

Crisis in Newfoundland raises alarm

Provinces call for national strategy to deal with nationwide shortage of cancer specialists

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A looming medical crisis created by the resignations of a team of Newfoundland oncologists is prompting urgent calls from other provinces for a national strategy to deal with the cross-country shortage of cervical and ovarian cancer specialists.

The gynecologic oncologists are the only three practising in Newfoundland, and their promised departure, effective Oct. 7, will leave 1,200 patients without immediate access to treatment.

Canada has only about 60 gynecologic oncologists, a highly specialized field within cancer care. Promises by Newfoundland's Health Minister to airlift displaced patients to other areas for treatment have alarmed other cancer centres, which say they're too swamped to handle an influx of patients.

"Accommodating more patients would be difficult. We already deal with patients from New Brunswick and PEI," said James Bentley, acting head in the division of gynecologic oncology at the Capital District Health Authority in Halifax, one of the largest health networks in Atlantic Canada. "Most places, ourselves included, are running at tolerable maximum levels to achieve that [patient care], and we don't have a lot of flexibility."

If Newfoundland's government doesn't take steps to keep its gynecologic oncology team on the job, the void created by the loss will likely be felt for months, given the small number of trained specialists available, Dr. Bentley said.

"There's nobody hanging around out there waiting for a job. There's no one unemployed as a gynecologic oncologist," he said.

"It's often challenging to get people to come to smaller provinces."

But even if the crisis is resolved before October's deadline, problems facing the specialized field won't soon go away, several of the country's top specialists and other experts in the field warn.

Newfoundland's problems are a symptom of a countrywide epidemic of shortages and inadequate resources that may be making it difficult for cervical and ovarian cancer patients across Canada to have access to the necessary treatment.

"There is a human resource crisis in our specialty all across Canada," said André Lalonde, executive vice-president of the Society of Obstetricians and Gynaecologists of Canada. "This [problem] has been in Newfoundland, but it may happen in other provinces.

"We anticipate that unless this issue is addressed and there's a framework in the federal scene, that we're going to see this more and more. You can't just address this province-by-province."

A similar crisis suffered by Ontario nearly a decade ago has emerged as the potential model Newfoundland and other provinces could follow to address the shortages and resource limitations being felt across Canada.

In order to retain and recruit more gynecologic oncologists, Ontario adopted a payment system that involves giving the specialists a lump sum for a bundle of services they perform instead of a fee-for-service model. That system takes into account the fact that gynecologic oncology operates on a highly specialized but lower volume basis than other areas of cancer care, and has helped bridge the gap with other specialists. Since then, Nova Scotia and British Columbia have adopted similar models, which have helped deal with shortages in those areas, according to Joan Murphy, head of gynecologic oncology at Toronto's University Health Network and past president of the Society of Gynecologic Oncologists of Canada.

But these care models aren't just about money. The initiatives in Ontario and elsewhere also focus on bringing gynecologic oncologists together to share workloads and resources, Dr. Murphy said. For instance, when Ottawa was facing a critical shortage a few years ago, gynecologic oncologists from other places went to the city on a rotating basis to fill the gap - something "that never would have happened" under the old system, when there was little communication between specialists, Dr. Murphy said.

Considering the nature of gynecologic oncology, the high degree of specialty and prevalence - nearly 4,000 new cases of ovarian and cervical cancer are expected to be diagnosed this year, and nearly 2,000 women are expected to die of the diseases, according to the Canadian Cancer Society - some say it's time for governments across the country to give the specialty the boost it needs in order for women to get better cancer treatment.

"I can tell you, providing a system in which an individual's professional goals can be reached, providing high quality care, will prevent a disaster," Dr. Murphy said.

It takes years beyond the typical requirements in oncology to become a gynecologic oncologist. And Canada is experiencing a shortage of obstetricians, a far more lucrative field that attracts more medical students looking to a career in obstetrics and gynecology.

"We've got to excite people who are in general obstetric and gynecology," Dr. Bentley in Halifax said. "They can get a lot more money delivering babies, and there's a lot of demand."

The work of gynecologic oncologists is particularly trying, even among other fields of cancer treatment. That's because, unlike some other cancer specialists, gynecologic oncologists often diagnose patients, administer treatment, conduct follow-up and even provide palliative care when necessary.

"Obviously, what we do is not always easy," Dr. Bentley said. "It's more technical cases and more emotional involvement with our patients. It has a lot of difficulties."