

User's guide to health care reform

Michael Malus, MDCM, CCFP, FCFP, on behalf of the CFPC Committee on Ethics

The Romanow Report, the Kirby Commission, and the First Ministers' Accord are recent expressions of the sense of profound urgency that patients, doctors, and politicians share that health care must be improved. Innovative expressions of health care reform have emerged in such proposals as the Ontario Family Health Networks and the Quebec Family Medical Groups. The many provincial government elections mean more plans will proliferate. Physicians and the public will be ultimately legislated into health care reform.

The proportion of medical students choosing family medicine has dwindled from 40% to 24% over several years. Part of the reason is that students fear that family physicians, compared with the more professionally and financially

independent specialists, could become a horde of colourless civil servants under the thumb of the government. The challenge is to turn health care reform into an attractive concept of creative interdisciplinary teamwork whose terms we have been a full partner in constructing and negotiating. We need to be vocal for change that makes us feel optimistic and proud of what we do. This confidence and sense of well-being could once again make family medicine an attractive career option.

Members of the College of Family Physicians of Canada's Committee on Ethics, which has representation from across the country (I am a member from Quebec), have struggled with these issues. We have written a paper, *Family Practice Concepts and Values: Benchmarks for Health Care Reform*, which can be

Table 1. Ethical Apgar score* for health care proposals: Family medicine user's guide to health care reform assesses how well proposed reforms accommodate family medicine concepts and values.

FAMILY MEDICINE CONCEPTS AND VALUES	NEGATIVE IMPACT -1	UNCHANGED 0	SOME ENHANCEMENT 1	MAJOR ENHANCEMENT 2
Trust: integrity of the patient-physician relationship				
Comprehensiveness of care: availability of services, equal access to rich and poor				
Patient-centred decision making: does the system encourage informed consent?				
Privacy and confidentiality: protection of patient health data				
Clinical competence: resources and time allotted for maintenance of competence and professional development				
Health advocacy: paid time for maintaining links with public health, regional boards, and community				
Quality assurance and research: time and funds allotted for measures to reduce medical errors				
Accountability and governance: an open and transparent system to ensure accountability for decision makers and stakeholders				
Working conditions: adequate compensation and flexibility in scheduling				
Overall "gut feeling" about the plan: does this reform improve our ability to further the health of our patients and improve the health of the communities in which they live?				


*Most family physicians, whether they do obstetrics or not, probably remember the Apgar score, which tells you whether a newborn is normal or viable with or without resuscitation. At the higher end of the 10-point scale, the newborn is crying and pink and vigorous and clearly on the road to a productive life. In the same way the "ethical Apgar score" grades a health care reform proposal from moribund to creative on a scale ranging from -10 to +20. Try it the next time a proposal comes your way (or down your throat).

found under Family Medicine Ethics in the Education section of the College's website at www.cfpc.ca.

Our paper crystallizes issues that lie at the heart of what we define as family medicine and the way we would like to practise. We aimed to offer family physicians a system of critical appraisal of health care reform proposals in terms of their capacity to preserve and enhance basic family practice concepts and values.

We wanted any health care reform proposal to first sustain and enhance the trust inherent in the doctor-patient relationship. Comprehensiveness of care (including availability, equal access, and continuity) emerged as a corollary of trust, as did a system that fosters patient-centred decision making and ensures privacy and confidentiality. Other concepts our group considered important were provisions that allowed both time and financial support for promoting clinical competence and protected time and administrative channels for health advocacy for our patients and communities. Quality assurance and stringent attention to accountability and governance with involvement of both physicians and their communities have to

be assured. Working conditions (in terms of compensation, scheduling, and assurance of a trilateral understanding among physicians, patients, and government as to obligations and limits inherent in such concepts as 24-hour care) must be clear and fair.

To help you evaluate any health care proposal that comes your way, we have summarized these values and concepts in an "Ethical Apgar Score for Health Care Proposals." Family physicians can take this analytical step to clarify their views on proposed health care reform (**Table 1**). 

Dr Malus is Chief of the Department of Family Medicine at Jewish General Hospital and is an Associate Professor in the Department of Family Medicine at McGill University in Montreal, Que. Members of the CFPC Committee on Ethics are Dr David Gass, Chairman; Dr Eugene Bereza; Dr Michael Malus; Dr Keith Ogle; Dr Frank Scheuermeyer; Dr Bill Sullivan; Dr Ron Wilson; and Dr Michael Yeo. Dr Richard MacLachlan, who until 6 months ago was Chair of the Committee, was a central contributor to the group's paper.