

## Canadian Family Physician

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## Surviving without "McMedicine"

Dr Borkenhagen's excellent article<sup>1</sup> on walk-in clinics provides a unique perspective on the reasons these clinics have become an increasing part of the urban Canadian medical landscape. Those of us who continue to decry their existence are doing so without full insight into the shifting demographics of Canadian society.

It is perhaps not surprising that the public has opted for this type of health care, although a small study I did in my practice a few years ago indicated that most visits to walk-in clinics were made for upper respiratory and other ear, nose, and throat problems in which patients did not perceive themselves to be seriously ill or in need of investigation.

It is my experience that persons who frequent walk-in clinics put themselves at risk for inappropriate antibiotic therapy. It seems unusual for a patient with respiratory or ear, nose, and throat disease to escape an antibiotic prescription, often a second- or third-generation antibiotic. I can appreciate the environment and pressures that lead to these management decisions, but this does not negate the problem.

It is of equal concern to me that conditions are such that so many physicians are attracted to work in these clinics part or full time. Borkenhagen does not discuss the reasons for this, but adequate recompense for services provided must surely be one reason.

Ontario's fee schedule, and I suspect other provinces', provides the same level of payment for a comparable service rendered in a walk-in clinic or private office. No allowance is made for non-remunerated time, averaging perhaps 1 to 2 hours per day, required to "manage" a community-based practice, eg, arranging consultations, completing reports, and transferring records. This reality effectively devalues the fees for

service by perhaps 20%. Physicians working shifts in walk-in clinics do not have comparable responsibilities and, without question, make "easier" money than physicians in community practice.

Notwithstanding Borkenhagen's comprehensive and insightful review, if walk-in clinics were to disappear en masse, it is my thesis that the general health of the population would not be jeopardized, and the costs of health care would decrease. We can survive without McMedicine.

— John Biehn, MD, CCFP  
London, Ont

### Reference

1. Borkenhagen RH. Walk-in clinics. Medical heresy or pragmatic reality? *Can Fam Physician* 1879-83 (Eng), 1888-93 (Fr).

## Correction

In the letter to the editor "Recognizing domestic violence" (*Can Fam Physician* 1996;42:1905-6), there was a typographic error in the second sentence. The sentence should read, "As a board-certified family practice and emergency medicine physician, I treat many victimized patients daily."

*Canadian Family Physician* apologizes for any embarrassment or inconvenience this error might have caused the author, Dr Kim Bullock.

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