

Analogy does not apply

Dr Ladouceur's restaurant analogy in his May editorial¹ is inapplicable and nonsensical. Restaurant owners set their own "fees" to cover their costs and increase them based on market forces and cost increases. A third party determines the fees for physician services and, most importantly, determines which of those services are covered. The third-party payer has no interest in educating the customer as to what is covered and leaves it to the physician to either absorb that cost or pass it on to the consumer. Furthermore, goods and services in Canada are laden with hidden costs. The advertised price has goods and services and provincial sales taxes added after the fact and, if a restaurant, gratuity is not included.

It is a fact of human nature that services provided for free are devalued and become expected. Just as taking the time to explain why an antibiotic prescription is not necessary decreases re-presentations expecting antibiotics, educating patients (and employers!) on the costs of what is not covered by Medicare decreases unnecessary repeat requests that creep into the publicly funded domain. By instituting an automated recall system *and* charging for no-shows, our clinic has dramatically decreased no-shows and thus decreased wasted appointments and improved accessibility. Not charging (fairly) for uninsured services and not reinforcing to patients that there is a cost for not showing up for their appointments perpetuates the unsustainable delusion that Medicare should "just pay for everything." This actually increases costs to the public purse and threatens the sustainability of publicly funded health care.

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Competing interests
None declared

Reference
1. Ladouceur R. Extra fees for uninsured services. *Can Fam Physician* 2016;62:373 (Eng), 375 (Fr).

Medicine is a business

While I get a chuckle out of Dr Ladouceur's rose-coloured view of the business of medicine¹ (and make no mistake, it is most definitely a business), his public condescension toward colleagues seems to be ongoing,^{2,3} so I feel I must respond.

First, to his point about charging for missed appointments, in my experience most physicians advertise these penalties but rarely enforce them. If I missed a dentist appointment, I would be charged; if I wasn't home to open the door for the plumber, I would be charged; and a doctor's office is no different, in that it is time wasted for the business. If I had a patient who missed multiple appointments without a reasonable explanation, I would not hesitate to ask them for compensation for my time.

To be clear, I run a business trying to maximize profits, and yet I care deeply about each and every

patient I see and I work my hardest to do right by them. What Dr Ladouceur seems to miss is that these goals are not mutually exclusive. Just like most every other business, there is a market rate for my services. In recent years, government fee schedules have not kept up with the market rate for these services, and certainly have not kept up with changes in technology and innovative service delivery models, and so in talking with my colleagues, we feel increasing pressure to fill this gap by billing for services that previously went uncompensated. My own professional interest is in innovation in service delivery in family medicine (for example, how many patients in Canada can freely send an e-mail or text to their physicians?), and as fee-schedule changes are inherently conservative, this type of innovation will necessarily come from user fees, with the hope of being included on the fee schedule once proven. My patients are free to shop around for a family physician, and all fees are published up front and before service delivery. I refuse to be made to feel guilty for asking to be compensated appropriately for my services.

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Competing interests
None declared

References
1. Ladouceur R. Extra fees for uninsured services. *Can Fam Physician* 2016;62:373 (Eng), 375 (Fr).
2. Ladouceur R. Where is family medicine heading? *Can Fam Physician* 2015;61:1029 (Eng), 1030 (Fr).
3. Ladouceur R. Thou shalt not kill. *Can Fam Physician* 2015;61:301-2 (Eng), 304-5 (Fr).

Professionals, not employees

When I read Roger Ladouceur's editorial,¹ I felt a flush of resonance and strong emotion because he's raised an issue that is dear to my heart and that has dogged my clinical life for 4 decades.

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