

principle. Gaffney needs to be reminded that physicians are not "just like politicians." She is out of touch with the realities of health care in Canada today. If I were a Canadian politician I would be embarrassed. As a Canadian physician I am appalled. As a Canadian taxpayer I am outraged.

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I wish to offer sincere wishes to Gaffney for her continued recovery and good health. I am, however, in complete astonishment after reading this article. Gaffney's story does not reflect the reality of health care in this country. I doubt that an average citizen would have seen a neurosurgeon and had computed tomography and magnetic resonance imaging scans within days of calling her family physician.

Furthermore, it seems cavalier to justify obtaining three separate specialist opinions on the basis that "up to that point, she had not been a heavy user of the system." If she had been a heavy user of the system because of a chronic illness, would she not have obtained three separate opinions? If it "bothers" her that people who get second and third opinions drive up the cost of health care, did she consider paying for these opinions out of her own pocket?

She claims that "the principles on which our system operates are far superior to the American ones," yet, because "she was uncertain whether she could trust our system," she obtained yet another opinion from an Atlanta neurosurgeon through a personal contact with her physician niece.

As a taxpayer, I had to pay for part of the second and third opinions and, as a physician, I am being blamed by her provincial-government counterparts for increased utilization and health care costs, and my income is being clawed back by ever-increasing amounts.

As the vice-chair of the Standing

Committee on Health, Gaffney should either be true to her convictions and encourage increased health care funding so that all citizens have access to second or third opinions or come to the realization that the government cannot supply all of the health care that the public demands. Some allowance has to be made for a second tier of health care or a private system that can be used by all Canadians, rather than a select few in privileged positions.

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I am sure that none of us wants to put a negative spin on a very satisfactory outcome involving a remarkable woman. However, one must consider whether this case has any general applications. How many patients have the opportunity to seek multiple consultations? Is provincial health insurance expected to cover such care? How many patients have relatives working in medicine outside of the country who can expedite a further review? How many have the ear of the prime minister, who also has a relative in medicine, also, coincidentally, outside of the country? How many consultants can get an endorsement that their team is "a world leader in brain tumour research"?

Gaffney's case is an exceedingly special one, involving a patient who could gain access to the full potential of North American medicine.

What are the lessons for the rest of us? Gaffney's first consultation should have led to the discussions and provision of information that she so desperately needed. However, the reality is that neurosurgeons face extremely hectic operating-room schedules, emergencies and limited consultation time.

This is where the family physician can play a role. With the advent of computerized databases and the Internet, there is really no excuse for not "plugging in" to current informa-

tion. For example, Cancernet is readily available through e-mail (Cancernet@icicb.nci.nih.gov) or through an Internet browser. In fact, there is an abundance of information; what is often lacking is the interpretation of the data in the context of a specific case, which the family physician can provide.

Can this ideal scenario ever be applied? Finding and interpreting information is time consuming and poorly compensated. For many physicians and patients, computer access to data is still limited. Good liaison and "hook-ups" among physicians and especially consultants are underdeveloped. As an exception, the Brain Tumour Foundation appears to be an excellent resource for physicians and patients.

I suggest that Gaffney consider the deficiencies and maldistribution in funding for the kinds of services needed to bring the level of care up to the standards she obviously expects. She should also ask herself why so many of her important medical contacts were outside of the country and why only her political position prevented her from going to these sources for definitive care.

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PHYSICIANS PAY FOR HEALTH-CARD FRAUD

In the article "Successive Ontario governments forced to grapple with problem of health care fraud" (*Can Med Assoc J* 1996;154:1412-4), Albert Shu argues that the Ontario government should be doing more to protect itself and the people of Ontario against health care fraud.

Why should the Ontario government do more to protect itself? It is completely protected. It pays the physicians of Ontario a fixed amount based on most of the costs of provid-