

# Opinion: Doctor explains why he's leaving public system over fee ban



*PETER BOGATY, SPECIAL TO MONTREAL GAZETTE*

**More from Peter Bogaty, Special to Montreal Gazette** ([HTTP://MONTREALGAZETTE.COM/AUTHOR/PETER-BOGATY-SPECIAL-TO-MONTREAL-GAZETTE](http://montrealgazette.com/author/peter-bogaty-special-to-montreal-gazette))

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Many European countries, just as philosophically committed to the ideal universal public health care as ourselves, have nonetheless introduced some pragmatic flexibility by allowing ancillary fees within their systems, cardiologist Peter Bogaty writes. *JOE RAEDLE / GETTY IMAGES*

In the name of guaranteeing health-care accessibility, the Quebec government has just abolished ancillary fees. By so doing, it has forced me to practise in the private sector. From now on, my patients will have to pay me directly instead of having their care covered by the public system. So much for improved accessibility.

Without ancillary fees, I would not have been able to run a cardiology clinic over the last 10 years within the public system. How could I otherwise cover the rent (\$3,600 per month), the salaries (\$8,000 per month) of a nurse, receptionist and secretary, in addition to all other day-to-day expenses, plus the cost and maintenance of equipment?

While medical fees were covered through the health card, I charged patients \$60 for an electrocardiogram once a year or every six months. Had I instead charged the public system for this test, I would have received \$6.95. Where can you go with such an amount today? For an exercise test, which is not obligatory to do at the clinic, the public system would have reimbursed me \$66.60 (just \$18.30 more than a doctor would receive doing the same test in the hospital where the doctor has no overhead to pay), so instead, I have charged patients \$165. At the clinic, we have about 3,000 visits per year, of which about 1,000 are new patients, and they are seen with no wait time. The tests I charge for are obviously “free” at the hospital, but with variable wait times. Patients come to the clinic because they prefer to be evaluated and treated rapidly.

I am upset at having been forced to go private. This goes against my philosophy. It creates a situation where patients of limited means

that I have followed will now find it difficult or impossible to continue under my care.

We in fact have a pretty good health-care system: patients with serious emergency conditions can be seen and receive prompt, appropriate and, if needed, complex care within hours, whatever their means or wherever they reside. This is what is crucial and just in a public, universal health-care system; ancillary fees in a clinic that are needed to make it work are not unreasonable. Many patients at my clinic have received reimbursement through their private insurance, but even from those without such insurance, objections have been few.

There is a zealous lobby that insists all health care must be free. The government has conceded to these self-appointed guardians of the public good, as well as to similar pressures coming from the federal government. How far does one go with this kind of logic? Why not free parking at hospitals? Why should patients have to pay a supplement for a single room? Isn't it unfair that higher quality seniors' residences, that are necessarily more expensive, are allowed to exist alongside ordinary ones? Hasn't history taught us about the perils of this kind of ideological fervour?

The government claims abolishing ancillary fees will improve access to care, but the effect is exactly the opposite. Perversely, this move in fact promotes the growth of private medicine. A cynic might conclude that finding a way to decrease the public health-care burden was the hidden intention all along.

It is regrettable that Health Minister Gaétan Barrette has been unable to rise to the challenge of stimulating a needed public debate on this complex subject; that he could not evaluate the pertinence of ancillary fees on a case-by-case basis; and that in the name of principles, the government is worsening a system of care that was not functioning so badly.

Should the state be expected to pay for everything in health care? Can it? Many European countries, just as philosophically committed

to the ideal universal public health care as ourselves, have nonetheless introduced some pragmatic flexibility by allowing ancillary fees within their systems.

Why have we made this into such a problem here?

*Peter Bogaty is a Montreal cardiologist.*

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