

## A 'have' province can afford quality

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Women in Newfoundland and Labrador receiving treatment for cervical and ovarian cancers had enough to worry about without the recent resignation of all three of the province's gynecological oncologists.

The threat of their departure can only make their 1,200 patients more anxious and should be a matter of shame for the provincial government.

The resignations, effective in October, came on the heels of a meeting last month between the three specialists and Health Ministry staff. In June, the doctors presented a report setting out the inadequacy of both their resources and their remuneration.

Ross Wiseman, the Minister of Health, has asked for more time to implement the recommendations, but seems to have ruled out increasing their salaries, saying, "If the reason they're leaving is they want to be paid more money and they want to be paid immediately, we're not in a position to sit down and start doing one-offs with physician groups."

But Mr. Wiseman started "doing one-offs" with such groups in May, when the provincial government gave pathologists a \$73,000 annual raise, after two of them resigned and a third went on stress leave. The wage package (which included raises for some oncologists) was announced during the inquiry into hundreds of flawed breast-cancer test results in the provincial health network and was directed toward a specific group of physicians.

So it is hard to avoid an impression that the Newfoundland government is serious about retaining certain specialists but not others, or even that it cares more about the well-being of one set of cancer patients than others.

The gynecological oncologists had asked that their salaries be increased immediately, and a significant portion of their report sets out the basis for their demand. They also state that they need everything from office space to time in the operating room, from secretarial and nursing support to surgical equipment. They warn that gynecological cancer care in Newfoundland has reached a crisis point.

The statistics appear to bear out their claim. Newfoundland has the highest cervical-cancer mortality rate in the country, and one of the highest mortality rates for ovarian cancer, according to the Canadian Cancer Statistics 2008.

Ultimately, the latest breakdown in cancer care in Newfoundland is a reminder that, in this highly specialized, knowledge-economy era, Newfoundland is not an island: The specialists in question can easily take their sought-after skills elsewhere. Premier Danny Williams, proud and intent on making his a big-league province, as it becomes a "have" province and the continued recipient of equalization, has a duty to ensure the quality of health care in Newfoundland is roughly comparable to that in other provinces. Newfoundland is failing to fulfill that obligation. Worse, they have turned it into an unseemly public negotiation.

The Health Minister has suggested that, if these three specialists follow through with their resignations, the province will either lure other gynecological oncologists to Newfoundland or ask specialists from other provinces to come to Newfoundland as part of a rotation, or else airlift Newfoundland's patients to other jurisdictions.

The three specialists in Newfoundland already claim to be the lowest-paid in the country, and cervical and ovarian cancer specialists are scarce. To replace them will cost the province more money. If the minister's solution is to throw money at the problem, then it seems the money would be best spent preserving the critical relationship between these oncologists and their patients. It is the government that must bear responsibility for any disruption in their care.