

Why We Need to Listen to What Ontario Doctors Are Saying About Fee Cuts

October 7, 2015 – With all due respect to [Globe and Mail Public Health Reporter André Picard](#) and his assessment that the social-media voice of Ontario doctors is sounding “shrill, self-indulgent, and counterproductive” as they continue their dispute with the Ontario government over fee cuts, I would counter that, given their current situation, our physicians are acting in a perfectly rational manner. After all, who among us, when backed into a corner and with no means of escape, wouldn’t scream, shout and say whatever it takes in order to call some attention to our plight.

If ever there was a group of people caught between a rock and a hard place it is Ontario’s doctors. As Mr. Picard correctly points out, the government has unilaterally cut doctors’ fees by 4.45 per cent this year. Less discussed is how physicians are trapped in a system that gives them no options and no way out. Doctors can’t make up the decrease in their income by seeing more patients because of government-imposed maximums on the services allowable per patient even when the patient requires extra services; they can’t extra-bill for services because that’s against the law; and they can’t opt-out of the system because Canadians are not permitted by law to pay for healthcare services outside of our publicly funded system. In other words, for doctors, there is no escape other than to leave the country or leave the profession. Is that what we want?

At the same time, doctors’ costs are either staying the same or increasing. As Mr. Picard correctly identifies, doctors have to pay overhead (although to say, as he did, that some have 0 per cent overhead is misleading). Whether for rent, office staff, supplies, equipment, insurance or more, doctors have expenses for which they must pay market prices. They can’t arbitrarily cut, say, their receptionist’s negotiated salary or tell their landlords they’re going to pay less rent; if they did they would be sued or kicked out of their premises. As their top line goes down

while their expenses either stay the same or go up, doctors are caught in the middle. Maybe doctors shouldn't "whine", as Mr. Picard says, about high overhead but by the same token, maybe the public should understand that doctors have to pay their bills and at the end of the day, what they take home is substantially less than what they are given.

Maybe Mr. Picard is also correct when he says that doctors shouldn't complain that plumbers make more per hour than they do because, after all, many others, such as child-care workers, are badly underpaid. Fair enough. These members of society however, enter the workforce at least a decade before doctors do and they do not enter the workforce hundreds of thousands of dollars in debt for the training required for the job. But it would behoove us to mention that others in the health care field make a lot more and to question why that is. Why is it, for example, that hospital administrators, who are also paid by tax payer dollars yet aren't tasked with the burden of literally saving lives, are paid so handsomely? Why does the government see fit to not ask the likes of Mt. Sinai President and CEO Joseph Mapa (2014 salary - \$688,907.07), Sunnybrook's Executive Vice President and Chief Medical Executive Andy Smith (2014 salary - \$434,062.60) or Markham Soufville's President and Chief Executive Officer Janet Beed (2014 salary - \$418,964.68) and the long list of other hospital administrators who make the [Public Sector Salary Disclosure List: Hospitals and Boards of Health](#) (a.k.a. The Sunshine List), to accept unilateral pay cuts?

Mr. Picard is correct when he says that binding arbitration would be the most sensible short-term option. The OMA should issue a written, formal invitation, published in the newspaper, requesting the Ontario government to put the matter to binding arbitration. A panel comprised of one arbitrator chosen by the OMA, one arbitrator selected by the Ontario government, and a third, selected by the other two arbitrators, should be formed to resolve the matter. Until then, it's a safe bet the doctors will continue their war of words on social media. Yes, their voice might be shrill, but that doesn't mean we shouldn't hear what they're saying. And yes, it might reflect poorly on physicians to have their sense of entitlement showing but



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that doesn't mean they are not entitled. Most particularly doctors surely have an entitlement to be treated respectfully, which is certainly not our government's current modus operandi.

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