

Paul-Émile Cloutier, a sympathetic ear at the QMA

Paul-Émile Cloutier joined the Canadian Medical Association in 2002 and was named secretary general and CEO of the organization last July. Prior to his appointment, he was assistant secretary general for advocacy, communications and public affairs.



QMA: As a native Montrealer, will you be particularly attentive to the needs of the QMA?

P.-É.C.: Absolutely, without a doubt! Not only will I have an open ear, but what happens in Québec is close to my heart. I'm aware that the QMA's situation is unique in that, unlike the other provincial

medical associations, it is not entrusted with negotiating medical fees with the government. As such, the QMA has a representative role, and the CMA will do everything it can to support the QMA's work in that respect.

QMA: Are the issues on the table in Québec different from those of the CMA or the other provinces?

P.-É.C.: The issues are the same, but Québec is leading the way. When it comes to its health system, Québec is more innovative than the other provinces.

QMA: As secretary general and CEO of the CMA, which issues do you plan to focus on?

P.-É.C.: One of the main issues is demographics. Today's young doctors have a philosophy that differs significantly from those who practiced 25 years ago. Although new doctors want to provide the public with good service, they also care a great deal about their own quality of life, which could aggravate the already problematic lack of physicians.

QMA: Does the issue of demographics also include the aging population?

P.-É.C.: One lesser-known aspect of the aging population issue is that younger generations are better informed than today's seniors, a phenomenon with repercussions on medical practice. Baby boomers and younger age groups refer to the Web before meeting with their doctor. They then ask many questions that he or she is not always able to answer.

QMA: So doctors should be aware of the information that's out there so that they can counter any misinformation!

P.-É.C.: In my strategic plan, I'll tackle exactly that, the application of what is known as "knowledge in practice." When you use a search engine like Google, it's hard to know whether the information you find is biased by pharmaceutical companies or other organizations. I'd like to make it so that doctors can find all the relevant information they need in one location, without having to search all over the place.

QMA: That's quite a challenge! What other personal objectives would you like to achieve as part of your new duties?

P.-É.C.: I'd like to modernize and democratize the CMA. I want to open it up and establish a strong and healthy relationship with the provincial associations. Modernizing the health system is also on the agenda, because the 10-year accord on health established between the federal and provincial associations will end in 2014. The entire health system will need to be reviewed, so the CMA and its provincial counterparts have to start preparing now if they want their voices to be heard. It may seem like the distant future, but 2014 is just around the corner!

Heroin addicts are people with an illness



Dr. Suzanne Brissette

CHUM multimedia production

How can doctors happily accept seeing their patients denied the only treatment available to them? Unfortunately, that is exactly what Dr. Suzanne Brissette, QMA member and head of the drug addiction department at the *Centre hospitalier de l'Université de Montréal*, wondered when she learned that the North American Opiate Medication Initiative (NAOMI) was no longer receiving the funding it needed. She recognizes that heroin addicts are not a popular cause, but she reminds us that they are in fact sick people who need treatment. And although a scientifically proven treatment does exist, the government refuses to release the funds that would give addicts access to it. "Heroin addicts who don't respond to traditional treatment are discriminated against," she says. "From both a clinical and an ethical standpoint, that's a hard pill to swallow."

We often hear that the illegal activities of heroin addicts place a costly burden on society. But we tend to forget that not treating them also costs the health system a great deal. As Dr. Brissette says, "They often show up at the emergency room with an abscess or endocarditis, or after attempting suicide. Or else they've had some sort of trauma. They also end up in the patient care units, usually due to infections that take a long time to treat, which uses up valuable hospital beds. Thanks to NAOMI, we had an opportunity to add an effective treatment for people dealing with an addiction to the services we offer. Unfortunately, the

government has decided to withdraw its support. We would like it to re-establish the program because we now know that drugs interfere with the function of certain parts of the brain that control impulsiveness and decision-making. We also know that addicts use drugs not because they are seeking pleasure, but to reduce the physical and psychological suffering that comes with abstinence. Many of them will need medication for the rest of their lives."

Stating our support for NAOMI

Last August, the QMA issued a formal statement in support of SALOME, a supervised injection project at a Montreal clinic that was the clinical extension of NAOMI. The QMA had asked deputy minister in charge of social services Lise Thériault to reconsider her decision not to fund the SALOME research program, as it was clear that her decision was not backed by any scientific or medical evidence. To the contrary, the scientific and medical literature, along with the experience of dedicated research teams, demonstrated the effectiveness of heroin prescription programs for addicts who do not respond to any treatment, including methadone. Moreover, the QMA maintains that NAOMI and SALOME offer a solution that has been proven effective among our society's most vulnerable. The social and medical costs of drug addiction are huge. Every heroin addict with a severe, chronic addiction who succeeds in breaking free of the addiction through a program like NAOMI or SALOME represents a net gain for Québec, both economically and socially.

The perfect time of year to reflect on an issue that affects the entire medical profession



to doctors. This issue must be debated from every angle to arrive at a solution that takes into account the patients as well as the core values of Québec society. For these reasons, I would like to summarize the QMA's position on euthanasia in order to help you consider the issue from both a professional and a personal perspective.

First and foremost, the QMA would like to see serious debate by the public and the health community. The opinions expressed in the newspapers demonstrate the need to clarify the ideas surrounding assisted

The Holidays are the perfect time for reunions, get-togethers and exchanges among colleagues, as well as for reflecting on a number of issues of concern to doctors. One issue that deserves careful consideration is euthanasia.

For the Québec Medical Association, hastening the death of terminally ill patients to alleviate their suffering is a subject of great concern, and not only

death – voluntary, non-voluntary or involuntary euthanasia, and medically-assisted suicide – and the end of life—humanitarian palliative care, withdrawal of life-sustaining treatments deemed inappropriate or terminal palliative sedation.

Even clarifying such ideas is a challenge in itself. The confusion that abounds in many people's minds explains why a significant proportion of the population is in favour of euthanasia. Better information about these ideas would surely change the public's perception on this issue.

Rather rare are the situations where patients are forced to endure unbearable pain that cannot be relieved by the therapeutic or pharmacological arsenal available to doctors. In the case of patients in the terminal phase, humanitarian palliative care is available to alleviate pain, even though current practices can shorten a patient's life.

Moreover, we question the relevance of challenging an age-old prohibition supported by virtually all of the world's medical associations and criminal codes.

It is also worth noting that the proposed legislative changes would affect only those people who are capable of consenting. What about the others?

If adopted, would these legislative changes not create two categories, one for those who have access to

continued from page 1

The perfect time of year to reflect on a topic that affects the entire medical profession

medical euthanasia services with their full consent and another for those who do not because they are unable to consent?

So many questions with no easy answers, but which evoke the possibility of exceptions that could be made should legislative changes allow for access, even if strictly curtailed, to euthanasia or medically assisted suicide.

In the short term, it seems worthwhile to focus our efforts on expanding the scope and quality of palliative care. Such services are available throughout Québec, but their nature, scope and quality vary from region to region. Also, by taking stock of current end-of-life medical practices, we could identify the legislative changes that would be required in order to reflect current practices and that would be accepted by the medical community, patients and their families, and society as a whole.

One of the impacts of allowing euthanasia and medically assisted suicide is that doctors would be granted a "right to kill," a therapeutic option that would be added to the available medical, surgical and pharmacological treatments. How could this not be seen as an erosion of the trust between patients, society and the medical community?

Allowing these practices by modifying the Criminal Code would also call standard medical ethics into question.

The QMA believes that the role of doctors is to foster reflection by contributing to what we know about the ideas associated with end-of-life medical practices. In this respect, the QMA will play an active role in the health and social services committee set up by Québec's legislative assembly. In the end, it will be civil society, through its elected representatives, that will dictate the conduct it deems acceptable.

I would like to take this opportunity to thank you for your commitment to the QMA and its objectives. This voluntary act, which you repeat year after year, enables your association to keep moving forward.

Thank you, and Happy Holidays to you and your family!

Dr. Jean-François Lajoie
President
Québec Medical Association

Congrès 2010

INNOVATING FOR CHANGE

Are you a physician who would like to take a leading role in transforming your workplace?

If so, then mark your calendar: the Québec Medical Association will be holding its annual convention on Thursday, April 22, and Friday, April 23, 2010.

The event will focus on the catalysts for change most recognized for their success:

- The Toyota approach (LEAN healthcare), today's general trend in medical management
- The world's best medical practices as demonstrated by Cuban, U.S. and Canadian accomplishments
- The latest on a major issue faced by doctors in Québec: U.S. healthcare reform under president Barack Obama
- An evening of discovery whose theme and guests will surprise you

An annual convention with an eye to innovation

With the theme "Innovating for Change," the 2010 QMA Convention will take place next April 22 and 23. The first day of the convention will be dedicated to the LEAN management approach. Speakers will include both managers and doctors well-versed in "LEAN". On the second day, we will look at innovation through practices gleaned in Cuba, at Johns Hopkins University Hospital in the U.S., and in Canada. Both days, attendees will have access to the IT Clinic, where the most powerful technologies will be showcased for the benefit of Québec's doctors. The event will conclude with an evening of discovery and surprises thanks to its theme and guests!

QMA to serve on the parliamentary committee on the INESSS

Representatives of the QMA will take part in the hearings on Bill 67 to be chaired by the health and social services committee (Commission de la santé et des services sociaux) set up by Québec's legislative assembly. Bill 67 defines the mission of the Institut national d'excellence en santé et services sociaux, the organization that will be in charge of promoting clinical excellence and the effective use of resources. The QMA has already contributed to the work of the INESSS implementation committee, then headed by former Québec health minister Claude Castonguay. The QMA is scheduled to take part in the health and social services committee on Wednesday, January 20, at 3 p.m.; it will be streamed live on the Web at www.assnat.qc.ca/fra/travaux/Debats/av-an.shtml.

Three issues to monitor in 2010

The QMA will tackle three issues sure to have a major impact on its members in 2010. First, the QMA team is putting the finishing touches on an agreement with the Canadian Medical Association to create a French version of the Physician Management Institute (PMI) in Québec. The English version of this renowned program has proved its worth and will be adapted and rolled out in the second half of 2010. Second, the QMA will soon launch a research program on innovative clinical practices, whose findings will be made available in fall 2010. And lastly, the QMA is in the process of selecting a firm to create a new Web site for the association from the ground up.



Happy holidays from the QMA

Dr. Anne Doig, a woman with a sense of commitment



A 1976 graduate of the University of Saskatchewan College of Medicine and family physician practicing in Saskatoon, Dr. Anne Doig was named president of the Canadian Medical Association in August 2009. In her inaugural speech, she thanked outgoing president Dr. Robert Ouellet for his indefatigable efforts and committed to building on the Herculean achievements of those who occupied the position before her. She promised to ensure that doctors would play an active role in transforming the way healthcare is dispensed in Canada.

Dr. Doig has demonstrated her sense of commitment in a number of ways

throughout her career, earning various honours, especially when serving as clinical professor in the University of Saskatchewan's Department of Obstetrics and Gynecology. She was among the founders of the Society of Obstetricians and Gynaecologists of Canada's ALARM courses, which she taught throughout the country. She also played important roles in the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the College of Family Physicians of Canada. Last but not least, Dr. Doig helped further the Breast Cancer Screening Program and the Prevention Program for Cervical Cancer in Saskatchewan.

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