effort (like a long letter in support of a patient’s personal needs, sent to a social service agency), is and always has been acceptable. I am not a billing nihilist.

So ...

Do I think we should charge for uninsured services? Yes, occasionally, and in concert with our fundamental principle of primum non nocere. Our actions in charging for services are not neutral or without effects. To see what we do as being part of a “business model” is, however, in my opinion, to negate the principles under which we work and, at worst, represents simple opportunism.

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Competing interests
None declared

References

Create a better system

Dr Ladouceur1 has described a practice that has become so common in medicine that it is rarely commented on—charges for uninsured services related to health care, such as parking, sick notes, and other forms. Although a hardship for many, fees are now the norm. This is unfortunate, as research has made clear that fees create a barrier to health care, particularly for the most vulnerable. Although the services provided by a hospital or a family doctor might be covered by Medicare, the additional charges could deter those seeking care.

Family doctors are undoubtedly being asked to take on additional work, such as filling out forms, for which they are not compensated. Many doctors pay high fees for running their offices—and they also likely waive fees for patients when asked. However, many patients likely suffer without asking—or simply don’t access care.

Medicare is publicly funded because health care is a collective benefit. When there are gaps in the system, the patient should not be made to fill them in with costs that might cause harm to their health. Instead, we can advocate to do away with unnecessary requirements such as sick notes and some forms, and we can seek ways to have uninsured services that are essential to patient health be included in our health care system.

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Competing interests
None declared

Reference