Second Opinion: Is the 2014 Physician Master Agreement the right prescription for BC doctors and our patients?

Dear Colleague,

BC doctors must cast their vote by Dec. 4, 2014 on a tentative five-year Physician Master Agreement between the BC Medical Association/Doctors of BC and the provincial government. This has enormous ramifications for the independence and role of the medical profession impacting patient care.

As a physician and former BCMA board member with strong interest in policy governance and system improvement, I have grave concerns that this five-year plan will entrench dangerous flaws in the strategic direction for our future health care, negatively affecting British Columbians.

For a major agreement with such public significance, the complete lack of any discussion and debate within the BC medical community is disturbing. More worrisome is that most doctors do not understand the implications of the numerous provisions contained in this ‘omnibus-style’ contract. In part, this may be due to the sheer complexity of the 239-page Physician Master Agreement (term April 1, 2014 to March 31, 2019) that appears confusing, even incomprehensible, to the average reader.

Rather than facilitating debate on the pros and cons of this important agreement, the BCMA political leadership that negotiated this deal has, to date, conducted a top down, one-sided campaign for acceptance of this package as ‘a very strong agreement – one that is good for the doctors of BC and good for our patients’.

To prevent serious ‘medical error’ in this ratification vote by a leap of faith or blind trust in spin doctors, the real doctors of BC must use their best judgment and choose wisely by gaining a full understanding of the benefits and risks. They must talk to colleagues to share perspectives on the implications of this agreement.

Certainly, much closer examination with open discussions related to the serious concerns and questions are urgently needed, both for doctors and the public.

Some concerns are:

- Multiple provisions drastically altering the role and relationship of the medical profession in BC with the Government that diminish the autonomy of physicians and their independence to act as strong patient advocates.
• Creates a structural framework to further expand bureaucratization with unlimited power to unnamed individual appointees on numerous joint committees of the Doctors of BC and government.
• Arbitrary decisions on health policy related to service delivery, funding allocations and ‘targeted’ payments to physician groups with undefined processes that lack transparency.
• Millions of taxpayer dollars directed towards paying for additional layers of administration costs and paying more doctors to attend meetings instead of looking after patients.

This agreement does not adequately address the critical issues and urgent needs affecting various physician groups. How are problems defined and measured? What is the evidence on the results to date of current programs? Are there independent evaluations with predetermined measures of outcomes and value? What are the alternative options?

The numerous potential flaws in this five-year Physician Master Agreement are not restricted to the 0.5 per cent annual increase to the base that could result in more physicians falling further behind inflation, increase burnout, decreased access to physician services and accelerate the impending demise of the ‘full service family doctor’.

This agreement fundamentally alters the governance of BCMA/Doctors of BC by changing its accountability to the Ministry of Health, away from its central representative mandate to advocate for the medical profession and patients. The Staff of the Doctors of BC would report to the joint committees to implement its decisions, instead of their own elected board of directors effectively changing the core mission of the BCMA (rebranded as Doctors of BC) without the knowledge or consent of its physician membership.

Most ominous are provisions contained in the Memorandum of Agreements that would entrench a system of decision-making by undefined processes with sweeping powers delegated to a political elite. This is a slippery slope of administrators and bureaucrats dictating to doctors how they ought to practice medicine and use of payment ‘incentives’ that influence physicians to do things to get paid rather than what is best for patients.

As medical doctors, we must look beyond our pocketbooks to carefully consider the long term ramifications of this negotiated contract. Is the 2014 PMA the wrong prescription for our health care system that is now in critical condition? This could endanger the health care of patients, affect families and our next generation. As BC doctors, we must consider our duty and obligation to first, do no harm.

Sincerely,

Dr. Caroline Wang, MD, MPA