear Dr. Ouellet,

I would like to congratulate you on your recent election as president of the Canadian Medical Association.

As a strong advocate of our universally accessible public health care system, I am, however, disturbed at your reported comments concerning the need to completely "transform" health care in Canada to accommodate increased for-profit services.

Long wait-times, the shortage of medical professionals, and rising health costs, are problems that will not be solved by creating a parallel private healthcare system.

There are many challenges facing the healthcare system, but if I can borrow words from your latest speech to the CMA, "we can do it." We need to start by addressing the shortage of physicians and nurses. By increasing opportunities for training and educating health professionals we can reduce wait times and improve access for all Canadians. We also need to make use of the increased benefits of technology, and introduce a comprehensive drug management plan. We need to share and build on best practices from across the country and help spur reform through innovation. These are just a few of the changes that will offer significant improvement to our public health care system, will continue quality care for ordinary Canadians and will preserve our universal not-for-profit health care system.

Public healthcare is still the best way to take care of the majority people for the least amount of money. Opening up the healthcare system to the corporate health care industry will only increase costs and decrease access. We hope that organizations like the CMA will work with us and groups like Canadian Doctors for Medicare and the Canadian Health Coalition to improve our healthcare system.

The federal NDP team is determined to help implement health care solutions and deliver to Canadians the high quality and innovative health care services they deserve.

I look forward to working with you over the coming year in advancing these and other innovations within the public system.

Sincerely,
Jack Layton, MP (Toronto-Danforth)
Leader, New Democratic Party of Canada

3. _____

Montreal Gazette (August 21, 2008)
New CMA head urges 'mixed' care
Ouellet calls for greater role for private sector in health system
By Aaron Derfel

MONTREAL - Surgeons working in Canada's public hospitals should also be allowed to perform operations in private clinics, the new president of the Canadian Medical Association said yesterday.

Robert Ouellet, who owns and runs five private medical imaging clinics in the Montreal area, used his inaugural speech yesterday to call for a much greater role for the private sector in health care than his predecessor, Brian Day.

At the CMA annual meeting in Montreal, Dr. Ouellet urged Canadians to embrace a "mixed" system of public and private health care.

"A mixed public and private practice can be a positive if it contributes to improved access to health care," he said.

"Does it make sense, in the face of a shortage of operating rooms, to ban surgeons who provide 90% of their services in a hospital from performing five to 10% of their surgeries in a private clinic?"

"I am talking about improving it by allowing the private sector to intervene in a complementary way, where possible, in areas where the public sector is unable to provide services.

"Instead of trying to ban the private sector, we need to provide a framework, with conditions, that will enable it to intervene in an orderly fashion."

However, his message was denounced by some doctors and nurses as an attempt to "weaken" medicare. Danielle Martin, chairman of Canadian Doctors for Medicare, argued that Dr. Ouellet's proposals would drain resources from the public system, which was already lacking in nurses and physicians.

"There's no doubt that those kinds of proposals would increase access for people who can afford to pay for their own health care, but they would decrease access ... for everybody else."

"That's been the experience in Australia, where they implemented a private system alongside the public system. In those areas where the amount of private activity was greatest, the wait times were the highest in the public system," Dr. Martin said in an interview.

The Canada Health Act specifically prohibits "queue-jumping" -- that is, putting in place a system that gives priority access to patients who have the means to pay. What is more, doctors across the country are prohibited by provincial governments from straddling both the public and private systems.

In Quebec, for example, doctors who choose to go private are not allowed to bill the provincial medicare board for treating patients in the public system. The only exceptions are radiologists like Dr. Ouellet, who are permitted to work in hospitals and at the same time charge patients in private clinics for MRI scans and other diagnostic imaging. Health Canada has objected to the Quebec exception, but the province has continued allowing radiologists to work in both systems.

In Ontario, doctors are forbidden by law from opting out of the public system. The government closed the opting-out loophole in 2004 in response to the Romanow report on the future of health care in Canada that recommended strengthening the public system.

In his speech, Dr. Ouellet took a much stronger stand in favour of private health care than Dr. Day, branded by critics as the "Darth Vader" of medicare.

Dr. Ouellet contended that "shutting the door on private health care is the same as shutting the door on our patients."

He said that although Canada's public health care system has made "significant" improvements in the past 10 years, it still fares poorly when compared with many other countries. He noted Canada ranks last out of seven major industrialized nations in the use of electronic patient files.

"The overall assessment of the Canadian health care system is alarming," he said. "We have one of the most costly and least efficient health systems of any industrialized nation."

Dr. Ouellet also talked of the need to "rid ourselves of the burden of waiting lists."

"Other countries have done it. England, for example, managed in five years to do away with waiting lists. In Denmark, if the wait is more than one month, the patient is referred to the private sector."

Wendy Fucile, president of the Registered Nurses' Association of Ontario, accused Dr. Ouellet of seeking to "commercialize" health care.

"Dr. Ouellet's vision of increased competition through privatization is a continuation of his predecessor's," Ms. Fucile said. "It's a vision that gives up on our current system and favours those who can afford to pay out of pocket if they don't want to wait."

4. _____

Globe and Mail (August 21, 2008)

Medicare not universal without coverage of prescriptions, new CMA head says

Greatly expanded private delivery of care also needed, Ouellet says

By Andre Picard

MONTREAL — Canada's medicare system cannot truly be considered universal until it starts providing access to prescription drugs regardless of a patient's ability to pay, the new president of the Canadian Medical Association says.

"If access to diagnosis is universal, why isn't access to drugs?" Robert Ouellet asked yesterday in his inaugural address.

"The current health system is universal only in half-measures. If we were diagnosing the problem, we would say it suffers from hemianopsia" - blindness in half the visual field.

At least 600,000 Canadians - nearly all of them in Atlantic Canada - have no drug coverage at all. Another six million people have inadequate drug coverage - meaning basic treatments for common conditions such as diabetes pose a serious financial hardship.

Canadians spent \$20.6-billion on prescription drugs last year, according to the Canadian Institute for Health Information.

Dr. Ouellet noted that Quebec is the only province with a universal prescription drug plan and urged other provinces to follow suit.

"Why reinvent the wheel? Instead, we should be looking at how this program could be applied elsewhere in Canada," he told delegates to the CMA's 141st annual conference.

Kaaren Neufeld, president of the Canadian Nurses Association, praised Dr. Ouellet for raising the issue and said she hopes it rekindles political discussion on the necessity of pharmacare.

"The CMA is strongly supportive of pharmacare and so is the CNA. We know how important this is for our patients," she said.

But Ms. Neufeld was a lot less enthusiastic about Dr. Ouellet's calls to greatly expand private delivery of medical care in the publicly funded health-care system.

"Canadian nurses believe in a not-for-profit public health-care system. We don't believe privatization will improve efficiency, effectiveness and access. The solutions lie elsewhere," she said.

Dr. Ouellet dedicated much of his speech to the necessity of expanding private delivery of care. In particular, he suggested that surgeons should be able to work in private, for-profit clinics in addition to working in publicly funded hospitals. (Currently, surgeons who want to open private practices must opt out of medicare.)

He acknowledged that his views will make many people uncomfortable, but said the time has come to debate the public-private issue openly.

"I am raising a taboo subject, I know," he said. "But we need to pull our heads out of the sand and acknowledge that private health care exists almost everywhere in the world. It exists in Canada and even to a greater extent in Quebec," the CMA president said.

In fact, Dr. Ouellet, a radiologist, has operated diagnostic imaging clinics for more than 20 years while also practising in the public system, something that would not be allowed in the rest of Canada.

Danielle Martin, chairperson of Canadian Doctors for Medicare, said she was surprised at the "radical" nature of Dr. Ouellet's views and said they do not reflect those of most doctors in Canada.

"His way of practising medicine is far removed from the day-to-day reality of the vast majority of most Canadian physicians," Dr. Martin said. "And the solutions he is proposing are far removed from what most Canadians want - they don't want the wealthy to get better, faster access to care."

Wendy Fucile, president of the Registered Nurses Association of Ontario, said the new CMA president was offering the "wrong prescription" and that his assurances that he believes in medicare are not credible.

"Much like his predecessor, Dr. Ouellet would have us believe that the CMA board supports a universal health-care system, but neither physician has credibility on this point given their continued push for commercialization and privatization," she said.

5. _____

Ottawa Sun (August 21, 2008)
CMA doc lays down gauntlet
New president wants mix of private and public health care
By Christina Spencer

MONTREAL -- The new president of the Canadian Medical Association insists he isn't out to privatize Canada's health system but he won't shy away from it if that's what it takes to shorten wait times and provide better quality care.

After all, that's exactly how Dr. Robert Ouellet, 62, acted in his 20-year career as a radiologist.

Unable to obtain a CT scanner for the Cite de la Sante Hospital in Laval, Que., where he worked, Ouellet and other doctors created a private clinic, purchased the equipment and asked if hospitals would refer patients to them. They did, by the busload. Today he runs five clinics offering radiology, CT scans or MRIs.

The clinics represent "mixed" practice -- some services are publicly funded, and in other cases citizens pay privately for imaging.

But he's not advocating more private health care for its own sake. "It's a matter of demand," Ouellet told Sun Media. "If you could get an appointment within one week for everything in the public system, what's the use of the private system?"

"We could say if the public system was working properly, there wouldn't be any private system. But the problem is, it's not working."

'HEALTHY BALANCE'

Ouellet cast down the latex gauntlet to CMA members and the government yesterday by telling them he wants a "healthy balance between the public sector and the private sector."

"I am raising a taboo subject, I know ...we need to pull our heads out of the sand and acknowledge that private health care exists almost everywhere in the world.

"The private sector has stepped in to provide services when the public system was not able to."

Though Ouellet calls for careful regulation of private involvement, his views don't necessarily sit well with all doctors.

Toronto's Dr. Danielle Martin, who heads Canadian Doctors for Medicare, said yesterday while Ouellet is "absolutely entitled to his views, as president of the CMA it's not just his opinions that matter."

Privatization "is a vision not shared by the majority of physicians across the country," she said, adding Ouellet's selection to lead the 67,000-strong physicians' group "certainly should lead the CMA to ask itself, 'Are we using the best strategies to ensure people elected to these roles are representative of the entire membership?'"

Ouellet thinks he does have doctor support, noting he ran unopposed.

Ouellet succeeds Dr. Brian Day, an orthopedic surgeon who works at a large private clinic in British Columbia, and has also been a vocal defender of the role the private sector can play in health care.

Despite the two men's ease with private sector involvement in health care, comfort levels vary in the organization. Asked if she supported Ouellet's stance on private care, Dr. Anne Doig, already designated as the CMA's president for 2009, was ambiguous.

FISCAL POLICIES INTERFERE

"What you are seeing in the crisis in front of us today is the fact that fiscal policies at the government level are interfering with our ability to care for our patients," Doig said.

Federal NDP Leader Jack Layton said yesterday he was "disturbed" by Ouellet's call to "accommodate increased for-profit services."

"Long wait times, the shortage of medical professionals, and rising health costs, are problems that will not be solved by creating a parallel private health care system," Layton said in a letter to the new CMA boss.

6. _____

Globe and Mail (August 20, 2008)

Accept the Reality of private health care: CMA chief

'I'm not ashamed,' Ouellet says

By Andre Picard

LAVAL, QUE. — The natural next step for Canada's health system is allowing more private delivery, which will give patients more choice, and better access to care, the new president of the Canadian Medical Association says.

"My whole career has been about resolving access issues. This is my battle horse," said Robert Ouellet, who takes over Wednesday as president of the CMA.

"Private delivery is an accepted practice everywhere in the world and it's time Canada accepted this reality."

A radiologist by training, Dr. Ouellet, 62, owns and operates five medical imaging clinics in suburban Montreal. He is an unabashed promoter of private-sector delivery of medical care and keen to introduce more competition into Canada's health-care system, and he knows this will make him a lightning rod for criticism.

“I’ve never hidden what I do. I’m not ashamed of it. In fact, I’m quite proud,” he said in an interview in his spartan office in suburban Laval.

“And let me remind you that the people who elected me know what I think and what I stand for.”

The CMA president is elected by general council, which includes representatives from each province and from groups representing medical specialists.

The presidency is assumed annually by a member from a different province, and this year it's Quebec's turn.

Two years ago, when Brian Day, an orthopedic surgeon who operates a private surgical facility in Vancouver, became president-elect of the CMA, which represents Canada's 67,000 physicians, residents and medical students, there was a huge outcry that the profession was abandoning medicare and embracing the “Darth Vader” of the health system.

In the end, Dr. Day spent his term speaking passionately about improving access and reducing waiting times, issues that resonated with the public. “Darth Vader was actually a good guy. He went from the dark side to the good side,” he joked on Tuesday.

Practically, Dr. Day concentrated on a largely arcane issue, replacing block funding of hospitals with so-called patient-focused funding. His efforts, while not spectacular in the way his critics anticipated, were quite successful, with a number of provinces now testing alternatives to block funding, which could ultimately give patients a lot more control over how their health dollars are spent.

Dr. Ouellet said he plans to continue in this vein, but to speak much more openly about the need to “transform the system.”

On Tuesday, symbolically, he presented the first motion to the 141st annual meeting of the CMA, calling on the organization to “develop a blueprint and timeline for transformational change in Canadian health care to bring about patient-focused care” by February, 2009.

While largely unknown outside Quebec, Dr. Ouellet has been a pioneer in the health field and, more specifically, in the delivery of private care.

In 1987, he and colleagues from Cité de la santé hospital opened Canada's first private computed tomography scan clinic. Long before the private-public debate, this was momentous, but sparked little outcry.

“It was such a necessary service that there wasn't much debate,” Dr. Ouellet recalled.

In fact, he stumbled into private practice. As head of radiology at the hospital, he was pushing for a CT scanner but was told that it would take between two and three years for the government to process the request.

Outraged, Dr. Ouellet and others in the department bought the CT scanner and contracted their services to the hospital. The workers compensation board and provincial automobile insurance board also signed contracts.

“Rather than wait six months for a scan at a hospital, we provided them in a couple of days,” Dr. Ouellet said. It took five years for the hospital to get a CT scanner, which speaks volumes, he said.

Later, Dr. Ouellet and colleagues opened an axial tomography clinic, an MRI clinic and two diagnostic radiology clinics, all private.

Much of their business comes from the publicly funded system, but patients can pay themselves or use private insurance.

Each clinic has a price list at the door, as required by law. At the MRI clinic, it reads: “Brain \$650. Pelvis \$735, Hip (each) \$650.”

Dr. Ouellet said this is called consumer choice. “Patients want this, and they demand it,” he said.

But Dr. Ouellet also stressed that private delivery of care is appropriate in only some areas.

“I’m not touting privatization of the whole health system. Nobody wants an American-style health system, least of all the CMA,” he said. “We must have a universal health system but it has to be accessible and responsive.”

In fact, Dr. Ouellet would like to expand one aspect of medicare – coverage of essential prescription drugs.

He said a national pharmacare program is long overdue and easily doable. “Pharmacare exists in Quebec. Why not everywhere else?”

What Dr. Ouellet finds attractive about Quebec’s approach is that it’s a mixed private-public model. In fact, provincial legislation makes drug insurance mandatory. The system also includes premiums, co-payments and deductibles.

“The system isn’t perfect, but it’s working. It shows the benefits of a good private-public mix.”

Dr. Ouellet knows that his views will make him a lightning rod for criticism.

But he vows he won’t back down. To emphasize the point, he reaches into his back pocket, pulls out his wallet and carefully extracts a small newspaper clipping.

“You are the best person to get things moving and your actions could trigger a domino effect,” he reads, a smile stretching across his face. “Don’t be afraid to make bold proposals and express yourself as frankly as possible.”

The words are from the morning’s horoscope.

“I’m an Aquarius: A sign that always looks to the future.”

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To send a letter to The Globe and Mail click the link below:
letters@globeandmail.ca

7. _____

Canadian Medical Association (August 20, 2008)
CMA President-elect Inaugural Address

Dr. Robert Ouellet, Montreal, Quebec
August 20, 2008

INTRODUCTION

Thank you all and let me first say that I am honoured by the trust that you have placed in me today.

My first thank you goes to the Quebec Medical Association for its support.

Quebec has often been a leader in the development of social services policy within the Canadian federation. It has been a social laboratory, open to change and capable of innovation. I am very proud to be part of this community and I assure you that I will do everything in my power to meet your expectations.

Thanks also to you, my CMA colleagues for giving me your trust.

And finally, I would like to thank my predecessor Dr. Brian Day for the strong legacy he has left us. I would like to assure you Dr, Day and all of you that I plan to continue to build upon that legacy.

Let me make an analogy to the Olympics so much in the news these days. I take up the torch today and promise to carry it higher and further.

I accept the mandate that you have given me with humility but, most of all, with determination.

First with humility in the face of the enormous task ahead of us to restore to the Canadian health system the drive and motivation required to meet the needs of all Canadians. And then with determination to take up this address the challenges that undermine our health system.

Among the positive elements that need to be protected is, first and foremost, universal access. We can be justifiably proud that patients in Canada receive medical care regardless of their ability to pay. This is a sacred trust that must be preserved.

I want to ensure that the transformation of the Canadian health system is carried out through a series of measures that focus on the patient, the very foundation of our system.

I also have to say that I have developed an allergy to pilot projects. I am allergic to studies...studies and...more studies. We know a thing or two about studies in Quebec: we're champions at them.

And I am even more allergic to studies when we already have the solutions.

What we need now is the courage to act.

For me, taking action means:

- overcoming resistance to change;
- rising above differences of opinion;
- and leaving our prejudices behind.

THE CANADIAN HEALTH SYSTEM IN 2008

In the last 10 years, the Canadian health system has benefited from significant new investment that has led to improvements.

The Canadian Medical Association has been behind several major initiatives that have modernized the system. We can be justifiably proud of that fact.

But Canadian physicians want to go even further. Much further.

A few statistics and comparisons with other countries show just how far we lag behind.

You know the statistics and comparative data as well as I do.

For example, when results are measured against monies invested, Canada is a dismal last among 30 countries.

30th out of 30...it doesn't get any worse!

In the last 20 years, health care costs in Canada have quadrupled.

In 1970, Canada ranked fourth in the ratio of doctors to population. Today we're 26th in the OECD.

In spite of efforts, waiting lists continue to be a huge problem.

Among the seven major industrialized nations, Canada has the dubious honour of ranking last in the use of electronic patient files.

The overall assessment of the Canadian health care system is alarming: we have one of the most costly and least efficient health systems of any industrialized nation.

We need to fix it.

We need to fix it, now.

We urgently need to improve the system so it can better meet the current and future needs of Canadians.

My message to you today is "we can do it!"

Other countries have done it before us.

And we, the physicians of Canada, can take action and transform our health system.

TOWARD A NEW VISION OF OUR HEALTH SYSTEM

There are two major challenges facing the Canadian health system: ensuring viability and improving access.

3.1 Public/private conciliation

To ensure viability, we need to strike a healthy balance between the public sector and the private sector.

I am raising a taboo subject...I know. But you knew I would be addressing it. The issue is a fundamental one. It cannot be swept under the carpet indefinitely.

We need to pull our heads out of the sand and acknowledge that private health care exists almost everywhere in the world. It exists in Canada and even to a greater extent in Quebec. My own radiology practice is one example.

The private sector has stepped in to provide services when the public system was not able to.

Like many of my radiology colleagues in Quebec, I work in both the public and the private sectors. There is a simple and historical reason behind this. Hospitals in Quebec did not want to forego the services of four radiologists because they performed a small amount of work in the private sector.

A mixed public and private practice can be a positive if it contributes to improved patient access to health care. Does it make sense, in the face of a shortage of operating rooms, to ban surgeons who provide 90% of their services in a hospital from performing 5 to 10% of their surgeries in a private clinic? The public system cannot afford to lose its surgeons.

The fact is that the private system exists and is here to stay. We need to accommodate it in order for the public system to prosper. We should not be leaving it up to governments and insurance companies alone to decide where we stand on this issue. Physicians have a leadership role to play. We are health leaders.

Let me be clear. I am not talking about privatizing the health care system. I am talking about improving it by allowing the private sector to intervene in a complementary way, in areas where the public sector is unable to provide services.

Instead of trying to ban the private sector, we need to provide a framework that will enable it to intervene in an orderly fashion, according to conditions which we ourselves have set. This framework should cover all facets and clearly define where private sector intervention begins and where it ends.

We need to stop being dogmatic on whether the private sector has a place in the health system. We need to be pragmatic and recognize the benefits that the private sector can bring to Canadian patients.

Shutting the door on private health care is the same as shutting the door on our patients.

In order to define a new vision for our health system we need to put in place new stable, fixed and patient-oriented funding. What Dr. Day called Patient focused funding.

I believe, as he did, that funding needs to follow the patient. Patients are not a cost to the system but the very *raison d'être* of the system.

Like him, I believe that the global funding envelopes need to be abolished in favour of funding based first and foremost on the interests of patients.

Funding based on efficiency, effectiveness, effort and, above all, results.

I am talking about an approach to funding that makes the health system more accountable...funding that break down the current monopoly and introduces the element of competition.

In addition to defining a new funding approach, we need to find new funding sources. In its current state, our system is not sustainable.

This will become more of an issue as the Canadian population continues to age. The number of senior citizens 65 years of age and over is the highest in the country's history. Between now and 2011, the number of seniors over the age of 80 will increase by 43%.

And then how will our health system cope if, year after year, costs continue to rise much faster than government revenues?

Now is when we need to consider ways of funding our health care system so that it is sustainable and fair.

This funding could take different forms and different names: a health account, a consolidated Medicare fund, or some other mechanism. My intention here is not to go into details.

Whatever formula is chosen, it must ensure the system's sustainability and safeguard against simply passing the cost burden on to future generations.

All of us need to be responsible and not pass the bill on to our children.

Transforming our health system for the benefit of our patients also means finding a solution to the problem of access. We know most of the answers. Now we have to apply them.

First, without a significant increase in the number of physicians in Canada, it is pie in the sky to think that we can solve the access problem.

The Canadian Medical Association has come up with workable solutions to increase the number of doctors and achieve self-sufficiency.

Beyond these, competitive salaries and adequate working conditions are the most powerful incentives to attract new recruits and retain those already in practice.

We need a system that treats health professionals, hospitals and, most importantly, patients, as value centres, not cost centres that eat away at an annual budget.

Improving access to care also means reducing waiting lists.

The CMA has taken major steps on this issue, especially with the publication last year of a study outlining the cost of waiting times and through its active involvement with the Wait Time Alliance.

Progress has been made in priority areas. And this must be acknowledged.

But that progress has fallen far short of what is needed. The costs associated with waiting times, which were made public last year, are not sustainable. Imagine for a minute what we could do with that \$14.8 billion.

We need to rid ourselves of the burden of waiting lists.

As far as I am concerned, there should no priority areas. All areas should be considered.

We can do it.

Other countries have done it. England, for example, managed in five years to do away with waiting lists. In Denmark, if the wait is more than one month, the patient is referred to the private sector.

These are best practices that we can apply at home.

Computerization of medical records is another way of fostering better access to medical care. And better care.

It is unacceptable that Canada has fallen behind in this area. We need to catch up as soon as possible because the patient is the one who suffers.

Alberta is one example of how we can move forward in this area. One Alberta family doctor out of three can access a computerized medical file, which is almost three times the Canadian average. There are challenges there too, but the example set by our Alberta colleagues should inspire all of us.

The CMA has recommended that the federal government invest \$744 million over the next five years to implement a nationwide computer information system for patient records.

This investment would finally link doctors' offices with hospitals and laboratories.

The critical point about this funding is that it is targeted. Targeted money, going to targeted, front-line change.

Also, we know that among all health costs, prescription drug costs have increased the most.

While it is scandalous that five million Canadians do not have access to a family doctor, is it any more acceptable that 3.5 million Canadian do not have access to prescription drugs?

If access to diagnosis is universal, why isn't access to drugs? The current health system is only universal in half measures. Or if we were diagnosing the problem we would say it suffers from hemianopsia.

Québec has found a solution to the issue of universal prescription drug access that can be followed.

This Quebec program works and despite its components, which would have been decried elsewhere in the health care system, receives few complaints.

The program depends on a mix of public and private funding.

It factors in a patient contribution as well as a deductible.

It also allows for a maximum annual payout.

And in the case of underprivileged individuals, it is the province that pays.

Finally, the program is a fair one because it provides equal access to everyone.

Why reinvent the wheel? Instead, we should be looking at how this program could be applied elsewhere in Canada.

CONCLUSION

In conclusion, I want to assure you again that I will fulfill my mandate with determination and with the conviction that we can make a difference for our patients.

Our success will depend on the commitment of everyone here today, as well as all of our colleagues who were not able to come but treating patients in clinics, offices and hospital labs across the country.

We are united in our desire to do the best we can for our patients.

I personally find it unacceptable to say "Sorry, you have to wait for your scan or for some other type of treatment required."

We should not tolerate a second class system in Canada. We must agree that now is the time for action.

I mentioned several key ideas on which we can act...Ideas that can refocus our health system on the patient...where it belongs.

Ideas such as finding new patient focused funding.

Recognizing that patients and physicians who treat them create value and not just costs.

A drug insurance plan that provides answers to the issue of universal access to prescription drugs.

And finally, the need to adopt collective responsibility to ensure that we pass on a sustainable health system to the next generation.

If we do not succeed in doing this, we will be remembered as the generation that went to the bank, cashed the cheque and then passed the bill on to our children.

Taking action is a stimulating challenge.

But we the medical profession, can seize the opportunity for the good of our patients.

In public surveys, respondents state that they respect their doctors and our commitment to advocate for them. In a recent survey, no less than 94% of patients claimed to feel that way.

But with trust comes responsibility.

I am asking you, my colleagues, to work with me to build a sustainable system that can meet the needs of all our patients.

There is a quote that I like very much: "Leadership is action, not position."

I would add that we are all in a leadership position to act.

We have a lot of work ahead of us. It requires teamwork. And commitment.

The population of a G8 country like Canada should not have to accept this kind of situation.

We can make dramatic changes. Other countries have done it. I say to you and to all the citizens of Canada: we can do it. We have to do it.

Ladies and gentlemen, let us apply a winning strategy and bring home the gold for our patients.

Thank you.