

Students look to the south

by James Young
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VANCOUVER (CUP) — A recent

B.C. Supreme Court decision has left medical students thinking of leaving the province after graduation. And doctors argue Canada's universal medical care system is at risk.

In a Jan. 7 decision, Justice Kenneth Lysyk ruled the provincial government has the right to control the number and location of B.C. doctors by restricting billing numbers. Without a billing number, a doctor cannot collect fees from the provincial health plan.

On Jan. 21, two groups representing both B.C. and Canadian interns and residents announced they would appeal the ruling.

Although the long-term effects of the decision are uncertain, other provinces such as Alberta, Manitoba, and Quebec have been examining the act as a way to cut health care costs.

The immediate impact of the ruling on medical students is easier to assess.

"Already people are seriously considering leaving the province when they graduate," said Pete Tonseth, president of the medical undergraduate society at the University of British Columbia.

While emphasizing the need for more information, Tonseth said higher numbers of medical students are paying \$100 to write American board exams to keep their options open after graduation. If graduating students fail to get billing numbers in their areas of choice, or fail to receive numbers at all, Tonseth said many will likely leave for other provinces, or countries like the U.S. or New Zealand.

Tonseth was quick to refute the idea, advanced by the provincial government, that the legislation is motivated largely by a desire for doctors to practice in remote regions lacking adequate health care services.

"This scheme is not directed at

rural areas and getting doctors out there — it is a scheme to save money," he said.

Tonseth and others see the Social Credit restraint program as behind the legislation, thus linking it with the massive and controversial cut-backs in social services begun in 1983. In that year, the government introduced legislation which eventually resulted in the firing of 10,000 public employees, the lay-off of 3,000 teachers, and substantial cuts to educational budgets.

Although billing numbers legislation was initially introduced by the government in 1982, Lysyk's ruling was the first to uphold the policy. In his 65-page decision, Lysyk ruled Bill 41 did not violate the Charter of Rights and Freedoms by denying the right to mobility.

A 1985 ruling by Chief Justice Allan McEachern, however, said such legislation was "Draconian," "Orwellian," and "short of imprisonment, the greatest deprivation of liberty."

Likening the legislation to "a cancer which spreads from province to province," Dr. David Mathews, president of the Professional Association of Residents and Interns of B.C., said the ruling could be the "beginning of the end of medicare." He said doctors with billing numbers will continue to practice within the system, while others, forced to practice outside, will be accessible only to those who can afford to pay fees privately.

But Morris Barer, a professor and health care economist at UBC who helped prepare expert evidence for the B.C. government's case, said it is extremely unlikely that the ruling would lead to such a two-tiered system.

Barer said patients would only choose to see doctors outside the plan if there were problems of access, with unreasonable waiting times for appointments. He added this need should be perceived by local committees which will correct the situation by recommending

new billing numbers.

But Mathews argued this is not currently the case. He cites the experience of Christianne Maxson, a doctor who wished to practice in the interior city of Kelowna. Although Maxson had already obtained admitting privileges to a local hospital and the statement of need from the relevant committee, she was denied a billing number.

"In Kelowna, if you want to see a female doctor, you must wait from six months to a year," he said. "(She) has patients who want to see her and a doctor who wants to go into practice with her, but the government won't give her a billing number."

At the heart of the issue is money. With net health care expenditures of \$2.8 billion, or 35 per cent of the 1986/87 provincial budget, Barer said limiting the number of doctors is a balanced, reasonable way to control health care costs. British Columbia, which has traditionally had more doctors per capita than other provinces, currently has one doctor for every 511 residents, compared to a national average of one for every 577 people.

Barer said economists have observed the demand for medical services increases, in proportion to the number of doctors added to the system, with additional costs for hospitals and drugs also incurred.

He cited a Manitoba study of solo general practitioners in Winnipeg during the period between 1971 and 1981. During that time, the number of physicians doubled and the number of services per capita almost doubled as well, as patients were seeing more different doctors.

But Mathews, critical of the strategy of limiting doctors, said, "The logic goes like this — if you have no surgeons, therefore you have no surgery. Therefore you don't spend any money. And you don't spend any money on the nurses or intravenous or the other things associated with an operation."

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