

# Hall nixes balance billing

by Alison Thomson

A man who's been called everything from a raving socialist to a threat to the medical profession can't be all bad.

Mr. Justice Emmett Hall, in his report on Canada's health care system released in August, has elicited screams of rage from the official representatives of the medical profession.

In 1979, the Clark government requested he review the success of the government health insurance scheme. A year later, having held hearings across Canada and received over 450 submissions, Hall presented his report.

And the rhetoric is flying. Various physicians, as well as the Canadian Medical Association (CMA) and the Alberta Medical Association (AMA) have responded with a strident defense of a doctor's right to charge what he chooses, and a threat to become a trade union in order to negotiate fair fees for physicians.

What did the good judge say to cause this uproar?

## Balance billing

Hall concludes balance billing is unacceptable. He bases this conclusion on the premise that if extra billing is permitted, and regulated only by the medical profession, it will in the long run destroy the medicare program, and create a two-tier system of health care.

Hall found balance billing causes hardship for low income individuals, who report reduced utilization of health care and financial problems as a result of extra-billing.

This is clearly contrary to usual position of physicians who hold that balance billing does nothing of the sort. They say physicians are always willing to moderate their fee to their patients' incomes.

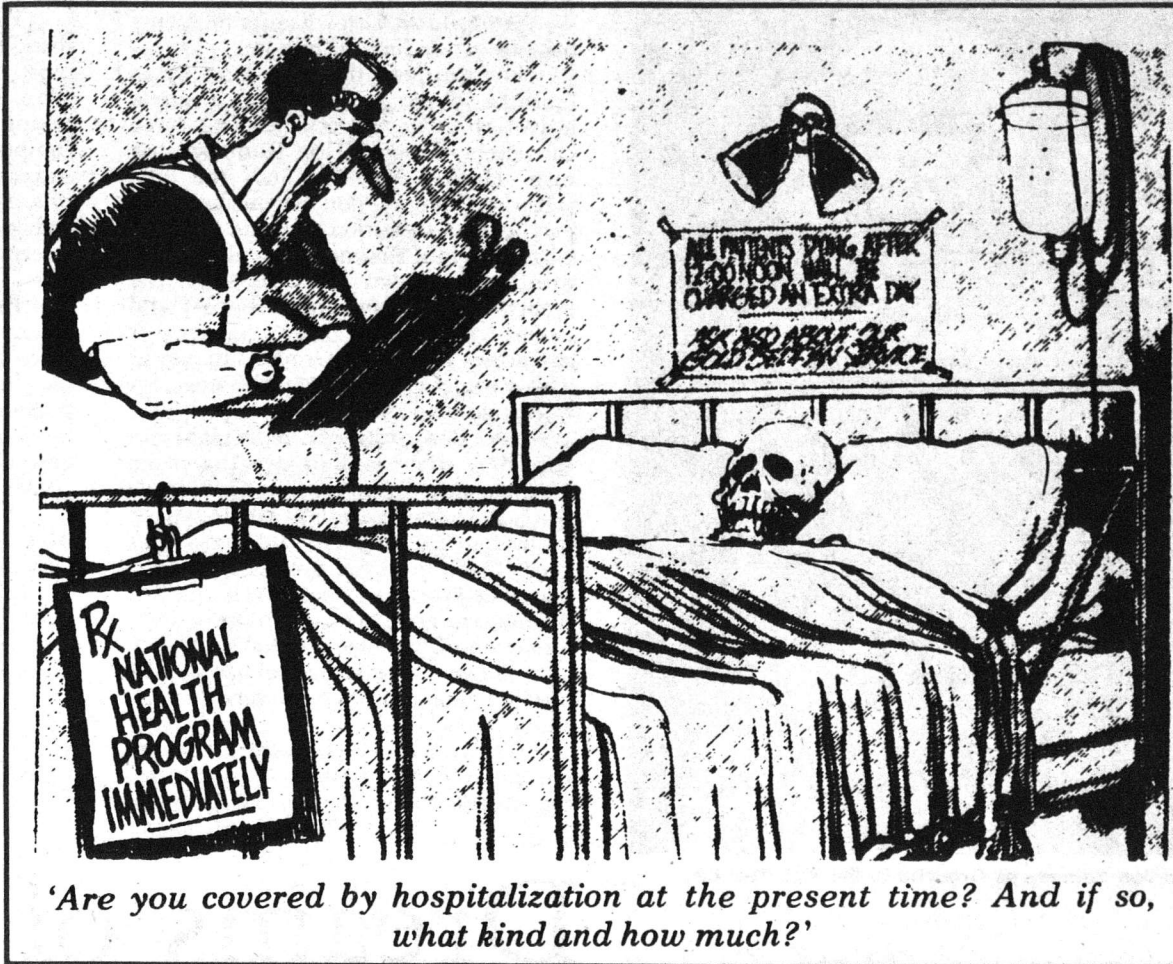
Perhaps they are. But Hall found that most people expressed some hesitation and embarrassment in discussing a professional's fees with him.

Therefore, Hall concludes, balance billing denies health care access to some elements of society, and violates the "essential principle of accessibility to all." He is supported in this view by many of the consumer groups who made submissions to him.

In Alberta, the staunchest defenders of the principles Hall espouses in his recommendation that balance billing be outlawed are the Friends of Medicare. This is an organization originally established by the Alberta Federation of Labour, and supported by other Alberta Groups including the Alberta Council of Aging, the Consumers' Association of Canada, and the United Nurses of Alberta.

Their submission to Hall made clear the opposition to balance billing, and they have continued to make this point in submissions to the Minister of Hospitals and Medical Care, David Russell.

Hall acknowledges, however, that the government should not be the sole determinants of remuneration. "I reject totally the idea that physicians must accept what any given Province may decide unilaterally to pay," said Hall. This appears to lead to a dilemma. If neither the medical profession nor the government is to set health-care payments, who is to do the dirty work?



'Are you covered by hospitalization at the present time? And if so, what kind and how much?'

Hall recognizes the physicians right to adequate compensation for his services. He notes that it is important to twin the basic principles of accessibility and adequate compensation in such a way that the health services program survives, and repetitive conflicts year after year do not occur.

have elected to remain within the government program. Were this not the case, allowing non-participation would have serious consequences for the patients of these physicians.

Predictably, these recommendations have met with outrage from the spokesmen of the medical profession. The CMA's

patient retains some responsibility for personal health care. "It allows the patient more freedom to decide how much of his personal resources he will spend on health care," they say.

The CMA has declared that should Hall's proposals be adopted, Union organization for

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Hall concludes that when negotiations between physicians and government fail, the disputed issues should be sent to binding arbitration. The arbitration board would consist of one nominee from each group and one person nominated by the Chief Justice of the province concerned.

The issues of outlawing balance billing had government acceptance of binding arbitration must be linked, Hall argues. The Cabinet must not have the right to approve or revoke the arbitration award.

Hall refers to binding arbitration as society's substitute for conflict and chaos in Canada's health services. So far so good. Hall says he received numerous letters supporting this comment from physicians during his enquiries.

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With this alternative, the patients of these physicians may not receive benefits from the government for health care expenditures. It is the second alternative which Hall is recommending. He notes that the just majority of Quebec physicians

statement on the Hall Report said the recommendation that payment for physician's services come from one source and be subject to arbitration are not in the best interests of the public or the profession.

The CMA argues that this would infringe on the right of the patient to select a doctor of his choice, and further, that the physician would become "a government-retained dependant contractor" or "a de facto civil servant." This is apparently argument enough as far as the CMA is concerned, since they do not bother to explain why civil services is such a dreaded fate.

"Mr. Hall is recommending that health care insurance, which the Medical Profession of Canada has pioneered and strongly supports, be abandoned in favour of state medicine," the CMA proclaims. This is a similar argument to the previous one; it presupposes that everyone must necessarily be horrified at the prospect of state medicine.

These outcries stem from the traditional role of the physician as a self-employed professional, or small businessman. This is a tradition particularly strong in Alberta, and it is not one that will be easily eradicated.

The CMA takes the position that assuming part of the cost for medical services ensures the

physicians will become essential. The CMA again assumes that this is intrinsically a bad thing. They are unclear on precisely what the difference would be between the

provincial medical associations as they exist now, and some postulated Medical Union.

Hall also recommended that the provincial ministers meet to work out a scheme by which Canadians could move from one province to another without annoyance and financial loss with respect to health insurance.

He recommended that governments of the three provinces with health care premiums - Ontario, British Columbia, and Alberta - give serious consideration to phasing out the premiums.

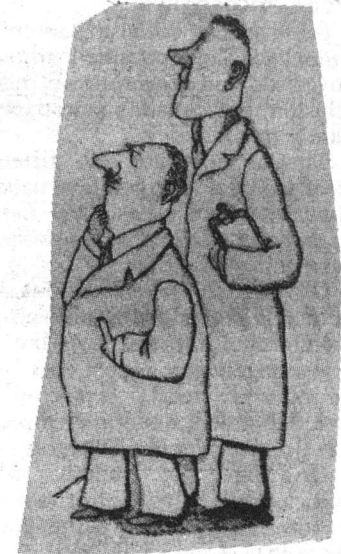
Accessibility to health care is limited, he charged, by hospital user fees.

Hall urges the emphasis of preventative and lifestyle medicine as a priority in health care of the 80s.

He recommends that the discrimination against chiropractic services as a valid part of health care be eliminated.

These proposals, and others which do not affect physicians' pocketbooks, have evoked little reaction.

How extraordinary. Alberta's Hospitals minister Russell has not made a definite statement on which aspects of the report his government will accept or reject. However, it seems unlikely any health care legislation will be brought forward during the current legislative session because it will probably be dominated by constitutional and resource control related issues.



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