

Can Quebec afford dialysis for every 80-year-old patient?

After the Quebec Hospital Association began stoking the province's health care fires this fall, separatism was no longer the only issue creating heat in the province. The 135-member organization stated publicly that difficult and unpopular decisions affecting patients' lives have to be made in a climate of restricted government spending. Long waiting lists and reduced access to health care led the association to pose some tough questions. Now President Marie-Claire Daigneault-Bourdeau and Vice-President Daniel Adam want a public debate involving both federal and provincial governments to supply the answers. Should we develop a role for the private sector in Canada? Can we afford to offer all services to everyone on an equal basis? "Should we put a pacemaker in an 82-year-old patient?" asked Adam. "Should we accept giving dialysis treatment to an 80-year-old patient? This is the type of debate we should carry out."

Many people find this kind of thinking unethical and unacceptable. "They're trying to prepare the public for less treatment or no treatment at all for certain vulnerable groups like senior citizens," warned Dr. Paul Saba, president of the Coalition of Physicians for Social Justice. "This is a very dangerous precedent." He called this type of triage a slippery slope and stated emphatically that "all life is of value."

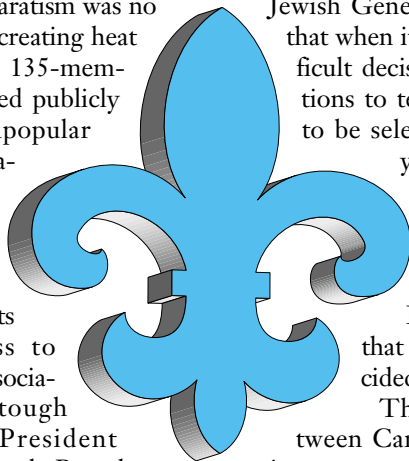
But some clinicians and ethicists stated that there are simply not enough ICU beds, dialysis machines and ventilators to accommodate an increasing number of critically ill patients, not all of whom would be well served by such sophisticated and costly interventions.

Dr. Michael Dworkind, director of the Palliative Care Unit at Montreal's Jewish General Hospital, stressed that when it comes to making difficult decisions there are limitations to technology. "You have to be selective about the goals you have at the end of life. Many of the technologies I see are just prolonging the dying process."

He added the caveat that each case has to be decided upon its own merits.

There is a paradox between Canadian society's commitment to provide care for all and the reality of scarce resources and competing demands, argues Dr. Eugene Bereza, a clinical ethicist in the Biomedical Ethics Unit at McGill. Bereza, a member of the CMA's Committee on Ethics, said decisions about allocating resources need to be discussed by society as a whole and not by isolated physicians caught in crisis situations, or by hospital administrators. "Sometimes doctors are placed in situations where this [extreme intervention] is doing more harm than good for the patient. An extremely distant consideration is that it's an imprudent use of resources. But it shouldn't be doctors on the front line taking the heat for that. This should be society's decision."

Members of the Quebec Hospital Association would agree. Their real beef is that hospital administrators are being held responsible or being made scapegoats for cuts in services that result from inadequate public funding. "Quebec hospitals no longer accept the burden of imposed deficits and cuts in service," said Daigneault-Bourdeau. "The government should spell out its responsibilities [to the population]." — *Susan Pinker, Montreal*



Renowned cardiac surgeon resigns post

Dr. Wilbert Keon, who performed Canada's first transplant involving an artificial heart, has resigned as head of the University of Ottawa Heart Institute following an incident involving an undercover police officer posing as a prostitute.

During a mid-December news conference, an emotional Keon, 64, said he stopped his car on a downtown Ottawa street at about 10 p.m. on Nov. 25 to talk to a woman who had approached his vehicle. Although Keon said his "intent was a conversation," he was picked up by police as part of the sting operation.

"This [talking to the undercover officer] placed me in a compromising situation for which I must take full responsibility," Keon said. He participated in a program for first-time offenders and was not charged with solicitation.

In 1985 Keon became the first Canadian to implant the Jarvik artificial heart in a patient and in 1989 he performed Canada's first heart transplant involving an infant. Then Prime Minister Brian Mulroney named Keon to the Senate in 1990. He has not yet decided whether he will resign his Senate seat, but he has stepped down from his administrative duties at the heart institute. Many Ottawans stated vehemently that Keon should not have resigned from the institute, which he helped found in 1976. Dr. Donald Beanlands, the institute's former deputy director general, is the acting director. — *Steven Wharry, CMAJ*