

## MDs are their own worst enemy

**Editor:**

The battle between Dr. Brian Day and Dr. Jack Burak to assume the leadership of the Canadian Medical Association demonstrates a much needed maturing of the medical establishment in Canada. Dr. Day, the owner of a low risk surgical service facility in Vancouver and a proponent of non-urgent private medical care is a British National Health Service refugee who stands for freedom of the profession from the clutches of government. Dr. Burak is an all-Canadian renaissance physician who believes in working with the people's representatives to formulate policies that ensure medical services at time of need. The behaviour of the B.C. Medical Association in facilitating Dr. Day's sudden rise to prominence within its organization shows where the medical establishment sees its role in Canadian society.

The primary reason for provincial medical associations is to embarrass government in the way any other public sector union does to justify its existence to its members. Strategically embarrassing government into allocating more funds in support of physician services is the *raison d'être* of all provincial medical associations. The leadership of the BCMA demonstrates mastery at such tactics during the interlude leading up to fee negotiations. Like other provincial medical associations the BCMA, does demonstrate

its resourcefulness in outlining new approaches for the management of health services in the interlude between negotiations. In the absence of modern day medical leadership, these noble statements of intent often appear more as a form of propaganda in the battle to demonstrate the limitations of publicly administered health care in Canada. There is little innovation that may threaten the centuries old independent solo practitioner, fee-for-service medical practice model.

When the Canadian Medical Association meets in Charlottetown this month, the future of medical services delivery in Canada will rest with the 265 or so delegates to General Council. Those responsible for voting will have a simple choice to make. They can vote for the preservation of the status quo or they can choose to adopt a new era in Canadian medical leadership. The choice is as clear-cut as any surgeon's scalpel can make it.

The status quo is a continuation of skirmishes, battles and conflicts between provincial medical associations and the government that result in disruption of patient care. It brings insecurity to Canadians' dependence on publicly funded medical care. In this cloud of insecurity, solutions will be promoted that allow physicians, who are of the same persuasion as Dr. Day, to take full advantage of their entrepreneurial privileges. The spectra of the historical reluctance of the medical establishment to embrace publicly health care will rise again and take prominence in Canadian medical care evolution.

Dr. Burak's candidacy offers a fresh new vision of medical service leadership. It is a truly "made in Canada" vision. Rather than conflict and skirmishes he believes in the need to recognize the wishes of the Canadian people for security in receiving their medical services at time of need, independent of their ability to pay. Acknowledging the contribution that physicians like Dr. Day bring to the table, Dr. Burak sees market forces as a policy lever in the formulation of sound health care programs rather than being a personal equity creator. Clearly he supports the sentiment expressed by one B.C. health services architects, Lloyd J. Detwiller, who in the early 1970s, stated that: "Health care delivery and finance programs cannot be optimized if they become the battleground for irreconcilable ideologies."

In the past, the ideologues within the medical establish-

ment have functioned like a confounding variable, begrudgingly accepting the popularity of publicly funded health care in Canada. We can only hope that the majority of the 265 delegates meeting at the CMA conference will cast off the shackles of the past, that they will adopt the vision of a proven medical leader from western Canada and that they will put their patients' need to access medical services before the personal ambitions of some of their members.

**Tim Lynch  
Steveston**

## Innocent lives lost

**Editor:**

Recently, *The Richmond Review* has been a platform for letters to the editor on the Middle East conflict.

As a retiree from the United Nations working many years on the Middle East conflict with first hand experience, I am extremely bothered with a statement written by Anthony Oluwatoyin published in *The Richmond Review* (Letters, Aug. 3).

His statements falsely provide a "benefit of doubt" regarding accidental strikes on United Nations observers in Khiam, Lebanon.

Mr. Oluwatoyin must know that the UN Post in Khiam was not established recently—it has been in operation for the last 23 years. The Israeli military establishments are and were fully aware of its location and active post. In addition, the Israelis monitors the UN post on a daily basis.

Following six hours of firing by the Israeli army on the area and multiple pleas by UN staff to Israel to stop, the post was hit by a precision-guided explosive. It is even more concerning that after each call made—the staff was reassured by the Israeli liaison officer that the firing would cease.

The attacks on the UN observation, post where a Canadian observer was killed, and the ongoing massacres to the likes of Qana are anything but accidental. The UN observers are not the first and will not be the last innocent lives lost in this illegal war.

**Shawkat Hasan  
Richmond**