

To all Ontario Family Physicians:

November 9, 2004

## **ONTARIO DOCTORS SOLD OUT AGAIN**

*November 6th National Post Article by Terence Corcoran*

Throughout next week, Ontario's 20,000 doctors, members of the Ontario Medical Association union monopoly, will vote by phone on a new four-year agreement with the province. The OMA has a long history of selling out its members, stripping doctors of their freedom and sacrificing patient care at the altar of socialized medicine. This new union contract, reached in secrecy two months ago, sets new lows in undermining doctor and patient rights.

More than a decade ago, I wrote: "The Canadian health care system creeps relentlessly toward its ultimate destination, the Soviet model, a centrally planned monster run by commissars issuing directives in a futile attempt to control the uncontrollable. The end result of the Soviet system, extensively documented, is chaos and corruption and collapse." With the new OMA-government agreement, Ontario appears to be entering the second phase of that progression.

The agreement, which includes classic blunders of central planning to manipulate doctor behaviour (35% pay gains for docs who do what the government wants; 4% or even less for those who don't), further co-opts individual doctors into the OMA strategy, which seems mostly aimed at embedding OMA top brass deeper into the Ontario health care politburo. Forgive me for deploying old Soviet jargon, but nothing else does justice to the union's latest pact with the bureaucratic and political devils who manage the province's health care monopolies.

The worst highlight of the agreement is a one-page "letter of understanding regarding the improvement of drug therapy." From the moment it was leaked to the media more than a month ago (everything was going to be secret prior to the vote, until the leaks started), critics branded it a corrupting breach of medical ethics. Under the drug agreement, the OMA agrees that doctors will undertake to cut \$150-million from their drug prescription costs by 2007. If the "savings" target is met, the doctors will get a \$50-million bonus.

The \$50-million bonus was immediately labelled a kickback by critics, and a breach of medical ethics. Doctors would be put in the position of cutting back on patient drug prescriptions – a dubious objective in itself – in return for a payment from the government. One anesthesiologist (among many doctors who appeared anonymously in media reports for fear of government and OMA retaliation), told The Toronto Star: "The government does not have the right to coerce me or try to buy me off into providing substandard care."

Alas, the OMA negotiators have agreed to take away that doctor's rights. Even more, it contemplates direct and constant government control over the prescriptions of each doctor. "It is agreed that the Parties will develop a Drug Utilization Review that will provide, where practical, direct, confidential feedback to physicians regarding their prescribing practices." The implications are vast and disturbing.

Remember that “the Parties” here are the OMA and the Minister of Health, George Smitherman. He co-signed the secret drug agreement, which means Mr. Smitherman and his staff (through the review) will begin collecting individual prescription information from each doctor on each patient, information the government does not now have access to. Doctor and patient prescription records remain confidential, even when paid by the provincial hospital insurance plan. The government would, under the agreement, begin monitoring doctors and patients through prescription information.

Even more perverse is that the kickback scheme is worth much more than the \$50-million mentioned in the agreement. Thanks to information circulated by Dr. Arnold Aberman, professor of medicine and former dean of medicine at the University of Toronto, we learn that the scale of the kickback is \$200-million, not \$50-million.

In a widely circulated critique of the union contract and the drug side agreement, Dr. Aberman reports that the OMA’s chief negotiator, Dr. Stewart Kennedy, told an information meeting that the value of the drug deal to doctors is actually \$200-million. Dr. Kennedy said, and other officials confirm, that the original OMA agreement with the health minister was considered to be \$150-million too rich for the government’s finance and management board officials. To get around their objections, the OMA and health ministry officials “devised the drug deal to get the \$150-million” from another area of Ontario’s health spending, the \$2.8-billion drug budget. If the doctors can save the drug budget \$150-million, they can keep the money. Thinking they had a good thing going, they threw in another \$50-million as a later bonus. It turns out, writes Dr. Aberman, “that the OMA is getting all of the \$200-million... Don’t we all feel much better now – knowing the OMA sold out our patients’ interests for \$200-million, not only \$50-million.”

Other parts of the overall four-year contract, reportedly worth more than \$1-billion in new spending, take away more and more of doctors’ freedoms. Payment schemes are clearly designed to draw doctors into salaried positions as members of “family health teams.” As part of teams, family physicians will receive 35% wage increases; fee-for-service docs will receive increases of 4%. Most of the payment increases occur in later years of the contract.

The agreement is filled with clauses and conditions that will transfer more doctor powers and decisions to bureaucrats and committees. In hospitals, for example, the agreement calls for “comprehensive standardization of procedures and products.” A task force will begin planning for the development and use of a common provincial drug formulary for hospitals. It will also oversee “the selection and use of surgical devices.”

Even if doctors should be foolish enough to approve the contract, it apparently is not binding on the government beyond two years. Two years into the contract, before any significant wage gains are in place, the government has the right to unilaterally reassess the contract. A legal opinion from Toronto lawyer Brian Shell to the Coalition of Family Physicians states that the four-year contract, as written, “amounts to [a] two-year low-increase arrangement, with little likelihood and certainly no certainty” that the three- and four-year increases will ever be paid.

The OMA has sold out its members in the past. Back in 1991, the OMA agreed to become a province-wide closed shop, making the OMA union a total monopoly, beyond anything Buzz Hargrove could dream about. Any autoworker can quit GM and work as a non-union worker somewhere else. Doctors have no such right, thanks to the OMA, which decided years ago to join the government health care dictatorship rather than fight it.

The OMA was also part of the central planning fiasco of the early 1990s that created the current doctor shortage. Back in 1993, the University of Toronto medical school agreed to be paid \$10-million a year not to produce doctors. Enrollment at the medical school was cut 30%. The planning reason: Ontario had too many doctors. Foreign doctors were systematically kept out of the province. The OMA also agreed later to schemes that capped the annual revenue of specialists at \$400,000, thus limiting the supply of specialists. Under the new contract, that cap will not be lifted until 2008, but more likely it will never be lifted.

Doctors in Ontario, and across Canada, are no longer bearers of noble principles aimed at the health and welfare of their patients. They are already indentured servants of bureaucrats, politicians and union bosses at the OMA. This is exactly as planned.

A federal-provincial health policy paper, written by two eminent members of the Canadian Institute for Advanced Research, Morris Barer and Greg Stoddart, concluded back in 1991 that doctors were no longer to be in charge of their destinies. "There is a continuing evolution from the view of physicians as private agents for their patients and their own interests, to the view of physicians as clinically skilled agents serving the collective goals of a publicly funded health care system."

The OMA union monopoly has offered its doctors a contract that further entrenches that trend. Let's hope, as patients, that Ontario doctors have the courage to turn it down.

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## THE ART OF THE DEAL - PART 6

### *Why You Should Vote*

The ethics of the drug side deal, the damage to the doctor-patient relationship, the ability of the government to unilaterally cut our fees and alter funding to other programs, the divisive nature of the Agreement, the back-loaded nature of the benefits, the lack of a true dispute resolution mechanism with binding arbitration and the lack of any comprehensive plan to recruit new family doctors steadfastly supports our opinion that we should vote this deal down.

If the negotiating committee were in front of "The Donald", he would say, "You're fired. I want a new team." Indeed, any Plan B after the no vote should have as its primary mandate to push for a proper statutory framework for negotiation. Without this framework, we will be faced with the same end result time and again.

Lastly, we urge all members to vote, and to vote NO to this deal. Voting No will change the way the OMA does business; for the betterment of our profession. Failure to speak out at this critical time will inevitably lead to irreparable damage to our profession and the ultimate extinction of certain branches of our proud profession.

Our series of bulletins about the Deal continues soon with "Plan B", details of our campaign after a "No" vote.

*All previous bulletins including this series can be found at [www.cofp.com](http://www.cofp.com)*

Sincerely,  
Douglas Mark MD, President  
and the Board of the Coalition of Family Physicians of Ontario

*P.S. If you have already renewed your COFP membership for 2004, then we thank you for your support. If you are not sure what your membership status is, then contact us via mail, phone, fax, or by email at [membership@cofp.com](mailto:membership@cofp.com).*

*Join, renew, give feedback, and make political action & legal challenge contributions  
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