mation. If these conditions are met, says BC's Information and Privacy Commissioner David Loukidelis, "I'm very supportive of the idea, because I think the privacy issues can be well managed."

There's a paucity of literature on whether group checkups cause harm but studies indicate they could improve health status and reduce trips to emergency departments.

The BC Medical Association says it's too early to draw conclusions about whether group appointments improve participants' ability to manage their chronic conditions in the long term. But patients report that they learn more during group checkups than during regular office visits, and benefit from the support of others with similar health problems.

Debbie Dallas, a patient in Mackenzie, BC, 2 hours north of Prince George, BC, says group checkups for diabetics "are by far the best doctor's appointments that I have ever been to."

In an open letter posted on a website (www.impactbc.ca) with testimonials from doctors and patients, Dallas says she learns a lot from sharing problems and solutions with other patients.

She believes group sessions help everyone feel less alone and more confident their disease is treatable.

Bedford, 64, says the Wednesday checkups help him monitor his health regularly and stay on top of his problems with diet and lifestyle.

"It's a very positive experience," he says. "You learn a lot and you feel better at the end of the day."

In Chilliwack, BC, Brodie is just starting to offer middle-aged patients group checkups for cardiovascular health. Each patient's height, weight, blood pressure, body-mass index, Framingham score, cholesterol and fasting sugars will be measured and posted, along with a calculation showing their chance of having a heart attack in the next 4 years.

Group checkups are "a great thing for doctors to try," Brodie says. "This is something that's not going to go away." — Christie McLaren, Canmore, Alta.

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Canada Health Act breaches are being ignored, pro-medicare groups charge

Private for-profit medical clinics are proliferating across the country, according to a detailed report by pro-medicare groups.

The number of such clinics has increased significantly over the past 5 years and there's evidence "to suspect that 89 for-profit clinics in 5 provinces appear to be in breach of the Canada Health Act," states the 169-page *Eroding Public Medicare: Lessons and Consequences of For-Profit Health Care Across Canada* report.

But federal and provincial officials "have fallen down in their responsibility to protect patients against extra billing and 2-tier care," says report author Natalie Mehra, director of the Ontario Health Coalition.

John Bonnar

Canada is experiencing a boom in private for-profit clinics, says report author Natalie Mehra.

A spokesperson for federal Health Minister Tony Clement argued that enforcement of the Act falls to the provinces. "It is the responsibility of the provinces to ensure that providers of insured health services operate in compliance with the requirements of the Canada Health Act," said press secretary Laryssa Waler.

Lack of political will seems to explain the fact that the Act — which forbids extra billing for medically necessary care and requires that such care be provided to Canadians on uniform terms and conditions — is not being enforced, Mehra says.

"Certainly, it is not very difficult to establish what is going on," she adds, noting that researchers called up clinics and asked basic questions.

The report provides details on private clinics that offer magnetic resonance imaging (MRI) and computed tomography scans, surgical procedures, laser eye and cataract surgery. It also examines services offered by comprehensive "boutique" medical clinics that cater to wealthy clients.

Researchers also found evidence of physicians practising in hospitals but referring patients to their private for-profit businesses, where medically necessary services would be provided more quickly, for an out-of-pocket fee.

Former federal Health Minister Ujjal Dosanjh addressed the trend of doctors practising on both a publicly insured and private basis in a 2005 "Canadian Public Health Care Protection Initiative" statement, in which the government vowed to take action against the practice "when it undermines access to publicly insured services." But report researchers found no evidence of any enforcement.

In 1995, then-federal health minister Diane Marleau issued a policy interpretation letter calling on provinces to introduce "regulatory frameworks" to govern the operation of private clinics, and make illegal the "facility fees" charged by private clinics which provide publicly-insured services.

But report researchers found many examples of facility charges, including a $240 fee charged to patients having publicly-paid-for colonoscopies at a Vancouver clinic, and a $450 direct charge to patients having the same procedure in Montreal.

The report, was supported by several provincial health coalitions, the Council of Canadians, Canadian Doctors for Medicare and the Medical Reform Group. It concludes that increased numbers of private clinics allow for queue

jumping, facilitate provision of unnecessary and sometime dangerous medical procedures, siphon health care professionals from the public system, promote "cream skimming" (private clinics tend to handle less complex medical cases) and do not reduce wait times in public hospitals and clinics. Among the highlights of the report:

- Of the 42 private for-profit MRI/CT scan clinics in Canada, all but one were willing to sell medically necessary scans to patients for out-of-pocket fees, a violation of the Canada Health Act's prohibition on 2-tier medicine.
- Increasingly, private for-profit clinics that perform laser eye surgery (not deemed medically necessary) are also offering cataract surgery, a medically necessary procedure, for an out-of-pocket fee. In some cases, clinics charge the provincial health insurance plan and then also bill patients directly for cataract surgery.
- 72 private for-profit surgical hospitals were operating in 7 provinces in 2007. Almost half (34) of the hospitals told researchers they could buy medically necessary procedures, such as knee surgery, for out-of-pocket payments, and 31 said they did not charge patients for services. Meanwhile, only 2 provinces have accreditation processes that track these surgical hospitals.
- In 1993, Alberta became the first province to allow private for-profit MRIs but by 2001 the province was reversing the trend, and no new private MRI clinics were opened between 2003 and 2007. Instead, Alberta increased the capacity of the public system, and patients who had paid out-of-pocket for medically necessary scans were reimbursed by the province.

The report calls on provinces to set up monitoring and enforcement regimes for clinics that provide both medically necessary care (to ensure extra billing and queue jumping is not allowed), and medically unnecessary care (to ensure they don't stray into areas covered by the Canada Health Act). — Ann Silversides, *CMAJ*

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American entrepreneur files free trade challenge on medicare

An Arizona health care entrepreneur who believes anti-American sentiment thwarted his plans to build a private surgical centre in British Columbia is seeking $155 million in redress from the Canadian government, but a North American Free Trade Agreement expert claims the case is frivolous.

"I recruited people from around the world," says Melvin J. Howard, owner of Centurion Health Corporation. "They were all eager to come to BC. I had doctors from Switzerland, Spain, Paris. It was going to be kind of like the EU [European Union] of surgical centres."

On July 11, Howard, who along with about 200 financial backers claims to have incurred $4 million in expenses during their failed effort to build a $150 million surgical centre in Vancouver, BC, filed a "notice of intent" to sue the Canadian government under Chapter 11 of the North American Free Trade Agreement. He claims Canada has breached 2 trade rules that protect the rights of US and Mexican parties to invest in Canadian businesses.

In the claim, Howard writes (verbatim): "Centurion and its counter parties seek to be compensated for damages for barriers to entry and expropriation. … Municipalities or city officials have put up numerous roadblocks such as zoning and by law requirements that is politically motivated instead of merit base. Its like saying yes you can no you can't in the same sentence ie. plausible deniability as far as the government is concerned."

"It's a shame he's going to get a year of free press," says T.J. Grierson-Weiler, an adjunct professor of law at the University of Western Ontario who has worked on dozens of international treaty cases.

The first problem with Howard's notice, says Grierson-Weiler, is the use of the word "expropriation." A valid expropriation case can only be made under the trade agreement when a government takes something (land, buildings, intellectual property) from a foreign investor. Construction hadn't begun on the proposed British Columbia surgical centre so that doesn't apply, says Grierson-Weiler. "What's been taken besides his aspirations?"

Another problem is that much of Howard's argument appears to be based on the inconsistencies in health care delivery between provinces. In his notice of intent, Howard mentions recent private health care initiatives in Alberta and Quebec, which implies, says Grierson-Weiler, that he is seeking equally favourable

Howard Capital Management

Centurion Health Corporation owner Melvin J. Howard is seeking $155 million in redress from Canada for an alleged violation of the North American Free Trade Agreement.