



Dr. Brian Day's Platform, Candidate for President-Elect, Doctors of BC

System Reform

I have been asked by a number of individuals why a former President of the Canadian Medical Association would seek the Presidency of the Doctors of BC. My main reason is a strong belief in a more assertive role for doctors in the area of health policy reform, which under the constitution of Canada, is in the domain of provincial (rather than federal) jurisdiction. It is time for Doctors of BC to take the leadership role in liberating both patients and doctors from policies and laws that ration access and funding.

Canada's health system is performing badly. The Commonwealth Fund is a private foundation that aims to promote improved access, quality, and efficiency for society's most vulnerable, including low-income people, minority groups, children, and the elderly. They recently ranked Canada's health system as 10th of 11 developed countries. Within Canada, the Wait times Alliance has identified BC as the worst performing province. Polls show that over 95% of Canadians believe that their health system needs a major overhaul or complete rebuild. Doctors of BC must be at the forefront of efforts to create a more efficient health system.

BC Fee Schedule

Part of government's power over BC patients and their doctors is exercised through their control of resources. There is a need for more correlation with amount of work done, performance, expertise and value received by the patient. Rationing access to care is used to limit spending. Doctors' incomes are fixed by government, while their expenses are subject to the free market. Rising costs, due to technological advances and demographics, are making sustainability a major source of concern.

The current fee schedule is problematic. A structural engineer's site visit to a home construction site, or a service call from a home appliance technician should not command a fee that is over 3 times that of a physician's house call. We need to generate data needed to create a valid and fair fee schedule. For example, should an orthopaedic hand surgeon's consultant fee for assessment of a mangled hand be 33% more than a plastic surgery hand specialist? There are countless other examples of illogical fees in our schedule. The inclusion of extracurricular non-MSP work is another issue. The inclusion of so called private work in fee calculations could become irrelevant if the current constitutional challenge against restrictions on supplemental private insurance succeeds.

Patient Focused Funding

As CMA President I pushed hard for patient focused funding – where funds follow the patient -rather than the global funding of hospitals, which treats patients as cost items. The BCMA made this a part of its policy on health funding. It empowers patients and realigns priorities in their favour. We need to reassert our commitment to this policy and push government to change.

Government Relationships

Our association is in a difficult position when it comes to potentially adversarial interactions with government. In issues of health policy, we must put patients first and be able to engage in negotiations and pursue agenda that may conflict with the priorities of government. Yet they are also, effectively, our employer. It is understandably tough to take hard and contrary positions on policy while simultaneously going cap in hand to ask for increased funding. This explains, I believe, the lack of any pronouncements from Doctors of BC on a constitutional challenge that has, even by writers and lawyers in Eastern Canada, been called the biggest legal case in Canadian history.

As patient advocates we must also promote a commitment to patient empowerment. Last year the BC government, in an effort to promote a patient focused system, launched a health website (“ThinkhealthBC”) aimed at gathering patient feedback. Patients responded and spoke out about their many concerns. The website was closed down.

Unity

One of the problems with our near single payer system of remuneration is that we are at risk of succumbing to a divide and rule approach when negotiating for resources. The “Iron Lady”, Margaret Thatcher, stood with little fear against the Red Army and the Soviet Union. She didn’t think twice about sending Britain’s entire army, navy and air force, including the Queen’s youngest son, to the South Atlantic to take on Argentina in the Falklands’ war. But, she drew the line in taking on the doctors of Britain when it came to health policy and funding. As a united profession, doctors in BC and Canada are very strong, and we must show that strength. The official BC government response to the current constitutional challenge is remarkable in that it blames doctors and patients for access and funding problems. We must strongly refute such accusations and re-affirm our mandate as patient advocates. We cannot adopt a “no comment” approach. The current legal challenge in BC is actually aimed at enacting existing CMA policy (supported by the former BCMA caucus) into law. The world literature is clear in showing that our health system is both very expensive and extremely inefficient when compared with other universal systems.

The Doctors of BC must advocate for BC patients to have the same rights and freedoms that the Supreme Court of Canada granted to Quebec residents in the Chaoulli case.

Doctors want a better health system for all. We must encourage debate, but avoid internal conflict. Now is not the time to consider revoking our conjoint membership in the CMA. I am seeking a mandate from BC’s doctors to pursue an agenda aimed at solidifying and further uniting our profession as we seek the reforms necessary to elevate our health system from its lowly ranking. We owe this to ourselves and our patients.

DR BRIAN DAY

Education:

1. University of Manchester MB, ChB 1970
2. University of British Columbia, MSc, 1974
3. MRCP (UK) 1972, FRCS (Eng.) 1974, FRCS(C) 1977
4. American Board Certification, 1981
5. Commenced Practice in current District- 1978

Relevant Experience:

Current:

6. Member of the BC Medical Journal Editorial Board 2002-Present
7. Associate Professor, UBC (first faculty appointment 1975)
8. Consultant Staff, Vancouver Hospital

Previous

9. President, Canadian Medical Association, 2007 - 2008
10. Canadian Medical Association Executive Committee, 2006 - 2008
11. BCMA Board of Directors, 2006 - 2009
12. President, Arthroscopy Association of North America, 2004
13. Vice President, Canadian Orthopaedic Foundation, 1989 – 1993
14. Chairman, Royal College Surgeons Test Committee, Orthopaedics, 1989 – 1994
15. Associate Editor, Journal of Arthroscopic Surgery, 1993 – 2001
16. North American Delegate Scientific Committee, European Congress on Sports Medicine, 2004
17. President, Canadian Independent Medical Clinics Association, 2005 -2006
18. Board of Directors, Canadian Orthopaedic Association, 1987 – 1988
19. Various UBC Faculty of Medicine Committees

Distinctions:

20. Orthopaedic Surgery
21. Honorary Member Cuban Orthopaedic Association
22. Multiple visiting professorships and guest lectureships
23. 2014 Doctors of BC, Don Rix Leadership Award

Memberships:

24. Doctors of BC
25. Canadian Orthopaedic Association
26. RCS England and RCPS Canada
27. Canadian Medical Association
28. Arthroscopy Association North America
29. Fellow American Academy Orthopaedic Surgeons

Other Interests:

Orthopaedic Consultant, Multiple International and National Sports Teams and events