

## Is Ontario medicine asleep at the switch?

The Ontario government has recently instituted several shocking policies for health care. A particularly surprising one was the recent rollback of pinpointed particular fee codes. This was also accompanied by a relative decrease in the funding envelope for salaries by way of a freeze in overall budget in the face of a growing number of physicians. Many of us looked at the pointed attack on certain radiology, cardiology and ophthalmology fees with the opinion that it was justified in some ways. Certainly every surgeon has considered cataract fees to be a little out of line. The Ontario government has responded to these perceived overpaid or misused fees and rolled them back. They moved unilaterally, without approval from the Ontario Medical Association with what looks like insider information. This sets a dangerous precedent. The physician management groups in each province have been in charge of fee codes in the past. Each province's physicians are supposed to prioritize and ensure equitable health care costs and salaries for their particular region. We are doing a poor job of policing our own codes if the government is able to identify outliers better than we can. The government, emboldened by the use of the power to affect individual fee codes, may or may not make appropriate decisions in the future. The fee codes in orthopedics targeted by the Ontario Ministry of Health and Long-Term Care are after-hour codes — a decision where the government has definitely overstepped the realms of good patient care. If there is anything that should continue to be remunerated adequately, it is after-hour work. This is a good investment to ensure adequate patient care.

Despite whether there is any wisdom in the singling out of fee codes for change by the government, these choices must be judged separately from any overall decision on physician pay envelope. Certainly this is a period of austerity in the country, but as goes the pay structure in Ontario,

the most physician-populated province, so goes the rest of the country. Quebec has tied its salary structure to that of Ontario through Canadian average values. Any change in the pay envelope in Ontario will be reflected in that of other provinces. Since the Ontario restrictions, the British Columbia government has recently brought down fee increases of 0.5% over the next 2 years.<sup>1</sup> Certainly this is a de facto fee reduction, as it does not even match inflation.

We know there is a shortage of physicians overall in Canada. Even more important, resources are also limited — largely by the provincial/territorial governments. The combination of inferior working conditions and decreasing salary scales will make the greener pastures of the United States a more alluring place to work. We have been through previous physician exodus periods — it is not good for Canadian patients. The Ontario situation represents a thin opening wedge that merits a reaction that the rest of Canada awaits in anticipation. Would someone in Ontario please wake up?

**Edward J. Harvey, MD**

Coeditor, *Canadian Journal of Surgery*

**Josée Parent, MD**

Department of Medicine

McGill University Health Centre

Montréal, Que.

**Competing interests:** None declared.

DOI: 10.1503/cjs.023512

### Reference

1. Stuek W, Howlett K. B.C. reaches tentative deal with doctors. *Globe and Mail* [Toronto] 2012 June 8. Available: [www.theglobeandmail.com/news/politics/bc-reaches-tentative-deal-with-doctors/article4243149/](http://www.theglobeandmail.com/news/politics/bc-reaches-tentative-deal-with-doctors/article4243149/) (accessed 2012 Aug. 16).