

**Canadian Medical Association
Election Update**

August 23, 2006

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Montreal Gazette / Ottawa Citizen (August 23, 2006)
Co-owner of private clinic president-elect of MDs' lobby
BY NORMA GREENAWAY

Brian Day began his term as president-elect of the Canadian Medical Association on the defensive yesterday, and he had a message for those who say the co-owner of a private medical clinic might be a dangerous pick to head the powerful medical lobby.

"Listen to what I say and not what people say I say," Day told his first news conference after winning election as the association's president beginning next year.

Day, a renowned orthopedic surgeon and co-founder of the private Cambie Surgery Centre in Vancouver, rushed to assure Canadians that - contrary to popular opinion in some circles - he has never advocated privatizing the health system.

Making his final pitch to delegates before the vote, he also was at pains to paint himself as a team player who would not be freelancing as the group's chief spokesperson.

"As president of the CMA, I will commit to a policy that all Canadians receive timely access to medically necessary services, regardless of their ability to pay," he declared, winning a round of applause from the 250 delegates.

"Like most Canadians and physicians, I believe there is a place for the private sector and for public and private partnerships."

Negative reaction to Day's selection was swift. The Canadian Health Coalition accused the CMA of turning its back on the public health-care system.

"In case there was ever any doubt, Canadians can no longer trust the Canadian Medical Association to have the interests of the public health-care system forefront," coalition spokesperson Michael McBane said.

Day's election upset CUPE Nova Scotia president Danny Cavanagh, who called the association's new chief "a privatization pusher."

Cavanagh called the election "a bad omen for the future of our public health-care system."

The outgoing CMA president, Ruth Collins-Nakai, portrayed the result as no big deal.

"This was not a referendum on private or public care," she said of the election. "The policies of CMA have not changed because of this election. This election was an election of an individual in an organization of almost 63,000 members. We do not make policy by the election of one individual."

Some doctors said the association is sending mixed messages about its position on public-vs.-private care.

"As physicians, we have to make choices that would improve access to health care for all our patients and not just a few," said Danielle Martin of the newly formed group Canadian Doctors for Medicare.

"We all agree that access to health care should be based on need, not ability to pay. But we have to walk the talk and ensure that our decisions are based on our patients' welfare."

Day, who was born in Britain's Liverpool, where he went to school with future Beatles Paul McCartney and George Harrison, does not assume the presidency until August 2007, when it is British Columbia's turn to take the helm under CMA rules. The incoming president is Colin McMillan of Prince Edward Island.

Day told delegates he was motivated to seek the presidency because he was fed up with the current health-care system.

"Canadians are not being well served by our health-care system," he told them. "I see this daily as an orthopedic surgeon, as the husband of a family practitioner and the father of six children."

Although the CMA refused to reveal the final vote tally, it had become clear yesterday a pro-Day sentiment was dominating the gathering. Less than an hour before the vote, for example, delegates overwhelmingly backed a resolution seen as Day-friendly. The resolution, approved by 80 per cent of delegates, calls on governments to remove existing bans that prevent physicians from practising in both the private and public sector.

Critics say such a move would drain doctors from the public system, which is already experiencing serious shortages.

Others questioned what NDP MP Penny Priddy called Day's "conversion on the road to Damascus" with his professed support of the public system.

"On the one hand, he's been out there very actively advocating privatization, and then on the other hand he's now taking what I consider a different tack," said Martin of Canadian Doctors for Medicare.

Priddy, a former B.C. health minister, said Day's election will be seen as "permission" to expand private involvement in the system.

"I'm not suggesting the public system doesn't need a lot of work," she said, "but it doesn't need expansion of the private health-care system."

Day insisted his goal is to eliminate the queues for surgery and other medical treatments.

However, he ducked questions about whether he would support allowing people who can afford to pay to get their knee or hip replacements at private clinics until wait times have been eliminated in the public health system.

Don't shortchange public health, Day told

Local reaction to Dr. Brian Day's election to the presidency of the Canadian Medical Association was cautious.

Paul Saba, co-president of the Montreal-based Coalition of Physicians for Social Justice, warned that even if Day believes in more private health care, most Canadians believe in improving the public system - a fact he should not overlook.

"I think there could be a potential conflict of interest in working in a private centre and representing the majority of Canadians," Saba warned. "If he's going to truly represent the public interest, he must be an advocate for public health care and not favour private health."

Saba said Day will be reneging on his professional oath to do no harm to patients if he does not forcefully support the public system.

Saba said private systems create a split in society, where the rich are at the head of the line for health care and the poor are left behind.

2. _____

Toronto Star (August 23, 2006)
CMA shows its colours
New president eyes change to Medicare
BY THOMAS WALKOM

CHARLOTTETOWN—By electing one of the country's most outspoken supporters of private medicine to head the Canadian Medical Association, Canada's doctors have served notice that they're fed up with medicare and willing to try something else.

The decision yesterday to choose Vancouver orthopedic surgeon Brian Day as the organization's next president caused ripples across the country.

In Toronto, the Registered Nurses Association of Ontario denounced Day's election as an attack on the principles of health care.

"Canadians can no longer trust the CMA," said Mike McBain of the labour-financed Canadian Health Coalition.

Day, who for more than a year has openly flouted both the Canada Health Act and British Columbia law by letting well-heeled patients jump the queue, said his views have been misrepresented by the eastern media.

"I have never supported the privatization of medicare," he said yesterday.

But he said he thinks the Canada Health Act, the federal law governing medicare, is out of date and should be amended to include quality, efficiency and accountability. He also said governments should rethink which services medicare covers.

The election came after a morning of fierce and often contradictory debate over Canada's publicly funded health insurance system.

While indicating that they are not willing to abandon the idea of medicare entirely, doctors here also made it clear they no longer support the intricate web of government regulations designed to protect the system.

In particular, they voted overwhelmingly for an end to provincial rules that stop doctors from operating both inside and outside of medicare simultaneously.

The so-called double-dipping ban, in effect in every province except Newfoundland, is designed to encourage doctors to stay within the public system.

In every province except Ontario, physicians can opt out of medicare. But if they do so, they are no longer eligible for public payments — which for most is a significant financial incentive to stay put.

Yesterday, the 250 delegates to the CMA's annual general council voted to call for an end of the ban. When one Alberta doctor tried to tack on an amendment designed to ensure that double-dipping didn't harm the public system, his suggestion was overwhelmingly rejected.

Indeed, throughout the morning, it became increasingly clear that delegates were in little mood to hear anything positive about medicare.

Delegate after delegate complained that medicare rules and inadequate government funding were making it near impossible to deliver quality care to patients.

When a few doctors, usually younger, argued in favour of the public system, older colleagues dismissed them as impossibly naive. Family physician Danielle Martin, the head of Canadian Doctors for Medicare and a non-delegate, was shouted down when she asked for permission to address the meeting on double-dipping.

Yet delegates did vote by a margin of more than two to one for a motion to "acknowledge the strengths of Canada's publicly-funded health-care system" and think of ways to improve it.

Outgoing CMA president Dr. Ruth Collins-Nakai later seized on that decision as evidence that the CMA had rejected two-tier medicine — which, in fact, they had not. That issue is due to come up explicitly today.

Throughout, the CMA brass did their best to convince reporters that Day's election does not signify a sea change in the association's thinking.

Technically, he does not take over his post until 2007. Prince Edward Island physician Colin McMillan, chosen last year, is president until then.

Already, however, all attention is on the Vancouver surgeon. And, Day, while insistent that he'll toe the CMA line, is happy to make his views known.

In the past, he has compared Canada's medicare system to that of North Korea. He's also said that the universal nature of Canada's medicare system is fundamentally unfair and that those Canadians who are better off should have to pay privately.

At his Cambie Surgery Centre in Vancouver, he services medicare patients. But he also openly lets those who wish to pay privately jump the queue — in clear violation of the law.

And he's dared the B.C. government to take him to court.

While arguing strongly for what is, in effect, two-tier medicine, he has never called for the elimination of medicare. Indeed, he has consistently supported adding drugs and dental care to the list of services covered.

But on the question of just what and whom medicare should cover, he has always been vague.

"My support for universal health care is unequivocal," he told delegates yesterday.

When asked later whether this meant that every Canadian, regardless of income, should receive publicly-funded medical services, he was less clear.

He said patients already pay user fees for certain kinds of medical services like crutches, and that for poor people this is an unconscionable burden.

And he said recent public inquiries — such as those headed by former Saskatchewan premier Roy Romanow, former federal finance minister Don Mazankowski and Liberal Senator Michael Kirby — that concluded a parallel private system would bleed doctors from medicare were wrong.

3. _____

CTV.ca News (August 22, 2006)

Private health care advocate elected head of CMA

An advocate for increased private health care in Canada was voted president elect for 2007 Tuesday by delegates to the Canadian Medical Association's annual meeting, surviving a last-minute nomination from the floor for a staunch supporter of medicare.

Orthopedic surgeon Dr. Brian Day, owner of a private surgery clinic in Vancouver, was the nominee chosen by ballot in British Columbia, province sponsoring the CMA's next president-elect.

In an unusual move, Vancouver physician Dr. Jack Burak, a strong supporter of public care, was nominated from the floor on Monday. A provincial choice is usually approved by acclamation, and has been challenged only three times in the CMA's 140-year history.

Burak told The Canadian Press in an interview Monday that he was asked to run by doctors from across Canada who were concerned that Day's election would be sending the wrong message to Canadians.

His defeat in Tuesday's vote could be perceived as another move away from the CMA's longstanding support of public health care. At last year's annual meeting, outgoing president Albert Schumacher expressed support for private medical schools and private health insurance, while delegates voted to endorse more private sector involvement.

As owner of a private clinic, Day's nomination has made him a lightning rod for criticism from supporters of public health care.

In a press release, Danny Cavanagh, president of CUPE Nova Scotia, positioned the election as a showdown "between a candidate who has become known as 'Doctor Profit' and one who believes in protecting our cherished Medicare system."

CUPE is Canada's largest health care union.

Day has insisted that he does not support privatization of health care in Canada. But he has said that there is a role for the private sector to play and that there is a place for more partnerships between private and public health care.

Critics of Canada's medicare system, which include Day, have said that a dual system where well-off Canadians could pay to get faster treatment would help reduce the bottle neck and pare down waiting lists.

Wait times for medical procedures in Canada have steadily increased since the mid-1990s, when federal and provincial governments began trimming spending to balance budgets.

A standards system for wait times gained support after last year's Supreme Court ruling that Quebec's ban on private insurance violated Quebec's human rights legislation.

Governments have agreed to institute wait-time standards for five key areas: cancer care, cardiac care, diagnostic imaging, cataract surgery and joint replacement. So far, they have not been able to agree on how to do that.

The standards would require experts to agree on how long patients can wait for specific procedures, and all the provinces will have to agree to those wait times.

During last January's federal election, Prime Minister Stephen Harper promised that a Conservative government would roll out a preliminary wait-time standards system by the end of 2006.

In a speech to CMA delegates on Monday, federal Health Minister Tony Clement acknowledged the challenge and admitted that a wait-time system is now not expected until 2007, with provinces expected to be making progress in applying the standards by 2008.

Health care advocates have said they fear that prioritizing certain procedures will reduce wait times for specific treatments while creating longer waiting lists for others, which is what happened in England.

Council of Canadians chairwoman Maude Barlow, author of *Profit is not the Cure*, has said that more than one poll indicates at least 85 per cent of Canadians support a publicly funded and publicly delivered health-care system.

As president of the Charter Health Fund, a national organization of for-profit promoters that raised money to support the challenge of Quebec's wait list case to the Supreme Court, Day is not impartial, she wrote in a column for rabble.ca.

A recently formed group called Canadian Doctors for Medicare has taken the position that the debate over public and private health care is distracting health care professionals from concentrating on important issues, such as coming up with a comprehensive action plan for dealing with a looming flu pandemic.

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National Union of Public and General Employees (August 23, 2006)
Brian Day, private health care provider, elected CMA president
Private clinic owner tells convention he does not support 'the privatization of medicare.'
NEWS RELEASE

Charlottetown (23 August 2006) - The National Union of Public and General Employees (NUPGE) is disappointed at the election of Brian Day, a high-profile provider of for-profit care, as president of the Canadian Medical Association (CMA).

He begins his term of office in the new year.

"We think the CMA has made an unfortunate choice," says James Clancy, president of the 340,000-member union.

"We trust that Dr. Day's personal ideology does not represent the views of the vast majority of doctors in Canada. It is important that advocates of public medicare continue

to work with the majority of physicians, who believe in the public health care system, to convince the minority that for-profit health care is not an acceptable option in Canada."

Out of step with other doctors

Day himself appeared to recognize that his views were not in keeping with those of many CMA members.

Before the vote on Tuesday, Day told convention delegates in Charlottetown that his support for universal health care (of some sort) remains "unequivocal" and that he does not deserve to be called the "Dr. Profit" of the Canadian medical profession. Nor does he support "privatization of medicare" or U.S.-style health care, he said.

The reassurances won over delegates representing 60,000 Canadian doctors at the convention.

However, Day owns a private clinic in B.C. and he has long been a vocal advocate of private health care (funded by public dollars) as a part of the overall public health care.

Day defeated Dr. Jack Burak, who presented himself as a defender of public health care and a doctor more in tune with the views of Canadian doctors.

Burak accepted the outcome of the vote but said the Canadian public is bound to see Day's election as a shift toward "private delivery of health care."

5. _____

Globe and Mail Website Update (August 22, 2006)

Day tapped as new CMA head

BY ANDRÉ PICARD

Charlottetown — Brian Day, a high-profile provider of for-profit care, has been voted president-elect of the Canadian Medical Association.

Before the much-anticipated vote, he reassured delegates that his reputation as "Dr. Profit" was undeserved and that he will promote better, faster care for all Canadians, regardless of their ability to pay.

"My support for universal health care is unequivocal," Dr. Day said.

He added that while he believes there is a role for private delivery of care within the public system, and that private providers create healthy competition, "I have never supported the privatization of medicare" nor a U.S.-style system.

Dr. Day defeated a challenge from Jack Burak, a veteran Vancouver family physician who presented himself as the defender of medicare and a more appropriate spokesman for Canada's 62,000 doctors.

The CMA did not release full results or even the margin of victory among the 246 voting delegates.

Traditionally, the CMA president is nominated early and approved by acclamation. The presidency rotates among the provinces and in 2007-08 it will be B.C.'s turn.

Dr. Day won the B.C. election handily, but nonetheless his acclamation was challenged.

Dr. Burak said was disappointed with the results but accepted the decision of general council. Still, he expressed some worry about how the election will play out in the media.

"The public is going to perceive this as doctors moving forward on private delivery of health care," he said.

In fact, while the election was portrayed in the media as a showdown between a staunch supporter of private, for-profit care and a passionate defender of medicare, delegates to the CMA general council meeting seemed more preoccupied with the integrity of the process than with the message that might be delivered in their choice of president-elect.

Ruth Collins-Nakai, the outgoing 2005-06 president of the CMA, said the election of Dr. Day will not change the policies of the organization.

"This was not a referendum on private or public care," she said.

Dr. Day agreed, saying the policies of the CMA "conform 100 per cent with all my beliefs."

The incoming 2006-07 president of the CMA is actually Dr. Colin McMillan of P.E.I., but he has been largely overshadowed by the buzz around the election of the high-profile Dr. Day, who will take over when Dr. McMillan's term ends next year.

6. _____

Ontario Health Coalition (August 22, 2006)

NEW RELEASE

Dr. Day's Election a Disappointment:

Will Be a Catalyst for a Renewed Campaign to Support the Gains of Public Medicare

Toronto – The Ontario Health Coalition reacted with disappointment to the election of Dr. Brian Day as president elect for the Canadian Medical Association this morning.

“The choice of the delegates is an unfortunate one for the majority of patients in Canada,” noted Natalie Mehra, director of the Ontario Health Coalition. “Brian Day has spent years advocating for the dismantling of the public health system through privatization and the de-listing of health services. These are not innovative ideas. They are old ones relentlessly pushed by the small but well-heeled group who have personal business interests in promoting privatization. We are deeply disappointed.”

“The pretense that two tier advocates are concerned about wait lists is stunningly disingenuous. In fact, the two-tier proposal would quickly turn a doctor and health professional shortage situation into a crisis as physicians and health professionals would be siphoned out of the public health system to serve queue-jumpers in the private system. Two-tiering encourages wealthy people to purchase unnecessary procedures while those in real need languish on longer wait lists in the public system. Two tiering means that regional disparities in access to care intensify as more health professionals move into private businesses in larger cities where they can make money. While the greediest physician-turned-businesspeople make more money, patients suffer,” she added. “No one with an accurate understanding of the demand and supply of health resources and the well-being of the majority of Canadians in mind could advocate for destroying the gains and efficiency of the public health system through this type of privatization.”

“In response to Dr. Day’s election, we need to reach out to physicians with the world-wide evidence that for-profit health care costs more for less care. We will use this opportunity to remind people that those who are pushing privatization almost inevitably are those who stand to profit directly from the higher costs of private health businesses. With redoubled urgency, we will communicate a clear message that the creation of a parallel system for those who buy private health insurance or pay out-of-pocket for procedures are actually advocating for dismantling public health care - not improving it. We need to remind physicians and Canadians alike that the values that underlie our public health system are sound and critically important for our communities and our economy.”

“Dr. Day’s election will no doubt embolden those that want to profit from privatization. For advocates of public health care, it will be a catalyst for us to re-dedicate ourselves to the fight to protect the economic and social gains made when Canadians adopted our public health system,” she concluded.

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For more information contact: 416-441-2502.

7. _____

Canadian Federation of Nurses Unions (August 22, 2006)

NEWS RELEASE

Nurses disappointed in doctors' pro-private health care positions taken at CMA meeting

August 22, 2006 (Charlottetown) – Nurses want to reiterate their support for publicly-funded and delivered health care, in light of today’s Canadian Medical Association decisions to advocate for privatization. The Canadian Medical Association, at its Annual Meeting being held August 20-23rd, has passed a number of motions calling on the government to increase for-profit delivery of health care.

“Nurses will fight for every patient, rich or poor, to have timely access to high quality health care, according to need and not ability to pay,” says Linda Silas, President of the Canadian Federation of Nurses Unions, which represents over 130,000 nurses across Canada.

Delegates at the Canadian Medical Association today passed motions that include urging governments to remove the existing bans that prevent doctors from practicing in both the for-profit and public sectors; and to adopt a regulatory regime that increases for-profit delivery.

“In just a few years, CMA has gone from a strong pro-medicare position to a position advocating for a parallel for-profit private system”, commented Linda Silas, an observer at the CMA meeting. “The doctors seem to forget that before Medicare, under a system which was mainly one of private enterprise, the costs of proper medical care were prohibitive to the majority of people. The frustration of today’s system for some is not an excuse to go in the wrong direction”.

The Canadian Medical Association motions call for governments to pay for patient treatment at private for-profit clinics, calling this a publicly funded safety valve.

“This is robbing Peter to make a profit”, says Ms. Silas. “There is a shortage of doctors and nurses. Wait times will grow in the public system and costs will go up. Some doctors are ignoring evidence based research on the impacts of a parallel system”. The Canadian Federation of Nurses Unions believes that for the care of patients, all health care professionals should be working together to improve our current public system.

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Registered Nurses’ Association of Ontario (August 22, 2006)

MEDIA RELEASE

Ontario nurses express concern over election of Dr. Brian Day as president-elect of the Canadian Medical Association

TORONTO, Aug. 22, 2006 – Ontario nurses are dismayed that members of the Canadian Medical Association (CMA) have confirmed the choice of B.C. surgeon Brian Day as their national president.

By voting for Dr. Day, an outspoken advocate for two-tier medicine, doctors across Canada have undermined a central principle of our health-care system - namely that it

exists for everyone, says Mary Ferguson-Paré, president of the Registered Nurses' Association of Ontario (RNAO).

Ferguson-Paré says the decision to endorse Dr. Day as the national representative for this country's 62,000 doctors means members of the CMA are essentially endorsing a parallel, for-profit health-care system and may leave many Canadians wondering if doctors have their interests in mind. "I believe there are many ways we can work together to improve our Medicare system for all Canadians. This isn't one of them," says Ferguson-Paré.

"The views of Brian Day are contrary to those of the general public. Dr. Day's election means Ontario nurses will redouble their efforts to stand up for Canada's publicly funded health-care system," says Ferguson-Paré.

"We are proud to work within a system that believes access to medical care is a universal human right. We, along with doctors and other health-care providers, have been at the forefront of innovative changes that are reducing wait times for surgeries and improving access to health-care services across the country. Our innovations are geared to serving all Canadians, not simply those who can afford it," says Doris Grinspun, RNAO executive director.

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses wherever they practise in Ontario. Since 1925, RNAO has lobbied for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

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For more information, please contact:

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9. _____

Charlottetown Guardian (August 22, 2006)
Canadians must defend, fix medicare system, rally told
BY NIGEL ARMSTRONG

Medicare can work if people are willing to step forward and both defend it and fix it, a rally in Charlottetown was told Monday.

The Council of Canadians hosted the panel discussion together with some light entertainment in Charlottetown with close to 150 people attending.

"Canadians have to be very vigilant and very active with their governments to maintain the national standards of the public system," said panelist Michael McBane, of Ottawa, national co-ordinator of the Canadian Health Coalition.

"We are going to have a federal election soon, I would say in the spring. It is a very simple question to ask the federal candidates: 'Will you enforce the Canada Health Act or do you think it is up to the provinces to do whatever they want?' "

McBane said the battle to keep the public health system of Canadian medicare may be hard, but it pales compared to the battle required to get it back once it is lost.

Dr. Danielle Martin said that positive work to fix the public system needs to be recognized and spread across Canada. Martin is chair of Canadian Doctors for Medicare and invited everyone to visit its website to sign up and even donate.

While people debate principles, real people are working on real solutions for the public system, she said.

She drew attention to a program in Alberta which was entirely within the public system that reduced wait time for joint replacements from 42 weeks down to 4.2 weeks.

She also cited a collaboration model in the north to improve life for diabetic patients and the growing use of computer networks for efficient health recordkeeping and prescriptions.

Martin said the evidence shows that a parallel private and public system leads to longer waits for the majority of people.

Waiting is reduced only for the very few people who can afford better care.

"For everybody else, the situation gets worse," she said.

Maude Barlow, chair of the Council of Canadians, said models in other countries where private medicine and public medicine co-exist do not take into account the North American Free Trade Agreement signed between Canada and the U.S. That treaty would mean that any move to privatization in Canada is a move to the American model, she warned.

"I can tell you there are problems with privatization wherever it has taken place in the world," she added.

Linda Silas, president of the Canadian Federation of Nurses Unions, told the group that Canada should not only be focused on what is wrong, but celebrate what is good about the Canadian health-care system.

"When patients do end up in hospital, they are very proud and satisfied with the care they do get," she said.

"We still have issues but we have to work together to fix that."

Dr. Ed White of Charlottetown said the Island is a good place to test new approaches because of its size, level of service and the excellent people in all aspects of health care.

He said that a big challenge on P.E.I. is to make sure those people get paid enough and have enough benefits and excellent working conditions to keep them here.

"All health-care workers deserve adequate resources in order to practice the profession in the way that they were trained," said White.

The other major challenge here as in the rest of Canada is waiting times, he said.

"If the wait-time problem cannot be solved, the future of publicly funded health care in Canada is grave," said White.