

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.

—Warren Bell MDCM CCFP FCFP
Salmon Arm, BC

Competing interests

None declared

References

1. Ladouceur R. Extra fees for uninsured services. *Can Fam Physician* 2016;62:373 (Eng), 375 (Fr).
2. Mazerolle M. Supposed altruism can be the facade of the patriarchy [Rapid Response]. *Can Fam Physician* 2016 May 17. Available from: www.cfp.ca/content/62/5/373/reply#cfp_el_14931. Accessed 2016 Jun 9.

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

—Monika Dutt MD CCFP FRCPC
Sydney, NS

Competing interests

None declared

Reference

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

Make your views known!

To comment on a particular article, open the article at www.cfp.ca and click on the **Rapid Responses** link on the right-hand side of the page. Rapid Responses are usually published online within 1 to 3 days and might be selected for publication in the next print edition of the journal. To submit a letter not related to a specific article published in the journal, please e-mail letters.editor@cfpc.ca.

Faites-vous entendre!

Pour exprimer vos commentaires sur un article en particulier, ouvrez l'article à www.cfp.ca et cliquez sur le lien **Rapid Responses** à droite de la page. Les réponses rapides sont habituellement publiées en ligne dans un délai de 1 à 3 jours et elles peuvent être choisies pour publication dans le prochain numéro imprimé de la revue. Si vous souhaitez donner une opinion qui ne concerne pas spécifiquement un article de la revue, veuillez envoyer un courriel à letters.editor@cfpc.ca.

— * * * —